

Helping Your Child with Fears and Worries:

A self-help guide for parents

Treatment

Manual for Therapists

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Lucy Willetts, Cathy Creswell, Kerstin Thirlwall & Monika Parkinson;
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NOTE: This manual has been developed to assist therapists in the delivery of a guided parent delivered CBT programme using the book 'Helping your child with fears and worries: a self-help guide for parents' (Creswell & Willetts, 2019). The current manual provides session structure and an outline for the delivery of this programme.

For more in-depth discussion and illustration of the general approach see:
Creswell, C., Parkinson, M., Thirlwall, K., & Willetts, L. (2019). Parent-led CBT for child anxiety: helping parents help their kids. Guilford Press.

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INTRODUCTION

The aim of this guided parent-delivered programme is to teach parents cognitive behavioural strategies and to empower them to use them with their child to overcome difficulties with anxiety by supporting them to work through the accompanying book (Helping Your Child with Fears and Worries 2nd Edition: a self-help guide for parents). The programme consists of four face-to-face and two telephone contacts with parents over an eight-week period. Work is conducted solely via parents (after an initial assessment that would involve the child and parent). We and other groups internationally have shown that this is an effective and efficient way of treating child anxiety disorders.

EVIDENCE BASE

The programme has been evaluated in the United Kingdom within NHS settings and we have found similar outcomes to those reported from standard, more intensive, child and family-focused CBT approaches. A randomized control trial which included almost 200 children between the ages of 7 and 12 years showed that children who had received the programme were twice as likely to recover from their main anxiety disorder and three times more likely to be free of all anxiety diagnoses compared to those who had not received any treatment (Thirlwall et al., 2013). Of particular note, there were no differences in treatment outcomes according to whether therapists were CBT-trained or CBT-novices when they used this approach. We have also found that the approach achieved similar clinical outcomes to but was more cost-effective than an alternative brief psychological treatment (Creswell et al., 2017). Similar approaches have also been evaluated in the U.S. and Australia, with positive outcomes (Chavira et al., 2014; Cobham, 2012; Lyneham & Rapee, 2006).

WHO IS IT AIMED AT?

The programme is aimed at parents of children aged 5–12 years whose primary presenting problem is anxiety. Ideally this should be determined via the Anxiety Disorders Interview Schedule (Silverman, Albano, & Barlow, 1996), or an equivalent semi-

structured clinical interview for children and parents to assess childhood anxiety disorders.

Whilst other difficulties, such as behavioural problems and low mood may also be present, the programme specifically targets anxiety and, as such, this should be the primary presenting problem. The programme has not been evaluated with children younger than 5 years or those with communication or learning difficulties, however, it has been suggested to us that, on the basis of anecdotal reports, that it could be adapted to meet the needs of these groups with appropriate supervision.

RATIONALE, PHILOSOPHY AND AIMS OF THE PROGRAMME

We believe that parents are the experts when it comes to their child. They will have a better understanding of how their own child might respond and what will encourage and motivate them to try different things than a therapist will have. Parents often play a central role in determining the pace and timings of when therapeutic strategies can be implemented at home and are often relied upon to solve practical issues that arise. They are often the ones that are present during the struggles and challenges their child is facing and can support their child both in between sessions and well beyond the end of treatment. They are also often desperate to know what to do for the best to help their child.

As such, the aim of the programme is to provide strategies to parents that they can use at home to support their child in order for them to overcome problems with anxiety. The sessions with a therapist provide an opportunity to discuss how to apply the CBT principles described in the book to their child's needs and their individual circumstances. Techniques are discussed with parents in a collaborative way, asking for their opinions as to how each strategy might work for their child given what they know about them. If a parent is concerned that a particular strategy will not work for their child, ways of adapting strategies are explored in order to make them more useful. Time is spent on reflecting on what works best for the family and guiding the parents, as well as providing opportunity for practice.

Additionally, children with anxiety disorders often elicit responses from those around them that may inadvertently maintain their difficulties and they are highly attuned to messages that may reinforce their anxious beliefs and behaviours. During the programme, parents are, therefore, invited to monitor and, if necessary, alter their reactions to their child. The positive impact that a parent can have in helping their child overcome their problems is emphasised throughout the programme. A key role of the therapist is to highlight helpful strategies that the parent uses or has begun to practice, rather than criticising potentially unhelpful responses.

One of the key aims of the programme is to increase the parent's confidence in their ability to help their child overcome their difficulties with anxiety. As such, the philosophy of the programme is non-blaming and one that highlights positive skills and responses of the parent, in order to build their confidence and empower them to support their child.

PRACTICAL ISSUES

a. Timing of sessions

It is important to have contact with parents regularly to maintain continuity of strategies that are being developed. All face-to-face and telephone sessions should be agreed at the first session as this encourages parents to commit to the programme. If a parent cancels or misses a session, a further session should be booked as soon as possible so momentum is not lost. For telephone sessions, agree a set time to phone the parent, when they are confident that they will be able to talk uninterrupted for at least 15-20 minutes.

b. Who attends?

Some families may be keen for their child to attend sessions. It is important to emphasise that this treatment approach is conducted solely with parents (carers or guardians). Although parents may be initially surprised by this, the merits of this approach are usually understood when the benefits are explained (i.e. parents can implement the strategies at home, child does not need to miss school/other activities, parents are the 'expert' in understanding their own child). Where there are two (or more) parents it is great if they

are both able to attend the sessions, but, in some circumstances, they may be unwilling or unable to attend all the sessions together. In order for strategies to be implemented consistently, it is imperative that at least one parent commits to attending *all* the sessions (including all phone contacts) and that this parent is motivated and in a position to make relevant changes in their child's life. If the other parent is able to join some (or all) of the sessions that will be very helpful and communication of what is covered in sessions should always be encouraged (e.g. parents can audio record sessions on their phones to listen back and share with others).

c. Conflicting viewpoints

It is not uncommon for two parents to hold different views regarding their child's difficulties and how best to manage these. This needs to be handled sensitively and both perspectives listened to. In these circumstances it is important to remain objective and model a non-blaming approach. If one parent does not regard the child as having an anxiety disorder, it will be important to reach an agreement that they are willing to consider the possibility that there is an anxiety problem, to put this hypothesis to the test and to agree not to undermine the strategies you will be discussing over the next eight weeks so that this test can be conducted robustly.

d. Therapist stance

The therapist role is to support, encourage and empower parents throughout the programme. The therapist should never criticise a parent when they respond to their child in an unhelpful way or if they do not engage fully in the programme. It is better to use these opportunities to reflect on other strategies that might be useful (unless of course their negative responses raise issues of child protection, in which case, local child protection procedures should be followed). Where there is concern about parental engagement, it is best to explore why the parent has not engaged and to help them to overcome any obstacles that they highlight. It is crucial to always be on the look out for positive things that the parent has done, acknowledge and highlight this. As the programme progresses, it may be possible to begin to encourage the parent to think about what they might have done differently in certain situations, rather than solely focus on what they have done well. This should always be done in a collaborative (e.g.

What else could you have done? What makes it difficult to praise your child?) rather than in an authoritative or didactic way (e.g. You didn't praise your child, why was that?).

e. Supervision

Regular supervision from an experienced clinician is essential. Therapists should audio or video record sessions and play sessions (or parts of sessions) back to themselves and their supervisor using this manual as a guide. Self-monitoring and regular checking will ensure good fidelity to the programme. Both session recordings and routine outcome measures (see below) should be used to guide supervision discussion and to identify areas of development and adaptation if required.

f. If further help is needed

It is important to emphasise that we do not necessarily expect all of a child's difficulties with anxiety to be entirely overcome by the end of this brief programme. Significant change usually occurs during the programme but also in the 3 – 6 months following the end of the programme. For example, in our randomised controlled trial of this approach 50% of children were free of their primary anxiety disorder at the end of treatment and this increased to 75% by the 6-month follow up (Thirlwall et al., 2013). However, while younger children and those with primary GAD had good outcomes at the end of treatment they were less likely to make further improvement in the 6 months following treatment than older children and those who had other primary diagnoses (Thirlwall, Cooper, & Creswell, 2017). Therefore, if younger children and those with primary GAD have not made a significant improvement *during* treatment then it may be worth considering offering a more intensive treatment straight away, whereas for others it may be worth monitoring outcomes for a while to see if improvement continues without further intervention.

g. Making the book available to parents

Ideally services will be able to hold a supply of books that they can lend out to parents. We recommend clearly labelling all copies as belonging to the service, numbering each copy and keeping good records of which family has which number book. Be explicit with

families that you will need the book back at the end of treatment so that you can lend it to another family and remind them that it will need to be returned at the penultimate session. Let families know that if they want to be able to write in the book they will need to purchase their own version.

When services are unable to lend families a copy of the book in advance, families will usually be able to access a copy through their local library, but services should ensure this will be possible in advance.

IMPLEMENTING THE MANUAL

The following pages outline what should be covered during each therapeutic session, including session plans, handouts, homework assignments and corresponding reading. The session plans should be followed carefully, although the material should **not** be presented word for word. Instead the therapist needs to be familiar with the material so that they are able to deliver it in a conversational style. It is essential that the therapist has expanded their knowledge of the key concepts and has familiarised themselves with the accompanying book prior to delivering the programme. Within each session plan, possible questions and points for discussion are shown in boxes. These can be used to help the therapist and parent develop a shared understanding of the child's problems with anxiety and how best to help them. It is not necessary for the therapist to ask these questions in exactly the way they have been presented, but they should be used to guide discussion around key concepts with a collaborative, curious tone.

a. Session content and timings

All sessions need to include agenda setting, session by session monitoring, reviewing homework, reviewing other issues highlighted by parents, take home messages and homework setting. It is important to ensure that the correct balance of time is given to each of these. Approximate time allocations are given below. Key concepts take time to cover and should take up the bulk of the allocated session time.

Approximate time allocations for Face-to-Face sessions should be as follows:

- i) Setting agenda (5 minutes)
- ii) Session by session monitoring (ROMs) and reviewing homework (approx.15 minutes)
- iii) Key concepts to be covered including discussion points and carrying out exercises (30 minutes)
- iv) Risk review (if applicable; 5-10 minutes)
- v) Other issues highlighted by parents (5-10 minutes)
- vi) Take home messages and setting homework (approx. 5 minutes)

Approximate time allocations for telephone session:

- i) Setting agenda (2 minutes)
- ii) Session by session monitoring (ROMs) and reviewing homework (approx. 5 minutes)
- iii) Risk review (if applicable; 5-10 minutes)
- iv) Other issues highlighted by parents (5 minutes)
- v) Checking progress with Step-Plan (5 minutes)
- vi) Take home messages and setting homework (approx. 3 minutes)

b. Agenda setting

An agenda should be set at the beginning of each session in order to promote structure and collaboration and to ensure the most important material (brought by both the therapist and the parent) is covered. Parents should be invited to add any items to the agenda and adequate time should be provided within the session to discuss these. The agenda consists of all the items which need to be covered during the session and should be referred to throughout the session to aid time keeping and to ensure key strategies have been discussed. See Table 1 for an example.

Table 1: Agenda - Example

<u>Face to Face Sessions (1, 2, 3 and 5)</u> (45 mins- 1 hour)	<u>Phone call Sessions (4 and 6)</u> (Approx. 20 minutes)
<ul style="list-style-type: none"> • Set the agenda (2 minutes) • Complete and discuss ROMs and review Homework (15 minutes) • Key Concepts to cover (30 minutes) • Risk Review (if applicable; 5-10 minutes) • Other issues highlighted by parent (5-10 minutes) • Take home messages, setting homework and confirmation of next appointment (5 minutes) 	<ul style="list-style-type: none"> • Set the agenda (2 minutes) • Complete and discuss ROMs and review Homework (10-15 minutes) • Other issues highlighted by parent (5 minutes) • Take home messages, setting homework and confirmation of next appointment (3 minutes)

c. Goal setting and session by session monitoring

It is important to establish clearly defined treatment goals following the ‘SMART’ principles (specific, measurable, attainable, realistic, timely) in session 1 and to review and monitor progress throughout. As already mentioned, parents should not necessarily expect their child to have fully reached their end goal by the end of this brief programme (although in some cases this will be possible), but to have made significant progress towards it and to feel confident in continuing with the strategies they have learnt. Regular outcome monitoring reduces drop-out and improves clinical outcomes (S. D. Miller, Duncan, Brown, Sorrell, & Chalk, 2006). Another important purpose of outcome measures is that they aid meaningful conversation in the session and help the therapist and parent think about the nature of the child’s difficulties and the needs of each family. Many services adopt routine outcome measures that should be incorporated into the delivery of this programme.

