

GUIDED SELF-MANAGEMENT TOOLS

FOR Anxiety

Children 6-12



COGNITIVE BEHAVIORAL THERAPY

FOR ANXIETY



INTRODUCTION

Everyone worries sometimes. School, friends, and stress can cause children and teens to feel anxiety. For some children, anxious feelings can become difficult to manage. This can cause problems at home, school, and/or with friends. Working with your child's primary care team can help you assist your child in managing symptoms of anxiety.

Behavioral health specialists have worked hard to figure out ways to help manage anxiety. One of the most effective interventions is a type of therapy called Cognitive Behavioral Therapy, or CBT. This type of therapy helps people with anxiety learn how to change their thoughts and behaviors in order to feel less worried and to cope when worries do occur. The worksheets in this guide will help your child and family try CBT strategies at home. There are tips for parents and activities for your child, which can be used with children across a wide age range. We find that the skills are most effective when used in order. All of the skills included in our guide are *evidence-based*, meaning they are strategies that have been tested and proven to be effective through rigorous scientific research. Many families have found these strategies to be beneficial; we hope they will work for you, too.

SKILLS & EXERCISES

Each of the skill handouts includes an explanation of the skill, a description of how it will help your family, and instructions for how to use the strategy at home. We've also included a list of common questions and concerns parents usually have about each skill, along with our answers. Work through the guide with your child and try out each new skill for about two weeks to see which fit your family best. See what's working and what's still challenging, then adjust as needed. Once you've found a set of skills that works for you, keep at it until the routine becomes second nature. It may be challenging at first, but the more you practice, the easier it will be to make these exercises and techniques a part of your daily life. Let us know how things are going and be in touch if you and your child need any additional support for anxiety management. Good luck!



Skill 1

Fear Thermometer

These worksheets will help your child pay attention to situations that make them anxious and rate their worried feelings.



Skill 2

Relaxation Skills

These worksheets teach simple skills and exercises that help increase feelings of calm and well-being. Make these skills a consistent part of your family's daily life to reduce stress for everyone.



Skill 3

Thinking Traps

These worksheets teach new ways to look at situations and suggest questions to ask in order to reduce anxious thoughts.



Skill 4

Facing Your Fears

These worksheets help you and your child design exposures, which are opportunities to face fears in a controlled and safe way.

PARENT HANDOUT: FEAR THERMOMETER



WHAT IS A FEAR THERMOMETER?

- ▶ You may notice that your child worries, or gets anxious, during many kinds of situations. They may also avoid certain situations or things. The anxiety may feel like it comes out of nowhere, which can make it hard for your child to describe what exactly makes them anxious. To begin managing your child's anxiety, you need to help them name the problem.
- ▶ A fear thermometer is a tool that can do just that. A fear thermometer helps your child organize or rank the things and situations that make them anxious. The things/situations that make your child only a little worried are near a 1 on the thermometer. The things/situations that make your child the most worried are usually near the 10 on the thermometer.
- ▶ Once you and your child have a better understanding of their worries, you can use the fear thermometer to help your child plan ways to face their fears. These techniques can help them realize they can still do things they want and need to do even when they are worried.

HERE'S HOW TO CREATE A FEAR THERMOMETER

You can use the following script with your child:

- 1 Introduce the Idea.** "Everyone feels worried sometimes. In fact, our anxious feelings can sometimes be useful and important signals that help keep us safe. Other times, worries can get out of hand and make us too scared to do the things we need to and want to do. Today we are going to make a special thermometer that will help us name the things you're worried about. Doing this will help us figure out when you need help with your worries. Together we will figure out ways to solve problems and face your fears."
- 2 Look at the Example.** "Let's look at this example. The thermometer goes from 1 to 10. This kid is afraid of frogs! At the bottom near 1 it says, "seeing a frog," because that's something that makes the kid who made this a little worried. At 3 it has "a frog jumping near me" because that makes the kid a little more worried. The thermometer keeps going up like that until we get to 10, "holding a frog", the situation that causes this kid to feel the most worried."
- 3 List Worries.** "Before you make your thermometer, let's list all of the things you are worried about. We don't have to put them in order yet, just name everything you can think of. If you like, I can give you suggestions from things you've