Information about routine outcome monitoring with children and young people (including goal monitoring tools) can be found here:

https://www.ucl.ac.uk/evidence-based-practice-unit/sites/evidence-based-practice-unit/files/pub_and_resources_resources_for_profs_key_messages.pdf

NB! As we only meet with parents during the course of this treatment, we collect **child** report measures before and after treatment, but **parent** measures at every session. We include the Revised Child Anxiety and Depression Scale – Parent (RCADS-P; Chorpita, Moffitt, & Gray, 2005), and Goal Based Outcome (Law & Jacob, 2015), the Outcome Rating Scale (ORS; Scott D Miller, Duncan, Brown, Sparks, & Claud, 2003), the Session Rating Scale (SRS; Duncan et al., 2003) from the CYP IAPT core measurement set, as well as the Child Anxiety Interference Scale-Parent report (CAIS-P; Langley et al., 2014). For telephone sessions we ask parents to respond to a smaller set of questions over the phone, these include the Goal Based Outcomes (GBO), the Outcome Rating Scale (ORS), Child Anxiety Impact Scale - Parent (CAIS-P) **global items only** and the Session Rating Scale (SRS). We also include the Experience of Service Questionnaire (ESQ, formerly CHI-ESQ; parent and child report; Brown, Ford, Deighton, & Wolpert, 2014) as a service evaluation.

The plan for Routine Outcome Measurements are summarised in Table 2. More information about Routine Outcome Measures and printable versions of the above questionnaires can be found on the CORC website: <https://www.corc.uk.net/outcome-experience-measures/>

Table 2: Routine Outcome Measures		
Session	Parent	Child
Assessment (face to face)	RCADS-P CAIS-P SRS	RCADS-C CAIS-C SRS
Session 1 (face to face)	RCADS-P ORS CAIS-P GBO SRS	-
Session 2 (face to face)	RCADS-P ORS CAIS-P GBO SRS	-
Session 3 (face to face)	RCADS-P ORS CAIS-P GBO SRS	-
Session 4 (phone)	ORS CAIS-P (Global items only) GBO SRS	-
Session 5 (face to face)	RCADS-P ORS CAIS-P GBO SRS	<i>Provide for parents to take home for child to complete prior to next session: RCADS-C ORS CAIS-C</i>
Session 6 (phone)	ORS CAIS-P (Global items only) GBO SRS	<i>Ask parents to return above ROMs or to provide child report at end of phone session: RCADS-C ORS CAIS-C</i>
Booster Review (face to face)	RCADS-P ORS CAIS-P SRS CHI-ESQ-P	RCADS-C ORS CAIS-C SRS CHI-ESQ-C*

*RCADS-P/C = Revised Child Anxiety and Depression Scale – Parent/Child report; CAIS-P = Child Anxiety Impact Scale- Parent report; SRS = Session Rating Scale; ORS = Outcome Rating Scale; GBO = Goal Based Outcome; *CHI-ESQ-P/C = Experience of Service Questionnaire-Parent/Child report (can be used as a measure of service evaluation)*

d. Risk

As will be standard practice, risk to self, to others and from others should be assessed at the initial appointment. Where necessary a risk management plan should be put in place and all information should be shared in clinical supervision. Risk, and the risk management plan, should be monitored throughout sessions and discussed in supervision routinely.

e. Other issues that arise

During a session, the parent may raise other issues that they would like help with. These might include other difficulties that their child is experiencing and/or difficulties that they themselves are experiencing, including mental health or social problems, such as housing issues. These issues must be acknowledged but, due to time limitations, it is important to ensure that they do not take up whole sessions (see session timings below). Where relevant, parents should be referred to relevant chapters in the book (i.e. Chapter 20, School-attendance difficulties; Chapter 19, Overcoming difficult behaviour; Chapter 18, Sleep problems) and encouraged to apply the strategies included in the book to solve these problems (with the therapist's support). If this does not apply, it may be appropriate to advise the parent how to access advice/support from another source. Unless there is an urgent need, it is often not helpful for a child to start another treatment while this programme is ongoing as this may deflect from the focus of the current input, may overwhelm the family, and it may be possible that comorbid problems (depending on their nature) will improve alongside the primary problem that is being targeted in treatment. It is important, however, to review progress with any additional problems that were raised at the end of treatment and if necessary, refer the child to an appropriate professional at that point.

f. Completing the homework tasks

All face-to-face sessions are accompanied by handouts. In order to ensure these are completed, parents need to be given a clear rationale:

- Progress is all about what happens between sessions
- They are a 'memory aid'

- They provide a record of progress
- They can be used in case of future need (e.g. after discharge from service)

In order for the parent to be successful in helping to reduce their child's anxiety, it is imperative that they complete the homework tasks set. Occasionally, parents find it hard to do so and, if this is the case, it is important to discuss what is making it difficult for the parent to complete them. When first introducing the programme, explore whether there are any literacy difficulties as almost all the homework relies on the parent reading material and keeping written records. If the parent is not confident about their reading and writing skills, discuss whether it would be possible for them to keep their records on an audiotape which you can listen to together in the session and/or whether they can enlist a buddy to help them read the material and/or keep records. (NB. We are currently exploring the potential to provide the book as an audiobook, please contact us for updates on this).

Sometimes parents report that they do not have time to read the accompanying chapters. As this programme is a 'guided' treatment, it is essential that the parent already has some knowledge of the key strategies before discussing and practicing them in the sessions in order to make the most of the available session time. As such, the importance of reading chapters in between sessions must be emphasised and potential barriers that make this difficult should be addressed. The therapist should take the book in to every face-to-face session so that the therapist can show the parent key pages in the book which cover the area that they are discussing. If the parent has not been able to read the chapter previously or wishes to recap on any specific issues, additional chapters should be added to the homework list at the end.

BRIEF OVERVIEW OF SESSIONS

Prior to Session 1 (i.e. start of treatment):

- Parent reads: Part 1, Chapter 6 (how to use this book) and Chapter 7 (setting goals)

Session 1 (Week 1): Face-to-face (approximately 1 hour)

- Philosophy of programme re-visited
 - Why CBT and why parental approach
- Psychoeducation
- How anxiety develops and is maintained
- Treatment goals

Session 2 (Week 2): Face-to-face (approximately 1 hour)

- What is my child thinking?
- What does my child need to learn?
- Promoting independence and 'having a go'
- Identifying rewards

Session 3 (Week 3): Face-to-face (approximately 1 hour)

- Step-by-Step plan

Session 4 (Week 4): Telephone session (approximately 15-20 minutes)

- Checking in and reviewing homework
- Make changes to Step-by-Step plan as necessary

1 WEEK BREAK

Session 5 (Week 6): Face-to-face (approximately 1 hour)

- Checking in and reviewing homework
- Problem solving approach

1 WEEK BREAK

Session 6 (Week 8): Telephone session (approximately 15-20 minutes)

- Reviewing progress

4 WEEK BREAK

Follow-up appointment (Week 12): Face-to-face (approximately 1 hour)

- Review progress: discharge, monitor or refer elsewhere (step up).

WHAT TO DO BEFORE STARTING TREATMENT

1. Complete an assessment of the child's presenting problems
 - Confirm that anxiety is the child's primary presenting problem
 - Assessments should be carried out in line with your services assessment protocols.
 - We recommend a diagnostically informed approach based on the DSM, such as the Anxiety Disorders Interview Schedule for Children (ADIS-IV-C/P).
 - For more information on assessment see: Creswell, C., Parkinson, M., Thirlwall, K., & Willetts, L. (2019). Parent-led CBT for child anxiety: helping parents help their kids. Guilford Press.

2. If this treatment is appropriate (child aged between 5- 12 and with a primary problem of anxiety) discuss treatment options with the family in line with your services protocols.

3. Explain to family how the treatment approach works- specifically that the programme is based on what are called 'cognitive behavioural therapy' (or 'CBT') principles – this means the treatment addresses how the child thinks and how they behave in anxiety provoking situations. Emphasise that the treatment involves the therapist guiding the parent to put the treatment principles in to place in their child's day to day life. So, the therapist works with the parent(s) ONLY- not the child. Provide the rationale for working with parent but not directly with child:
 - Research has shown treatment to be just as effective when working with parents as when working with children
 - When working with parents the same outcomes can be seen in fewer sessions
 - Parent's know their children best and are best placed to implement change
 - Parents can be more motivated than children to make changes as they are more likely to focus on the long-term gain
 - Many families tell us that they want to be able to manage their child's difficulties within the family, and don't want their child to feel 'different' from having to attend treatment appointments

- Parents are more likely to be able to remember and implement strategies in the future
4. Explain the number and format of sessions (face-to-face and telephone). Check parents will be able to attend the face to face sessions and will have access to a quiet space for phone calls. Specify, there are 6 sessions (four x 45-60 minute face to face appointments and two x 15-20 minute check in phone calls). These are delivered over 8 weeks to allow parents time to put in to practice the skills they have learnt in sessions. The appointments will be delivered in the following format:
 - Week 1 - Session 1: Face to Face (approx. 1 Hour)
 - Week 2 - Session 2: Face to Face (approx. 1 Hour)
 - Week 3 - Session 3: Face to Face (approx. 1 Hour)
 - Week 4 - Session 4: Phone Call (approx. 20 minutes)
 - Week 5: BREAK
 - Week 6 - Session 5: Face to Face (approx. 1 Hour)
 - Week 7: BREAK
 - Week 8 – Session 6: Phone Call (approx. 20 minutes)
 - Weeks 9-11: 4 WEEK BREAK
 - Week 12 – Follow up Appointment
 5. Explain the required workload during treatment.
 - Explain that the book offers detailed information which will be briefly reviewed in sessions; however, the main purpose of sessions is to tailor this information to the individual, so it is important parents do the required reading prior to their sessions.
 - Explain that parents will be expected to complete put their learning in to practice with their child between sessions and this will be reviewed in session.
 6. Encourage parent/s to prioritise treatment
 - It may be useful to draw up a therapy agreement with families to explain your services cancellation policy and obtain written consent that they will prioritise therapy for the upcoming weeks.

- Explain to families that you understand there may be other important events for the family but that it is important that they try to prioritise treatment for the next 8 – 12 weeks, as the more the parent puts in to treatment the better the outcomes will be.
7. Make sure parent has a copy of the book (and set reading for first session)
 8. Reading prior to session 1
 - As the therapist will be referring to part 1 and chapters 6 and 7 of the self-help book in session 1, the parent will need to have read this section (pages 1-87) prior to their first session and should be given at least one week to do so.

SESSION 1 (FACE-TO-FACE) - OVERVIEW

DELIVERY

Face-to-face (45 mins- 1 hour).

WHAT TO COVER IN SESSION 1?

- Book: Part 1 and Chapters 6 and 7
- Philosophy of programme re-visited
 - Why CBT?
 - Why a parental approach?
- Introduce routine outcome measures:
 - Parent: RCADS-P; ORS; CAIS-P; GBO; SRS
 - Child: None
- Review of homework (Parents reading Part 1 and Chapters 6 and 7)
- Key concepts and tasks to cover in session 1:
 - Understanding current difficulties and psychoeducation
 - How anxiety develops and is maintained (Refer to Handouts 1 and 2)
 - Set treatment goals
 - Managing parents' expectations

HOMEWORK AFTER SESSION 1

- Reflect on treatment goals
- Be on the lookout for maintenance factors
- Complete Handout 2 (Maintenance of child anxiety problems – Part 2)
- Read chapters 8 and 9

HANDOUTS TO USE IN SESSION 1

- Handout 1 - Development and maintenance map – PART 1 (Handout 1)*

OPTIONAL

- Handout 2 - Development and maintenance map – PART 2
- School Information Sheet

SESSION 1: CONTENT

1. *Set an agenda*

Outline the planned content of the session and ask the parent if there is anything additional that they would like to discuss (see 'agenda setting' in manual introduction).

2. *Philosophy of programme re-visited*

NB! If this has not already been done in treatment planning session, then it's important to outline the structure and timings of sessions and agree appointment slots with the parent (both face-to-face and telephone).

Review with the parent the concept of the programme (based on cognitive behavioural principles; guided self-help; work with the parent rather than the child) and re-emphasise the philosophy of the programme and why we are working with parents. Invite parents to discuss any concerns they have about the approach. Refer to page 8/9 and evidence for the approach to address concerns where applicable. Help parents consider solutions to practical challenges where appropriate (recommend parent read ahead to Step 5 (problem solving) if it may be helpful and manageable).

3. *Introduce routine outcome measures*

If not already covered in treatment planning appointment, explain that these measures will help keep track of progress being made throughout the programme and will be administered at the start of each session to aid the direction of the work. Discuss with the parent how this data will be used, along with other information, to monitor progress throughout treatment. Review and reflect on completed measures (see 'routine outcome measures' in manual introduction).

4. *Review of homework*

Ask the parent whether they have any questions or comments about Part 1 and chapters 6 and 7 of the book. Ask how what they read fitted with their experience. Were there any particular case examples they identified with? Explain that the session will be building on what they have read in the book.

If they have not read Part 1, explore what difficulties they had and encourage them to consider how they could overcome these (depending on the nature of the problem and if manageable at this stage, suggest parent reads step 5 on Problem Solving and uses this strategy to find a solution). Emphasise the importance of reading the chapters in order to make use of each session and encourage them to read Part 1 and chapter 6 and 7 over the following week.

5. Understanding current difficulties and psychoeducation

Stress to the parent that the topics you will be discussing today are covered in Part 1 and chapters 6 and 7 of the self-help book and so you will not be covering them in detail. Explain that your role will be to help to tailor information covered in the book to their individual needs and circumstances.

For each area, give a simple overview of the material and clarify that they have understood it. You will ask the parent particular questions about each area in order to increase their, and your, understanding of their child's anxiety.

Therapeutic objectives and aims:

- To provide parents the opportunity to share their concerns and struggles and to confirm what the main concerns are and what they would like to achieve during the course of the programme.
- To consolidate understanding about the child and how anxiety is having an impact on their life.
- To signpost additional book chapters where appropriate.

Cover the following information:

- i. What is anxiety and when does it become a problem?

Anxiety is a normal emotion that can be useful and can enhance performance. It becomes a problem when it is severe or frequent and interferes with a child's everyday life. The main aim of the treatment is to help the child overcome anxiety so that it does not interfere with day to day life.

ii. Effects of anxiety on children's lives

Reflect on the ways in which anxiety can impact on a child's life:

- Social life (problems with friendships).
- Academic performance (reduced academic achievement).
- Mood (more likely to become depressed).

Discussion point

Reflect on the information gathered from assessment about how anxiety impacts on the child's life. Consider with parent the biggest problems caused by anxiety.

6. *Treatment goals*

Therapeutic objectives and aims:

- To help focus the intervention and to develop realistic and achievable goals.
- To set up hope and opportunity to think about a positive future.
- To increase motivation and help monitor outcomes.

On the basis of the discussion about the child's anxiety and how it interferes, ask the parent to identify a maximum of 3 main goals that they hope to achieve. Ask them to write these down so that you can review these in each session (see examples in Table 1). Help them to think about what would be short, medium- and long-term goals. Make sure goals are specific, measurable, achievable, realistic and timely (S.M.A.R.T.) using questions such as those given below.

The goals that are set in the session should be seen as an initial draft that the parent can reflect on and discuss with their child ahead of session 2. If the parent has any concerns about setting goals with their child remind them to use the trouble-shooting table on page 85-66 to try to overcome any difficulties.

Review these goals in every session to help track progress and to give parent/s a sense of achievement (and ask them to get others to rate them too if possible/applicable, for example, teachers, other members of the family).

Possible questions

- *If you had a magic wand that meant that when you wake up tomorrow your child does not have any problems with anxiety, what would be different?*
- *What changes would you, or someone from the outside, notice?*
- *How would we know there had been a change?*
- *If your child were no longer anxious, what would s/he be doing that s/he isn't doing at the moment?*
- *What would you like your child to do that they are not doing currently?*
- *What is your child missing out on due to their anxiety?*
- *What would your child need to do, for you to think they have overcome their difficulties with anxiety?*

7. Setting realistic expectations

Discuss with the parent that their child may not progress towards their goals in the first few weeks of treatment as during that time you will be learning more about the problem and setting up plans. Highlight the importance of these initial treatment sessions to enable parents to understand what is keeping their child's anxiety going, and to gather the necessary information to help their child to overcome their fears and worries. Once an understanding of this information is gained, parents will then be able to implement techniques at home, which will help their child to progress towards their goals.

Give out ***School Information Sheet*** to take away and share with the school if appropriate.

NOTE!

*If parent highlights problems attending school as a particular difficulty for their child, encourage them to read chapter 20, school attendance difficulties.

*If parent highlights worry as a particular problem for their child, encourage them to read chapter 12, additional principles: overcoming worry.

8. *How anxiety develops and is maintained*

Therapeutic objectives and aims:

- To develop a shared understanding of how the child's difficulties with anxiety may have developed and factors contributing towards maintenance.
- To discuss general factors which can play a role in child anxiety and to obtain information from parents as to which factors may be relevant for their family. This should be a collaborative process.
- To provide parents with a map of possible cycles that can be targeted and broken during the course of the programme.

Many parents wonder about what has caused their child's difficulties with anxiety and some parents worry that they have contributed to this or that they have done something wrong. Sometimes parents may hold explanations which limit their hope for change in the future. As such we briefly discuss parents' theories about the causes of their child's anxiety and introduce research evidence to enable parents to consider explanations which are consistent with the scope for positive change. It is crucial that this discussion is approached in a sensitive and non-blaming way to help parents develop a better understanding of their child's difficulties with anxiety without feeling guilty or judged. Emphasise that no single factor is likely to have caused their child's anxiety disorder, but that typically a number of factors play a role.

Cover the following information:

9. *Causes of childhood anxiety problems*

Briefly outline the main causes of childhood anxiety that are hypothesised in the research literature and explore whether any of these explanations seem to apply to their child:

- a. Genes
 - Anxiety runs in families
 - 1/3 of what makes a child anxious is explained by genes (so mostly influenced by environment)

- Inherit particular characteristics (not anxiety disorder per se) i.e. sensitivity

Possible questions

- *Do you think your child has always been sensitive?*
- *Does anyone else in your family experience anxiety or have they experienced anxiety in the past?*

b. Adverse life events

- Stressful events may have more impact on anxious children

Possible questions

- *Has your child experienced any significant life events? If so, how do you think it has affected them?*

c. Learning by example

- Picking up fears from parents or others

Possible questions

- *Do you think that your child has picked up on anxious behaviour from any of the adults around them? If so, in what way?*

d. Learning from other's reactions

- How others respond to child when they are anxious

Possible questions

- *Do you think that your child has reacted to the way other people respond to them when they have been in anxiety-provoking situations? If so, in what way?*

e. Coping experiences

- Missed opportunities to learn how to face fears and develop skills

Possible questions

- *Do you think people close to your child have tried to protect them from distressing or anxiety-provoking situations in a way that might have prevented them from learning to face fears and develop skills?*

NOTE!

*If parent feels that their own anxiety is an important factor in their child's anxiety problem, they should read chapter 14, additional strategies 3: managing your own anxiety.

10. Maintenance of child anxiety (Handout 1 – Maintenance of child anxiety problems Part 1)

Emphasise that although it can be helpful to understand what has caused their child's anxiety problem, this is actually not essential for successful treatment. It is much more important to the treatment process to understand what is **maintaining** their child's anxiety (i.e. helping to keep the anxiety going). A useful analogy is a car that gets stuck in the mud- it may be that they got stuck in the mud because they took a particular route, but now that they are stuck what is needed now is to sort out what is stopping them moving on. Cover the following information, adding the parent's responses to Handout 1. With reference to examples in the book (pages 43 -47), discuss how anxiety can be maintained by:

- a. Anxious thinking/expectations:
 - Child thinks something bad is going to happen and thinks they will be unable to cope
 - Look out for evidence to support this

Possible questions

- *Do you have an idea of what your child's anxious thoughts/expectations are when they are in a challenging situation?*

b. Physical response (bodily symptoms)

- Child interprets these as a sign that something bad is happening
- Being aware of physical symptoms reduces confidence in coping with challenges
- Can be unpleasant so can increase avoidance

Possible questions

- Does your child complain about physical symptoms such as stomach aches, increased heart rate, shaking and sweating?
- How does s/he react to these symptoms?
- How might this affect what they think about the situation and what they do?

c. Anxious behaviour

- Avoidance keeps fears going as we never know if bad thing happens or not and don't get the opportunity to develop coping skills
- Safety-seeking behaviours (things the child does to keep themselves safe) keep fears going because the child believes the feared outcome did not happen because they performed the safety-behaviour. Reassurance seeking is a kind of safety seeking behaviour that can prevent children from learning that they can cope independently

NOTE!

*If parent feels that feeling out of control or bodily symptoms of anxiety is a significant problem for their child, direct them to chapter 14, additional strategies 2: managing physical symptoms of anxiety

Look at Handout 1 together which should now be completed with the parent's responses and summarise what seem to be some of the main maintenance factors for their child. Check with the parent that you have understood and whether the cycles make sense to them. Check if there is anything missing or if they have any other ideas as what may be keeping their child's anxiety going.

Possible questions

- What does your child do when they are feeling anxious or worried? How might that affect how they think and feel about the situation?

Implications for treatment: Explain that the content of the sessions will mainly focus on helping to change how the child thinks and how they behave as shown on Handout 1. Explain that you will not spend a great deal of time on the physical side of anxiety in its own right (i.e. apart from how they think about/ behave in response to it), as this aspect of anxiety usually becomes less problematic when thinking and behaviour have changed.

11. Maintenance of child anxiety (Handout 2 – Maintenance of child anxiety problems Part 2)

So far, we have talked about how what the child thinks and does can help keep anxiety going. Children's thoughts and behaviour are also influenced by other people around them. By working together, we will be able to look at some of these areas and discuss helpful ways of responding to anxiety.

Cover the following information referring to Handout 2 (note, the therapist will introduce the principles of Handout 2 in this session, but the parent will be asked to complete it as homework – signpost parents to page 49-54 in the book):

Explain that in addition to the things that children think and do that can keep anxiety going, children also are on the lookout for how people around them respond. That is, children also learn what to think and how to behave from others around them.

Sometimes our natural reactions to children who are anxious can inadvertently help keep

the problem going, but by taking a different approach, adults and other people around the child can also influence more positive ways of coping.

Use the information from Handout 1 to fill in the bottom section of Handout 2 (child's anxious expectations, physical responses and behaviour). Referring to the top section of handout 2, encourage parents to think about how the people around their child (e.g. parents, other carers, school teachers) anxious expectations, physical responses and behaviours may relate to their child's anxiety. Ask parents to think about how the responses of people around their child may keep their child's anxious expectations going. Ask the parent to complete Handout 2 as homework and remind them they can refer to the example in the book for guidance (page 51).

Implications for treatment

Explain that the content of the sessions will mainly focus on helping to change how the child thinks and how they behave as shown on Handout 1- and in order to help the child do that as easily as possible we will also be keeping an eye out for what people, around the child can do to help break any vicious cycles that are keeping the child's anxiety going.

12. Take home messages

Take home messages

Invite the parent to say what they will take away from the session and remind them of any other critical elements that they may have missed, using the following 'take home messages' as guidance:

- No single factor causes anxiety, but there are certain things that may contribute to its development and maintenance.
- We can help a child to be less anxious by trying to change some of the things which may be contributing to unhelpful maintenance cycles.
- Parents are well placed to support these changes and have an important and positive role to play.

13. Other issues

Talk about any issues that the parent has specifically requested to discuss. Acknowledge these issues and empathise with the parent. If relevant, refer to later chapters in the book and suggest that the parent read them. Signpost to other sources of information/support if applicable.

14. Homework tasks

Homework

Write down the following tasks together on the homework sheet:

1. Complete Handout 2 – Maintenance of child anxiety problems Part 2
2. Reflect on goals (discuss with child and confirm in next session)
3. Read Chapters 8 and 9 and any extra chapters if indicated.

Ask the parent if they have any comments or questions about today's session and if they have any concerns about completing the homework tasks. Confirm the time for your next session.

SESSION 2 (FACE-TO-FACE) - OVERVIEW

DELIVERY

Face-to-face (approx. 1 hour).

WHAT TO COVER IN SESSION 2?

- Book: Chapters 8 and 9
- Review routine outcome measures
 - Parent: ORS, RCADS-P, GBO, CAIS and SRS
 - Child: None
- Review goals
- Review homework (Handout 2)
- Key concepts:
 - What are my child's anxious thoughts/expectations? (Handout 3)
 - What does my child need to learn? (Handout 4)
 - Promoting independence and 'having a go' (Handout 5 *OPTIONAL)
 - Identifying rewards (Handout 6)

HOMEWORK AFTER SESSION 2

- Read Chapter 10
- Encourage independence and 'having a go' behaviour (Handout 5 *OPTIONAL)
- Reflect on rewards (Handout 6)

HANDOUTS TO USE IN SESSION 2

- What are my child's anxious thoughts/expectations? (Handout 3)
- What does my child need to learn? (Handout 4)
- Encouraging independence (Handout 5 * OPTIONAL)
- Rewards (Handout 6)

SESSION 2: CONTENT

1. *Set agenda*

Outline the content of the session and ask the parent if there is anything in particular, they would like to discuss (see Table 1 for example agenda).

2. *Complete routine outcome measure and review goals*

Review the goals that the parent set in session 1. Did they have any further thoughts about the goals that were set? Did their child give any input on them? Confirm the final set of goals to focus on.

Complete, review and reflect on all measures.

NOTE!

* NB Recall from session 1 that we would not expect change in ROMS at this stage, however, note any changes (improvement or deterioration) and discuss with parent what may account for any changes. Praise parents for any efforts they have made to make a change.

3. *Review of homework*

a. Feedback and outcome monitoring

Ask the parent whether they have any questions or comments from the last session. Ask parents for any questions or comments about chapters 8 and 9 of the 'Helping Your Child' book. Tell the parent that you will be touching on the material that they have read in this session, by giving a brief summary and by practicing some of the strategies outlined. If they have not read the relevant chapters, as in session 1, explore what difficulties they had and encourage them to problem solve to overcome these and to set clear plans for when they will do it. Once again, emphasise the importance of reading the chapters in order to make use of each session and encourage them to read chapters 8 and 9 over the following week.

Review whether the parent read the additional chapters (below) that were identified in the last sessions (if applicable) and if they have any comments or questions, for example:

- Chapter 12 Additional strategies 1: Overcoming Worry
- Chapter 13 Additional strategies 2: Managing physical symptoms of anxiety
- Chapter 14 Additional strategies 3: Managing your own anxiety
- Chapter 16 Using this book with younger children
- Chapter 17 Using this book with older children and teenagers
- Chapter 18 Sleep problems
- Chapter 19 Overcoming difficult behaviour
- Chapter 20 School-attendance difficulties

If any of these difficulties were raised in session 1 but the parent did not read the relevant chapter, emphasise that this extra information will really help them to be successful in helping their child overcome their anxiety and set this as homework for this session. If reading additional chapters was too much for the parent, keep this in mind for future homework planning.

b. Homework – Handout 2

Ask the parent how they got on with filling in Handout 2. Read this through together. Ask what they learned about their child from this exercise, and what they learned about how people around the child may contribute to the maintenance of their child's anxiety. If the parent hasn't completed it, complete the handout together.

Take care to normalise any parental responses that the parent has identified that may be having a maintaining role. Did they identify reassurance as a way in which they or others respond? If so, discuss the following. If not comment that many parents describe reassurance as one of their usual responses- ask if the parent feels that that is a way that they tend to respond? If so, discuss the following:

- Most parents reassure their children at times, it is a natural response, and in some situations, it may reduce distress in the short-term.
- Anxious children often seek out reassurance from their parents and others and therefore it is not surprising that parents respond to these requests.

- However, reassurance sometimes does not help the child to feel less anxious in the long run. Does that seem to apply to their child?
- Reassurance can be addictive: the more the child gets reassurance, the more they will want it/think they need it.
- Children need to be able to feel that they can deal with their fears themselves and are able to test out for themselves whether or not their worried thoughts are accurate
- Cutting out reassurance can be attempted gradually and in a way that feels comfortable for the parents.
- Cutting out reassurance is not about not responding at all; it is about responding differently.
- We will be discussing different ways of responding to children when they are seeking reassurance as we go on.

4. What are my child's anxious expectations?

Therapeutic objectives and aims:

- To further emphasise the potentially maintaining role of thoughts in anxiety.
- To give parents strategies to help identify their child's anxious thoughts/expectations
- To give parents **alternatives to reassurance** or responses that may inadvertently promote avoidance.
- To give an opportunity to practice.

Cover the following information:

Seeing danger everywhere:

- Anxious children are often on the lookout for threat, and 'jump to conclusions' about threat.
- If there is some uncertainty about what is going on, anxious children may expect something bad to happen, or may think they won't be able to cope with what happens.

- As discussed last time, anxious thoughts or expectations can make children feel less able to cope

Possible questions

- From the information you have collected what have you noticed about how your child sees the world?
- Are they on the lookout for danger?
- Do they have anxious thoughts about not being able to cope?

5. *Asking questions not giving answers*

Some children may not be clear on exactly what they think will happen in the situation they fear, or they might find it difficult to explain. If it is possible to understand the child's thoughts, from their point of view, this can be helpful to help us know what they need to learn in order to overcome their problems with anxiety. To find out more about the child's anxious thoughts/ expectations, different questions parents can ask their children are given on p.90.

Possible examples

- Why are you feeling worried?
- What is frightening you?
- What do you think will happen?
- What is the worst thing that might happen?
- What is it about [this situation] which is making you worried?

6. *Getting the best results*

- *How* you ask your child about their worries, and *when* you ask your child can be as important as *what* you ask them.
- Discuss the following techniques with parents to help them to identify their child's anxious expectations:

- Helping your child feel understood – empathising
- Helping your child feel normal – normalising
- Making suggestions
- Checking your understanding
- Labelling emotions
- Pick your moment
- Make it fun or rewarding

7. Help parents to notice the focus on asking questions not giving answers

- Helps children to think for themselves
- Puts children in control
- Prevents children feeling ‘silly’/‘wrong’
- Helps children to start practicing to getting used to there being some uncertainty (i.e. problems aren’t necessarily swiftly resolved)

8. Illustrating the technique - Role play (Handout 3 - What are my child’s anxious thoughts/expectations)

Explain to the parent that you would like to have a go at the above strategies through a short role play. Ask the parent if they can identify a time recently when they noticed their child was anxious, refer to the homework (Handout 2) if the parent is struggling to generate a situation. Suggest that, as they know their child best, they take the role of their child first and ask them to try to respond how they feel their child would in that situation if faced with the questions you are about to ask. Explain that you will play the role of the child’s mother/father first and that afterwards you will swap roles to give them an opportunity to practice the questioning techniques above. Emphasise that you (the therapist) might not do the exercise perfectly and so it is helpful for the parent to look out for things that the therapist said that the child would not be responsive to or would think was silly or annoying.

Remind the parent of your agreed situation and start by asking a question using Handout 3 for guidance. Use the role play to demonstrate asking questions (not giving answers),

empathising, normalising, making suggestions, checking your understanding, labelling emotions, making it fun/ rewarding (see p 92- 95 of Helping Your child for an example).

If the parent becomes stuck or breaks character in the role play, pause and explore this, you can then enter back in to the role play. Similarly, if you become stuck or do not know what question to ask next you can pause the role play and discuss this with the parent before re-entering the role play. Feel free to ask them for their ideas about what you could ask the child. The aim is to identify their child's anxious expectations, to help their child feel understood and consider alternative responses to providing reassurance (if applicable) by referring to the questions on Handout 3.

After the first role play, ask the parent what they thought the therapist said that was helpful or unhelpful and then explain to the parent that you will now switch roles and they will play themselves and you will play their child. Allow the parent to practice questioning, using Handout 3 for guidance.

After the second role play, ask the parent how easy or hard they found the process. Ask what they found helpful or unhelpful. Ask if they think they could use this strategy with their child. If they found it hard, as many parents do, emphasise that it will get easier with practice and encourage them to practice this technique with another adult before trying it out with their child if they can.

Possible questions

- *How did it feel being your child and going through this process?*
- *Were there things I said that were helpful?*
- *Which things might have been unhelpful?*
- *How do you think your child would have responded to the questions?*
- *Do you think they would have answered in a similar way?*
- *How was it asking questions?*
- *Which bits did you think went well?*
- *Were there bits you found difficult?*

Trouble shooting

Problems with finding out what my child is thinking

Child can't remember what they were worried about	Try to ask them at the time they are feeling anxious or, if too distressed at the time, soon after, or try to get them to imagine the situation.
Child won't tell me why they are worried when others are around	See 'pick your moment' to ask the child about their worries.
Child says 'I don't know' a lot	Try all questions on Pg. 90 or make tentative suggestions
Child is not worried about anything in particular	Use some of the questions on Pg. 90.
Child does not want to talk about their worries	See 'Make it fun or rewarding' Pg. 96 or observe their behaviour and look for patterns.

9. *Key concept – What does my child need to learn? (Handout 4)*

Therapeutic objectives and aims:

- To help parents identify what their child needs to learn to overcome their anxiety.

Cover the following information:

- Children need to learn that their anxious expectations are unlikely to happen, and/or that if they do, there is something they can do about it, or that they may be able to cope better than they thought/expected.
- Your role is to support your child in developing a different point of view, so that they no longer expect something bad to happen or expect that they will not be able to cope.
- Where children are unable to articulate particular anxious thoughts, we can hypothesise about this (pages 97- 101).
- Sometimes children may feel anxious because they don't know what will happen and they don't like not knowing. This is absolutely fine to work with as what they need to learn is what would actually happen.

Possible questions

- Is the feared outcome as likely to happen as your child thinks it is?
- If the feared outcome does happen, will it be as bad as they think it will be?
- Might they cope better than they think they will?

Complete Handout 4 – What does my child need to learn?

Complete Handout 4 with the parent. Ask them to think about what they have learnt from the role play and what their child needs to learn to overcome their fears. Discuss how this can be applied to the goals that they came up with in session 1. In the second column, encourage the parent to identify what their child expects to happen in challenging situations which relate to this goal, using information from the role play as applicable. Once parents have identified/ hypothesized about their child's anxious expectations, ask the parent to identify what their child needs to learn in situations related to their goals. Refer to Pg. 105. of the book for examples to assist the parent.

NOTE!

*For younger children (i.e. aged 5- 8 years old) refer to chapter 16, using this book with younger children, with particular reference to what does my child need to learn p. 237.

*10. Encouraging independence and 'having a go' (Handout 5 *OPTIONAL).*

Therapeutic objectives and aims:

- To help parents to identify areas where they can promote independence in their child
- To discuss strategies to help parents to encourage their child to 'have a go'.

Cover the following information:

- Refer to Handout 4 and 'what my child needs to learn'- reflect that anxious children often fail to learn this new helpful information as they often avoid trying new, challenging or anxiety provoking things.
- Explain that we all learn through our experiences; we learn that setbacks and discomfort do pass, things are not always as we expect, and that if we keep trying, we are likely to overcome challenges.
- Explain that in order for children to learn this, they need to have the opportunity to develop independence, to do things by themselves in order to learn that they can cope, and succeed, even if it doesn't always work out well the first time.
- Next session we will be talking about how we can help your child with what they need to learn by putting their fears to the test.
- However, some parents find it helpful to start by encouraging their child to be more independent in day to day life. Does the parent think this would be helpful for their child? For example, does the child rely on others to do things that they could do for themselves? If so, refer to page 110 of the book for tips on how to make some changes.

- To prepare for next week, we also need to start thinking about what will encourage their child to have a go at putting fears to the test in order to learn new things about their fears.

11. Identifying rewards

- The most useful way to encourage the child to have a go at testing their fears is through rewards, to acknowledge the effort they have made to overcome their anxiety.
- Rewards don't need to be expensive or cost money but should fit with the achievement that the child has made.
- Give parent Handout 6 and ask them to write down a few reward ideas under each of the headings. Tell the parent to fill out some more ideas at home having spoken to their child.
- Discuss with the parent any concerns that they might have about rewards, refer to pages 122-125.

Possible questions

- How could you celebrate your child's attempts at being brave?
- Do you have any concerns about how that will work?

12. Take home messages

Take home messages

Invite the parent to say what they will take away from the session and remind them of any other critical elements that they may have missed, using the following 'take home messages' as guidance:

- Anxious children often expect threat to occur and underestimate their ability to cope with possible threat.
- Parents can help their child to overcome anxiety by identifying their anxious expectations and identifying what their child needs to learn to overcome their worries.
- To do this, parents need to ask their child questions (rather than providing answers) to help identify their child's anxious expectations and what their child needs to learn to overcome their worries.
- Parents can also help their child to become more independent in day-to-day activities, by creating opportunities for them to learn new information to help them overcome their fears.

13. Other issues

Talk about any issues that the parent has specifically requested to discuss. Acknowledge these issues and empathize with the parent, problem solve if appropriate or consider how other skills covered in this programme may apply. If relevant, refer to later chapters in the book and suggest that the parent read them.

14. Homework tasks

Homework

Write down the following tasks together on the homework sheet:

1. Read Chapter 10
2. Practice using the questioning skills from the role play with their child
3. Add information from these conversation to Handout 3 – What are my child's anxious expectations and Handout 4 – What does my child need to learn?
4. Complete Handout 5 if helpful – Encouraging independence
5. Complete Handout 6 - Rewards

Ask the parent if they have any comments or questions about today's session and if they have any concerns about completing the homework tasks. Confirm the time for your next session.

SESSION 3 (FACE-TO-FACE) - OVERVIEW

DELIVERY

Face-to-face (approx. 1 hour)

WHAT TO COVER IN SESSION 3?

- Book: Chapter 10
- Review routine outcome measures
 - Parent: ORS, RCADS-P, GBO, CAIS and SRS
 - Child: None
- Review goals
- Review homework (Handouts 3, 4, 5 and 6)
- Key concepts
 - Introducing a Step-by-Step Plan
 - Unplanned experiments

TASKS TO DO IN THE SESSION:

- Draft a Step-by-Step plan (Handout 7 and Handout 8)
- Give ROMs for parent to take home and complete during session 4 (telephone session)

HOMEWORK AFTER SESSION 3

- Finalise Step-by-Step plan with child (Handout 8)
- Start implementing Step-by-Step plan
- Monitor progress of Step-by-Step plan (Handout 9)

HANDOUTS TO USE IN SESSION 3

- Handout 7 - Ideas for a Step-by-Step plan
- Handout 8 – Step-by-Step plan
- Handout 9 – Keeping track of the Step-by-Step plan

SESSION 3: CONTENT

1. *Set an agenda*

Outline the content of the session and ask the parent if there is anything in particular that they would like to discuss.

2. *Complete routine outcome measure and review goals*

Complete, review and reflect on measures and goals. Ask the parent for general feedback about how their child is progressing.

NOTE!

* NB Recall from session 1 and 2 that we would not expect change in ROMS at this stage, however, note any changes (improvement or deterioration) and discuss with parent what may account for any changes. Praise parents for any efforts they have made to make a change.

3. *Review of homework*

Review Handouts 3 and 4 (what are my child's anxious expectations and what does my child need to learn?) in the light of anything the parent learned from trying out the questioning skills. If applicable, review Handout 5 (encouraging independence) and ask them how they got on with encouraging independence. Review Handout 6 (rewards). If the parent has any concerns about rewards use the Trouble-shooting table on page 123 to try to overcome any difficulties.

Ask what they thought about the material covered in Chapter 10.

4. *A Step-by-Step approach to overcoming fears and worries.*

Therapeutic objectives and aims:

- To ensure the parent has understood how to devise a Step-by-Step Plan
- To help the parent break down a goal into more achievable steps for their child.
- Making and reviewing predictions about a step
- Planning carrying out steps

Refer back to any difficulties the child may have had in testing out their fears previously (i.e. avoiding a fear or being unable to conduct an experiment). Explain that some fears may be too overwhelming for a child to simply have a go at and that if this is the case, it is important to build up gradually what they are comfortable with. Again, emphasise that this will be familiar to them having read Chapter 10 and that you will work with the parent on starting to devise a Step-by-Step plan for their child that they will continue at home.

Cover the following information

Help the parent to begin to devise a Step-by-Step plan using the following guidelines:

i. A Step-by-Step approach (refer to p.130)

- Children's fears often need to be faced gradually to give the child confidence in their ability to cope, increase motivation, and get them used to testing out fears.
- Decide on which fear to face first.
- Come up with an ultimate goal which is achievable and realistic (refer to Ultimate Goals p.132).
- Come up with an ultimate reward for the ultimate goal (refer to Ultimate Goals and Rewards p.134).

ii. Breaking it down into steps

- Break the ultimate goal down into a series of steps (aim for about 10).
- All steps should relate to (and work towards) the ultimate goal.

- Rate each step in terms of how anxious you think it will make the child feel (using Handout 7 and the Worry Scale from the book (page 137).
- Order the steps from least anxiety-provoking to most anxiety-provoking finishing with the ultimate goal.
- Add the steps from least anxiety provoking to most anxiety provoking to Handout 8 (Step-by-Step Plan)
- Using Handout 6 (rewards) add reward for each step (from smallest reward to ultimate reward)
- Think about whether any planning is needed prior to the child completing any of the steps (planning steps in advance page 145)

iii. Predictions and reviewing steps

- Facing fears allows information to be gathered about what a child expects to happen vs. what actually happens.
- Treating steps like experiments allows parents and children to think about what they have learnt from completing a step on the Step-by-Step plan.
- Predictions should be made before each step and reviewed after the step is attempted to maximise the new learning that takes place (see keeping track of my child's progress with their Step-by-Step plan page 149)
- Ask the parent to keep track of their child's predictions and progress using Handouts 8 and 9.

Possible questions after a step has been completed

- What happened?
- Was it the same as you thought?
- Did your predictions come true?
- Did something else happen?
- How did you cope?
- What have you learned from doing the step?

iv. *Putting it into practice*

- Agree which step the child will try first and what the reward will be.
- The first step should be achievable, something they may have already done once or twice.
- Praise the child for any attempts at conquering a step and provide rewards as agreed.
- Review predictions about each step once it has been completed
- Problem solve any difficulties the child faces with a step.
- If necessary, break a step down into smaller steps.
- Look out for safety behaviours.
- Use Handout 9 to keep a record of steps attempted and their outcomes

v. *Safety-seeking behaviours*

- Remind parents that safety-seeking behaviours are things that children might do to make themselves feel safe enough to have a go at facing a fear.
- Parents should be on the lookout for these as if children become too reliant on them, they may prevent a child from learning that they can cope with a situation because they believe they managed it only because of their safety-seeking behaviour (page 150).

Once the parent has attempted to create a Step-by-Step plan, ask them to share it with their child at home to ensure that the steps are in the right order and that the rewards are motivating enough for the child.

Also, make sure that the parent is happy with the Step-by-Step plan they have devised and that they are clear about what step their child will try first. Make sure there is a clear plan in place for when and where they will put the plans in to practice.

NOTE!

*If the plan relates to a sleep problem, refer the parent to chapter 18, p.253 'Sleep problems. if the step plan relates to school attendance, refer the parent to chapter 20, p. 276, 'school-attendance difficulties.

5. *Unplanned experiments*

Therapeutic objectives and aims:

- To help parents look out for opportunities in everyday life where they can promote facing or testing out fears.

Cover the following information:

Encourage parents to find opportunities to face fears in a more spontaneous way where possible alongside the step plan. For example, at the park, in a café or at a relative's house.

Encourage parents to ask their child what they predict will happen in these situations and offer a reward.

Encourage parents to check out afterwards what happened and what their child learnt.

Trouble shooting	
Can't think of a fear to focus on	Review Handouts
Can't think of an ultimate goal	See The ultimate Goal and Manageable Realistic Goals page 132
Difficulty breaking down fear into steps	See Breaking it Down into Steps page 135 and see example Step-by-Step plans page.136, 141, 143 and 144
Can't come up with appropriate rewards	Refer to handout 9 and Rewards, p.119
Don't know how anxious the step will make the child feel	Have a guess and check with child once home using Worry Scale p.137
Child can't explain what they predict will happen when they try the step	Have a go in order to find out

6. *Take home messages*

Take home messages

Invite the parent to say what they will take away from the session and remind them of any other critical elements that they may have missed, using the following 'take home messages' as guidance:

- Facing fears allows children to gather new information about their anxious expectations
- Fears need to be faced gradually which can be done by making a Step-by-Step plan
- Predictions should be made about each step and added to Handout 8 they should then be reviewed after the step is attempted
- Each step should have a reward agreed ahead of time
- Unplanned experiments can be useful opportunities to learn new information or consolidate learning
- When a step is completed parents should record what happened using handout 9
- Rewards can help to motivate an anxious child, as well as show that their

7. *Other issues*

Talk about any other issues that the parent has specifically requested that you discuss. Acknowledge these issues, empathise with the parent and apply/signpost any relevant strategies covered in the programme. If relevant, refer to later chapters in the book and suggest that the parent read them.

8. Homework tasks

Homework

Write down the following tasks together on the homework sheet:

1. Complete the Step-by-Step plan with their child and alter if necessary.
2. Encourage the child to have a go at the first steps on the Step-by-Step plan.
3. Record the child's predictions about each step before they attempt to complete it using Handout 8 – Step-by-Step Plan
4. Keep track of the child's progress using Handout 9 – Keeping track of my child's progress with their Step-by-Step Plan
5. Be on the look out for opportunities for unplanned experiments

*** NB! Clinician must give parent/s the ROMS for next session to complete on the phone (next session is telephone session). Parents are then asked to bring paper copies into their next face-to-face session.

Ask the parent if they have any comments or questions about today's session and if they have any concerns about completing the homework tasks. Confirm the time for your telephone session.

SESSION 4 (TELEPHONE CONTACT) - OVERVIEW

DELIVERY

Telephone (approx. 15-20 minutes)

WHAT TO COVER IN SESSION 4?

- Review routine outcomes
 - Parent: ORS, GBO, CAIS (Global items only) and SRS
 - Child: None
- Review goals
- Review homework (Handouts 8 and 9)
- Make changes to Step-by-Step plan as necessary

- Any additional chapters suggested in session 3

TASKS TO DO IN SESSION:

- Review Step-by-Step plan
 - Ask if the parent has made any changes to the Step-by-Step plan?
 - Ask if the parent got feedback from their child regarding the Step-by-Step plan?
 - Review attempts of the first step of the plan (e.g. how did it go? what did the child predict and learn?)
- Make changes to Step-by-Step plan if needed (e.g. if steps are too generic and need breaking down)
- Agree next step to be completed/tested between sessions

HOMEWORK AFTER SESSION 4

- Continue implementing Step-by-Step plan
- Read Chapter 11 on 'Problem Solving'.

HANDOUTS

- Handout 8 and 9 (for review)

SESSION 4: CONTENT

1. *Setting the agenda*

Check with the parent that they are in a position to discuss the material uninterrupted and are happy to proceed with the telephone call. If they are, outline the content of the session, reminding the parent that this is a review session and will be much shorter than the previous sessions (approx. 20 minutes).

2. *Complete routine outcome measure and review goals*

Complete, review and reflect on measures and goals.

3. *Completing the Step-by-Step plan (Handouts 7 and 8)*

Ask if the parent made any changes to the Step-by-Step from last session. Check that the parent discussed the Step-by-Step plan with their child and confirmed that the steps were in the right order and that the child was happy with the rewards.

i. Trying the first step on the Step-by-Step plan

Explore with the parent how their child's attempts at the first step went. Ask how the parent got on with helping their child to identify their predictions for the first step. If they are finding this difficult, use the Trouble-shooting table in session 2 to try and overcome any problems. Praise attempts made by the parent.

If the child was not able to complete the step, clarify why this was (e.g. child was too anxious, not practical to do step this week etc. Acknowledge how hard it is to encourage anxious children to face their fears. Use problem solving with the parent to find a way of ensuring the child is more successful this week (e.g. break the step down into smaller steps, find a more motivating reward, make sure it is practical to carry out the step, consider how opportunities to carry out the step can be created, etc.). Praise the parent for their efforts and plan for how to move forward, rather than dwelling on a failed attempt.

ii. Reviewing each step

If the child was successful in completing the step(s), find out how it went- how anxious they were and what helped them to complete the step. Make sure that the child received the agreed reward. Ask the parent whether they were able to review the outcome of the step(s) with their child, and whether they were able to help their child consider what the results mean. Ask if doing the step(s) helped the child to think or feel differently. Remind the parent that by asking these questions, they are encouraging their child to be curious, to spot new information, to notice differences between their predictions and expectations, and to start to think differently.

Refer to handout 9 to encourage parents to keep a record of their child's progress with the Step-by-Step-plan and also to note what their child learned after each step. Discuss with the parent what their child has learned so far, and what they still need to learn. Consider whether parents need to add in some more or different steps to the Step-by-Step plan so their child can gather specific information about a worry or anxiety if the current steps do not allow them the opportunity to do this.

If the child has managed to complete several steps, praise the parent for their success. As long as the child is working towards facing their fear, there is no need to restrict their progress. If, however the child is struggling, encourage the parent to think about whether the step needs to be broken down further to enable the child to do it. If the child has not learned anything new/helpful from the step, encourage the parent to think about how the step may need to be changed/ repeated in a different scenario to help the child learn something new/helpful.

iii. Agreeing the next step

If the child did not complete the step last week, the parent should try again using the ideas that you have come up with above.

If the child completed the first step, but only once, consider whether it will be useful for the child to repeat this step depending on what they have learned so far. This can be done before starting a new step or in parallel with it, if the parent feels the child is ready for the next step.

If the child did complete the step, discuss what the next step on the plan is and how the parent feels the child will get on with it. Discuss with the parent what the child's predictions for this step may be and remind the parent to discuss this with their child before implementing the step. Confirm what the reward is for this step. Agree with the parent when the child will try this new step and how many times/ in different scenarios they will attempt it. It may be necessary to give a smaller reward for subsequent attempts at the step once the child has completed it once (e.g. if the child practices it four more times, the parent will reward them by letting them have a friend round for tea). Remind the parent to review with their child what they learned after they have completed the step.

4. Unplanned Experiments

Ask the parent if their child has conducted any unplanned experiments to test out their anxious expectations. Ask the parent if they were able to ask their child what their anxious expectations were, what the outcome of the experiment was and whether they were able to help their child work out what the results mean. Ask if the experiment helped the child to think or feel differently. If the child has not done an experiment, discuss whether the child could conduct any experiments to test out their fears or to help them to learn new information relating to their anxious expectations.

Trouble shooting	
Child did not complete the first step on plan	
Child was too anxious / had a tantrum	Acknowledge how hard it is for children to face fears Break down into smaller steps (p.151)
Child refused to do step	Change rewards to increase motivation Break down into smaller steps Give child choice of which step to try first (p. 153)
What do I do 'in the moment' when child is distressed	Acknowledge child's distress Encourage child to continue to face their fear Show confidence in your child Remind them of the reward
Managing panic attacks or unpleasant physical symptom during the step	Encourage child to breathe normally Help them to focus on something else e.g. sounds around them (p.155) Also see Chapter 13.
Parent / child forgot to do step	Emphasise importance of facing fears Praise parent for other efforts in programme Agree day / time for child to try step this week
Child refused to do step more than once	Give additional reward for repeated attempts

5. *Helpful reflections and encouragement*

Summarise your discussion and highlight the areas that the parent has worked well on and any positive shifts that have occurred for their child. Encourage the parent to continue using the strategies that they have found most helpful so far and to give things they have found more challenging another try on basis of the discussions you have had. Praise the parent for their effort, acknowledging difficulties and highlighting what they have done well (e.g. *it sounds as though Lisa became quite upset at first, but you did a great job supporting her without talking to her teacher for her and it sounds as though she was more able to handle the situation on her own than she had thought*).

6. *Other issues*

Talk about any other issues that the parent has specifically requested that you discuss. Acknowledge these issues, empathize with the parent and draw on any applicable strategies in the programme. If relevant, refer to later chapters in the book and suggest that the parent read them.

7. *Homework task*

Homework

Write down the following tasks together on the homework sheet:

1. Continue implementing the Step-by-Step plan on Handout 8
2. Continue to record child's progress on Handout 9
3. Be on the lookout for opportunities for the child to conduct 'unplanned experiments' and encourage the child to test out fears and reflect on what happens
4. Read Chapter 11 on 'Problem Solving'

Confirm the time for your next **face-to-face** session.

SESSION 5 (FACE-TO-FACE) - OVERVIEW

DELIVERY

Face-to-face (approx. 1 hour)

WHAT TO COVER IN THE SESSION?

- Chapter 11 Problem Solving
- Review routine outcome measures
 - Parent: ORS, RCADS-P, GBO, CAIS and SRS
 - Child: None
- Review goals
- Review homework (Handout 8 – Completed Step-by-Step Plan and Handout 9 – Keeping track of my child’s progress)
- Problem solving approach

TASKS TO DO IN THE SESSION:

- Problem solving (Handout 10)

HOMEWORK AFTER SESSION 5

- Continue using Step-by-Step plan (Handout 8)
- Continue recording progress (Handout 9)
- Use problem solving approach (Handout 10)

HANDOUTS TO USE IN SESSION 5

- Handout 10
- Handouts 11 and 12 (Note! These are meant to be briefly discussed at the end of the session and parents completes them as homework or in the final session with the therapist)

SESSION 5: CONTENT

1. *Setting the agenda*

Outline the content of the session and ask the parent if there is anything in particular that they would like to discuss.

2. *Complete routine outcome measure and review goals*

Complete, review and reflect on measures and goals.

3. *Review of homework*

Check how the child has progressed with their latest step and problem solve any difficulties that may have arisen. Find out how the parent has got on with identifying their child's anxious expectations and reviewing the outcome of each step with their child. Ask the parent if they have noticed anything when monitoring their own responses to their child. Highlight anything that they are doing that is helping their child to be brave and test out their fears.

4. *Problem Solving*

Therapeutic objectives and aims:

- To help parents practice and apply the problem solving strategy.
- To aid the parent in supporting their child to deal with problems more independently.
- To reduce the child's rumination and worry regarding real challenges.
- To enhance the child's sense of their own coping ability and increase their confidence in solving problems.

Discuss the principles of problem solving with the parent using the information below. If you have already used problem-solving to overcome any difficulties during the programme, refer back to this as an example.

Cover the following information:

i. Introduction to problem solving

- Problem solving can be used for real-life problems that emerge when parents try to help their child challenge their anxious thoughts e.g. the child is worried about attending school because a child wouldn't let them join in a game. Problem solving can also be useful for addressing blocks to the Step-by-Step plan.
- Children who are highly anxious often feel like they are not in control of challenging situations and are not confident in their ability to problem solve. However, when we test their actual problem-solving abilities they do not have 'deficits' - it's just their perception. This leads them to seek help from others to solve problems.
- It is important for children to become independent and confident in their ability to overcome problems that they encounter (NB. This does not mean they have to deal with problems alone- seeking help can be a good strategy in many situations).

ii. *How to do Step-by-Step problem solving*

- What is the problem?
 - Ask the child to describe what the problem is.
- Weird and wonderful solutions
 - Ask the child to list as many different ideas as possible about what they might to do solve the problem.
- Which is the best solution?
 - Ask the child what might happen if they carry out each solution (refer to Which is the Best Solution? page 109 for questions).
- Ask the child whether each solution is doable (refer to Finding the Best Solution page 110).

- Ask the child to decide which the best solution is by asking them to rate the solutions using the rating scale on page 171.

Possible questions

- *What would happen if you did X?*
 - *What would happen in the end?*
 - *What would happen to how you feel [about this situation]?*
 - *Is this solution possible? Is there anything which would make this situation difficult to do?*
- Encourage the child to make a decision and have a go!
 - Ask the child how it went and review what happened. Praise the child for their efforts.

Possible questions

- *What happened?*
- *How did they cope?*
- *Did they cope better than expected?*
- *Were they able to make a difference to the situation?*
- *What has your child learned from putting this solution into place?*

5. Problems you may face

Discuss how parents sometimes encounter problems when trying to help their child overcome their fears and worries. Explain that you will use a problem that they have come across in putting this programme in place to have a practice at problem solving. They will then know how to do it so can share it with their child and can also use it themselves when helpful.

List some common problems that parents face in overcoming their child's fears, worries and anxieties (Chapter 15, pages 224-225):

Common practical problems

- I don't have enough time to do the exercises.
- It is quicker (easier) to just do something for my child, rather than try to get them to do it them self.
- I don't know when to push my child. Are they anxious or are they not interested?
- Other family members have different ideas about what is the right thing to do.
- When my child 'acts up' I don't know if this is because they are upset or being difficult.
- I'm not there at the times that my child worries.
- It seems unfair to my other children to be rewarding one child for doing things they do all the time.
- We know what our child needs to do to overcome their fears, but those situations don't happen very often in everyday life.

Common personal problems

- I find it hard to keep motivated to keep 'pushing' my child.
- I can't help worrying about how my child will be able to manage if I give them a push.
- It is hard to push my child to do something, when there are other members of the family who have the same problem and are not doing anything about it.

Possible questions

- *Have you encountered any of these problems?*
- *Are there other problems that you have faced in putting this programme in place?*

6. *Illustrating the technique - Problem solving with parent (Handout 10)*

Identify which problem(s) the parent has experienced and use the problem-solving steps with the parent to try and come up with a solution, working through the steps (Handout 10). If the parent has not experienced any problems with applying the approach, ask them to generate a problem that they have experienced at home or at work and use that. The main thing is to have a go at practicing the problem-solving approach.

7. *What happens now?*

Outline that there will be one further session by telephone next week to review progress (and a re-assessment in a few weeks' time if this is possible within your service).

8. *Take home messages*

Take home messages

Invite the parent to say what they will take away from the session and remind them of any other critical elements that they may have missed, using the following 'take home messages' as guidance:

- In addition to testing out fears, problem solving is a useful strategy for dealing with thoughts that reflect difficult situations that may actually happen.
- Problem solving helps children to develop a sense of being able to cope independently in different and/or difficult situations.

9. *Other issues*

Talk about any other issues that the parent has specifically requested that you discuss. Acknowledge these issues and empathize with the parent. If relevant, refer to later chapters in the book and suggest that the parent read them.

10. Homework Tasks

Homework

Write down the following tasks together on the homework sheet:

- Continue to implement and record progress with the Step-by-Step plan (Handouts 8 and 9)
- Be on the lookout for opportunities for the child to conduct 'experiments' and encourage the child to test out fears and reflect on what happens.
- Use the problem-solving approach with their child and record on Handout 10
- Give parents Handout 11 and 12 in preparation for session 6 (final session). Parents can start filling these in as homework and/or complete in the next session with the therapist.
- *NOTE: Provide for parents to take home for child to complete the following Routine Outcome Measures prior to next sessions: RCADS-C, ORS and CAIS-C*

Ask the parent if they have any comments questions about today's session and if they have any concerns about completing the homework tasks. Confirm the time for your final telephone session.

SESSION 6 (TELEPHONE CONTACT) - OVERVIEW

DELIVERY

Telephone (approx. 15-20 minutes)

WHAT TO COVER IN SESSION 6?

- Review routine outcome measures
 - Parent: ORS, CAIS-P (Global items only), GBO and SRS
 - Child: RCADS-C, ORS and CAIS-C
- Review goals and discuss longer term goals.
- Review Step-by-Step Plan (Handouts 8 and 9)
- Review homework (Handouts 10, 11 and 12)
- Congratulations - encourage parents to reward themselves
- Book follow-up/review appointment approximately 1 month later (or as the service allows)

TASKS TO DO IN THE SESSION

- Review Step-by-Step plan and make changes if necessary (Handout 8 and 9)
- Check in if the parent used the problem-solving approach (Handout 10)
- What to focus on now (Handout 11 and 12)

HOMEWORK AFTER SESSION 6

- Continue with Step-by-Step Plan (Handouts 8 and 9)
- Continue using problem solving approach (Handout 10)
- Work towards long-term goals (Handouts 11 and 12)

HANDOUTS TO USE IN SESSION 6

- Handouts 8, 9, 10, 11 and 12 (for review)

SESSION 6: CONTENT*1. Setting the agenda*

Check with the parent that they are in a position to discuss the material uninterrupted and are happy to proceed with the telephone call. If they are, outline the content of the session.

2. Complete routine outcome measure and review goals

Complete, review and reflect on measures and goals.

*3. Review of homework**i. Step-by-Step plan*

Review how their child is getting on with their step-by step plan. Ask whether they have completed any further steps towards their goal. Review the child's prediction before they completed their step/s and what the outcomes were. If one plan has been successfully completed, ask the parent what else their child could work towards and encourage them to develop a new step plan.

ii. Unplanned Experiments

Ask the parent if their child has conducted any unplanned experiments to test out their anxious expectations. Ask the parent what their child's anxious expectations were, what the outcome of the experiment was and what the results meant for their child. Ask if the experiment helped the child to think or feel differently. If the child has not done an experiment, discuss whether the child could conduct any experiments to test out their fears or to help them to learn new information relating to their anxious expectations.

iii. Problem solving homework

Discuss how the parent got on with using the problem solving strategies with their child (Handout 10). Find out what problem they discussed and what solution they agreed to try out. Ask the parent how the process went and what their child gained from it and what they learned. If the parent found the process difficult or unproductive, discuss why this was. If the parent was unable to work on this approach with their child, find out why, and encourage them to have a go again in the future.

Trouble shooting	
Child can't come up with solutions	Make tentative suggestions. Ask the child what a friend might do, or what they have done in a past situation which may have been similar.
Child chooses an idea I think will not work	Go with the idea anyway, if it does not work, support your child to choose another.
My child had a go at the solution and it went wrong	Acknowledge with the child things go wrong. Consider other ideas you can try to overcome the problem.

4. *Things I have done that have been helpful for reducing my child's anxiety*
(Handout 11)

Therapeutic objectives and aims:

- To help parents reflect on what has been helpful for their family.
- To encourage parents to continue implementing strategies that have been helpful.
- To increase parents' confidence by recognising their achievements.

Discuss with the parent what strategies they feel have helped their child become less anxious. Ask them to record these on Handout 11.

Possible questions

- *Which strategies have helped your child the most?*
- *What have they responded well to?*
- *What do you think you have done well and how has this had an impact on your child?*

5. *Keeping things going*

Talk to the parent about how to help their child maintain their progress using the following information:

- Important to keep practicing the skills learned.
- From time to time, parents need to review their own reactions and check whether they may be inadvertently providing more reassurance than is needed or allowing the child to avoid feared situations.
- Parents should set goals that have yet to be reached and review them as each one is achieved.
- Parents should set aside some time each week to review the child's progress.

6. *Things for Me and My Child to Continue to Work on (Handout 12)*

Therapeutic objectives and aims:

- To establish goals for parent to work towards with their child in the short and long term.
- To problem solve with parents any difficulties that may prevent them from continuing the work.

Review the routine outcome measure and the goals that were set in session 1. If the goals have been achieved, ask the parent what made this possible and discuss the parent's role in bringing about change. If a goal is outstanding, discuss what has been achieved so far and emphasize the importance of continuing to implement the strategies discussed.

Discuss what the parent feels that their child still needs to work on and encourage them to fill in Handout 12. Discuss any obstacles that may get in the way of them continuing to work towards these goals and problem solve if necessary.

Possible questions

- What are the immediate and longer-term goals that you can work towards?
- Do you expect any future challenges?
- What can you do to prevent these from causing any setbacks?

7. *Other issues*

Talk about any other issues that the parent has specifically requested that you discuss.

Acknowledge these issues and empathize with the parent, making links to strategies covered in the programme where appropriate. If relevant, refer to chapters in the book and suggest that the parent read them.

i. Additional strategies

- Overcoming worry
- Managing physical symptoms of anxiety
- Managing your own anxiety
- Keeping it going

ii. Addressing particular needs

- Using the approach with younger children or teenagers
- Sleep problems
- Overcoming difficult behaviour
- School-attendance difficulties
- Helping children overcome fears and worries – a guide for teachers

8. *Congratulate the parent!*

Congratulate the parent on reaching the end of the programme. Praise them for their commitment in sticking with it and reflect on what progress has been made.

Remind the parent that their child will be reassessed in one month's time to see how well they are doing. If the parent continues to have concerns about their child's anxiety, emphasise that most children continue to make gains in the weeks and months following treatment, however you will have an opportunity to review this at the one month review session.

9. Rewarding yourself

Talk to the parent about rewarding themselves for their efforts both to motivate them to continue to work hard with their child but also to be a good role model for their child.

Possible questions

- What do you think you have done well and how has this had an impact on your child?
- How can you reward yourself?

10. Take home messages

Take home messages

Invite the parent to say what they will take away from the session and remind them of any other critical elements that they may have missed, using the following 'take home messages' as guidance:

- Parents are now equipped with strategies to help their child overcome their difficulties with anxiety.
- With practice and ongoing use of these strategies, the child is likely to make further progress.
- The family will be helped to stay on track by setting short and long-term goals and reviewing them regularly.

NOTE!

* If the parent is unable to think of what they have achieved, outline what you think that they have done well and praise them for this. Be specific about what you think they have done particularly well and how you feel this has had an impact on their child's progress (e.g. *'I have been particularly impressed by how you have persisted with the Step-by-Step plan despite Amy being quite reluctant to try the steps – because you kept going and tried hard to find motivating rewards, Amy did put her fears to the test!'*).

HANDOUT 1 – MAINTENANCE OF CHILD ANXIETY PROBLEMS – Part 1*

TRIGGER/SITUATION: _____

YOUR CHILD'S ANXIOUS EXPECTATIONS:

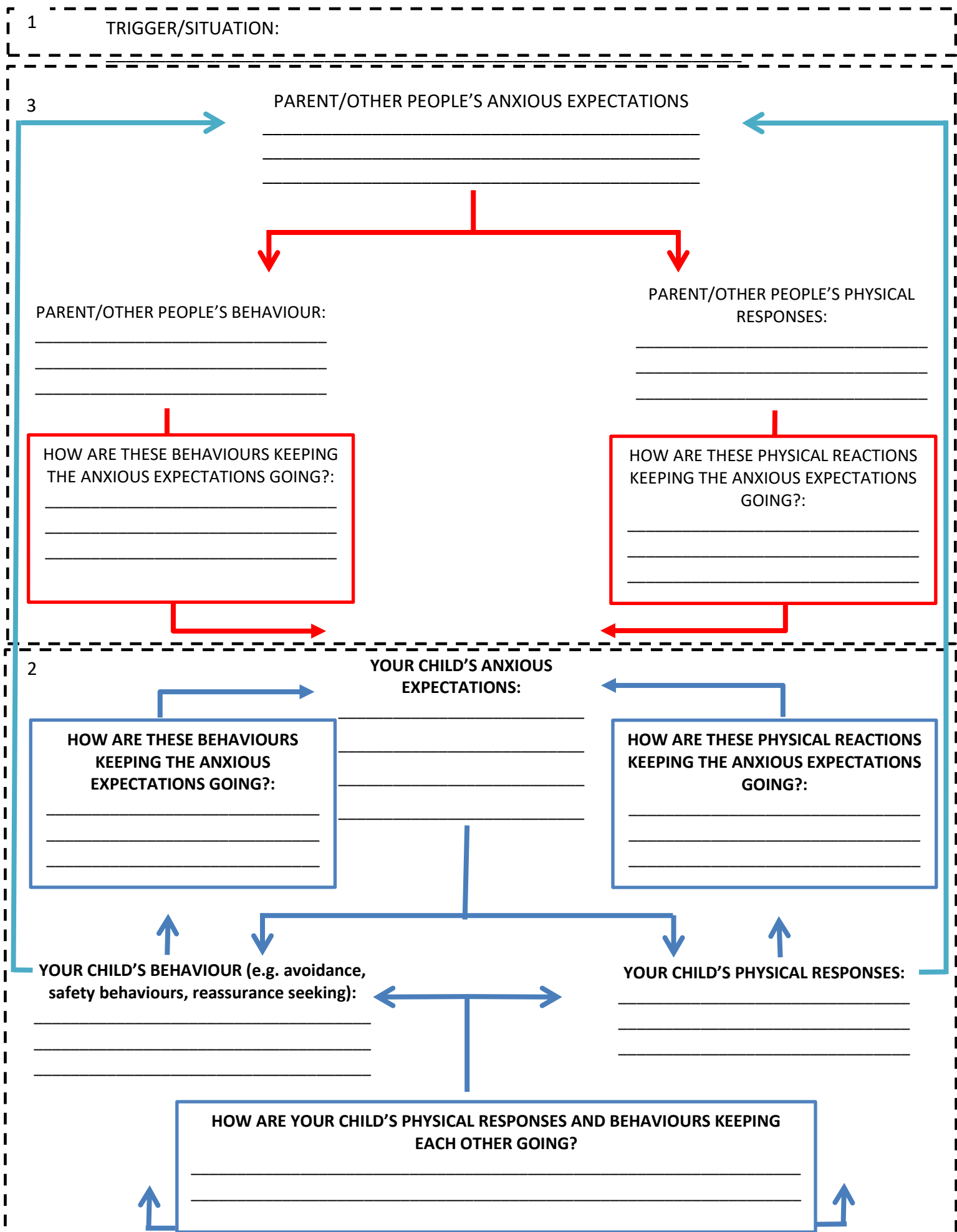
YOUR CHILD'S BEHAVIOUR:

YOUR CHILD'S PHYSICAL RESPONSE:



* OPTIONAL HANDOUT

HANDOUT 2 – MAINTENANCE OF CHILD ANXIETY PROBLEMS – Part 2



HANDOUT 3 – WHAT ARE MY CHILD’S ANXIOUS THOUGHTS/ EXPECTATIONS?

WHAT IS HAPPENING?	WHAT IS MY CHILD THINKING?	MY RESPONSES
	<ul style="list-style-type: none"> • <i>Why are you feeling worried?</i> • <i>What is frightening you?</i> • <i>What do you think will happen?</i> • <i>What is the worst thing that might happen?</i> • <i>What is it about [this situation] that is making you worried?</i> 	<ul style="list-style-type: none"> • <i>Be curious</i> • <i>Help your child feel understood</i> • <i>Help your child feel normal</i> • <i>Make suggestions</i> • <i>Check you have understood</i> • <i>Keep it rewarding (and fun, if applicable)</i>

HANDOUT 4 – WHAT DOES MY CHILD NEED TO LEARN

- **WHAT DOES MY CHILD NEED TO LEARN? HELPFUL QUESTIONS:**
- *Is the feared outcome as likely as your child thinks?*
- *If the feared outcome does happen, will it be as bad as they think it will be?*
- *Might they cope better than they think they will?*

Goal	What does my child expect will happen?	What does my child need to learn?

HANDOUT 5 – ENCOURAGING INDEPENDENCE*

Independent Activity	When did my child try this?	What tips for success did I use?	How did it go? What did my child do?
1.			
2.			
3.			

*** OPTIONAL HANDOUT**

HANDOUT 6 – REWARDS

Tips to remember:

- Make praise clear and specific
- Include a range of rewards under each category
- Rewards don't need to be expensive
- Make sure both you and your child agree to the reward
- Make sure you would be willing to *not* give the reward if the goal was not met
- Try to have rewards that can be given immediately or soon after the goal has been met

Things to do with my child:

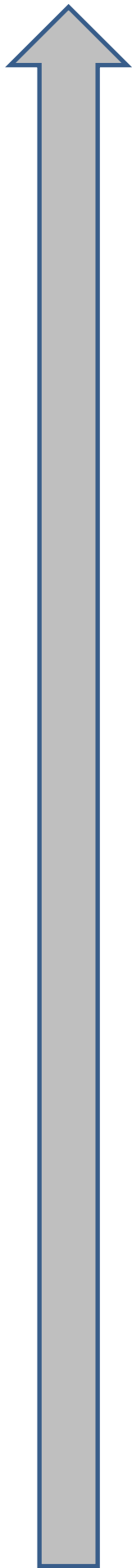
Other things my child would enjoy:

HANDOUT 7 – IDEAS FOR A STEP-BY-STEP PLAN

ULTIMATE GOAL: _____

Ideas for steps	How anxious my child will be (0-10)

HANDOUT 8 – STEP-BY-STEP PLAN



PREDICTION	ULTIMATE GOAL	ULTIMATE REWARD
PREDICTION	STEP 9	REWARD
PREDICTION	STEP 8	REWARD
PREDICTION	STEP 7	REWARD
PREDICTION	STEP 6	REWARD
PREDICTION	STEP 5	REWARD
PREDICTION	STEP 4	REWARD
PREDICTION	STEP 3	REWARD
PREDICTION	STEP 2	REWARD

HANDOUT 9 – KEEPING TRACK OF MY CHILD’S PROGRESS WITH THEIR STEP-BY-STEP PLAN

Date/Time	Which step did my child try?	What did they think would happen?	What strategies did I use to encourage them to 'have a go'?	How did it go? What did my child do?	What did they learn?

HANDOUT 10 – PROBLEM SOLVING

WHAT IS THE PROBLEM?	LIST ALL THE POSSIBLE SOLUTIONS (NO MATTER HOW WEIRD OR WONDERFUL!)	WHAT WOULD HAPPEN IF I CHOSE THIS SOLUTION? (IN THE SHORT TERM? IN THE LONG TERM? TO MY ANXIETY IN THE FUTURE?)	IS THIS PLAN DOABLE? YES/NO	HOW GOOD IS THE OUTCOME? RATE 0-10	SELECT PLAN. WHAT HAPPENED?

HANDOUT 12 – THINGS FOR ME AND MY CHILD TO CONTINUE TO WORK ON

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

HELPING CHILDREN OVERCOME FEARS AND WORRIES – A GUIDE FOR TEACHERS –

We have written this guide for teachers of children who are experiencing difficulties with anxiety. We hope that it will provide you with a helpful summary of the techniques that parents are using at home so that you can use the same strategies at school. You may well be familiar with some of the ideas already, but if you would like more information about the strategies we have outlined, we suggest you read the rest of the book that we have written for parents ('Helping your Child with Fears and Worries', Creswell & Willetts (Publisher: LittleBrown)).

What are common fears and worries of anxious children?

Everyone, children and adults alike, experiences worries, fears and anxiety some of the time. However, for some children these fears and worries can be excessive; they interfere with their everyday life including school attendance and participation in school activities. Fears, worry and anxiety involve (i) an expectation that something bad is going to happen, (ii) physical responses to this (e.g. 'butterflies' in the tummy, fast breathing, or fast heart rate) and (iii) things we do to keep away from things we fear or to try to stay safe when we have to confront them (e.g. avoiding eye contact in frightening social situations). Anxiety problems are actually the most common emotional and behavioural problems experienced by children. Children often do not grow out of these problems, and they can be a risk factor for other issues, such as depression, in adolescence or adulthood. Therefore, it is essential that children experiencing anxiety problems are supported in overcoming their difficulties.

Fears and worries in school

Children with anxiety difficulties often feel anxious about various aspects of school. There are many different reasons for this. Some children find social situations scary, such as mixing with their peers, speaking to teachers, or contributing in class. Other children are worried about separating from a parent or caregiver. For other children, their worries or anxious expectations are more general and may involve a whole host of different things, including getting told off, not doing well enough in their work or

sports, or falling out with a friend. Suffice to say, school can be a scary place for many children. Sometimes you may see the direct effects of this in school – for example, children may be withdrawn, tearful or have behavioural outbursts – but sometimes children may manage to ‘keep it together’ during the school day and the emotional fallout happens when they get home. This can sometimes lead to a tricky situation for teachers, as parents may be reporting that the child is very anxious about school, but teachers may not see the evidence of that, which may lead them to think the problems are all at home. In these situations, it is really helpful when schools and parents can work together to help the child overcome their difficulties.

What can be done in school?

There are various things that can be done in school to help children overcome their anxiety difficulties, alongside parents or carers implementing strategies at home. Below we outline strategies that teachers or other school staff we have worked with have found they can use with children to help them to overcome their anxieties.

Overcoming fears and worries in school

We have talked above about the tendency for children to try to stay away from things they are scared of (avoidance) or do things that will make them feel safe (safety behaviours) when they get anxious. The trouble is that if anxious children avoid the things that make them feel anxious they don’t get the chance to gather new information about the situation, so they don’t find out if their anxious expectation will actually happen or not and whether they could really cope.

Here’s an example:

Jane thinks that if she answers a question in class she will get it wrong and her classmates will think that she is stupid. When her teacher asks her a question, she therefore looks down at the desk and does not answer. In doing this, she does not get to know if she would get the answer right, and if she didn’t whether her classmates would even care. In helping a child overcome their anxieties, the child needs to be supported in gathering new information about their anxious expectations so they can discover that:

- 1. Things may not turn out as they fear.*

2. *Even if things don't go well, they can cope or do something about it.*
3. *By facing fears, we learn new things that help us overcome them*

Facing fears gradually

When a child is anxious, people around them can often try hard to make sure they won't become distressed. For example:

Whenever Jane's teacher asked her a question, she went red, avoided eye contact and stared at the desk. This seemed to attract more attention to Jane, which the teacher could see was not helping. Gradually she stopped asking Jane questions in the hope that she would begin to put her hand up.

Although Jane's teacher's response was completely understandable, and in fact showed that she had quite a good understanding of Jane's anxieties, it did also allow Jane to avoid facing her fears and learning from these new experiences. Teachers are in a great position to provide children with opportunities to face their fears gradually so that they can overcome those fears. Here is an example of what Jane's teacher did.

Jane's teacher sat down with Jane during break time and let Jane know that he could see she was finding it hard to answer questions. He asked Jane what made it so difficult for her. Jane told him that she was worried that she might get the answer wrong. Jane's teacher suggested they try to find out if she really would get it wrong and what would happen if she did. Every day at break-time he would ask Jane one question from the lesson and they would see how many she got right.

Having done this for a week, her teacher discussed with Jane what she had discovered from asking questions at breaktime. They noted how they had found that although she didn't always get the answer right she didn't get it wrong more than other children in the class would have done. Her teacher congratulated her. They decided that, as she was so good at answering questions at break time, it was now time to start answering questions in a small

group. He agreed that each day when she was working in a small group, he would ask her a question about the work. Jane was worried that she would be singled out, so he agreed to also ask other children in the group questions. Gradually, Jane and her teacher progressed from answering questions individually, to a small group, to the whole class, and finally to asking the teacher a question herself in front of the class.

Using problem-solving to tackle real life problems or threats

Although children's anxious expectations are not always realistic, sometimes they might reflect an actual problem that the child is facing. For example, a child who is worried that other children will reject them if they ask to join in because other children are sometimes unkind and say that they don't want to play with them. This will need a different approach. In the case of bullying this clearly needs to be dealt with using official school procedures. However, you may also be able to support the child in problem-solving these types of situations. What can they do if a child says that they do not want to play with them? How many different ideas can they come up with? What do they think would happen if they tried each of these ideas? Which one seems the best? Can they give it a go? (and How did it go?)

Another example might be a child who is worried about doing badly in a test and does in fact struggle academically. You could support the child in problem-solving solutions to this 'real life' problem, thinking with them about things you can be doing at school to help and things they can be doing at home.

Tips for helping children to overcome anxiety in school

In helping children to gather new information about their anxious expectations and to face their fears gradually, the following tips can be useful:

1. *As much as possible, work with the child to set goals so you both know what you want to achieve.*

2. *Think about what the child needs to learn in order to challenge their anxious expectations.*
3. *Work with the child to develop a plan to test out fears and gain new knowledge. Make a step-by-step plan to gradually try out new things to test their anxious expectations.*
4. *If the child struggles with a step, it may simply be too difficult, in which case break it down into smaller ones.*
5. *Be open and explicit with parents about the strategies you are using so that you can work together. If a similar approach is being taken at home and at school, change will occur faster. Meet with parent/s to review progress regularly.*
6. *Find ways to motivate and reward the child – facing fears is hard work (and they may not always show you how hard they are finding it)!*
7. *Be positive and praise the child – just having a go is an achievement!*
8. *Be prepared for setbacks, they always happen. Just try again the next day or the next week.*

Common concerns

If I praise a child who is anxious, won't it just draw more attention to them?

It is a question of *how* to give it rather than whether to give it. Negotiate with the child how they would like to receive praise or how they would like to be rewarded. It can be done very subtly, or you can praise them when you meet with them separately or with their parent/s. Similarly, they do not need to be rewarded in front of the whole class if this makes them feel uncomfortable; you can do this away from other pupils if need be.

I am no expert in children's anxiety, so should I really be doing this type of thing? Is this not more appropriate for a specially trained staff member?

We would certainly encourage you to work with other members of staff who have particular expertise in helping children with emotional difficulties. However, you are well equipped to help a child in your class: you are likely to know them very well and you will be able to create opportunities for them to face their fears. As long as you communicate regularly with the child and their parent/s, all agree a plan of action and

regularly review it together, you are very likely to be helping the child overcome their fears.

How I am supposed to find the time to do this?

The strategies described here have all been used by teachers and other school staff that we have worked with. It is true that some extra time and thought may be required to get the ball rolling, but often things can start to change quickly. We would hope that this work will prevent a greater input of time further down the line, should problems become more entrenched. However, there is no reason why you cannot enlist the help of a colleague, perhaps a teaching assistant, specially trained staff member or similar.

For more information:

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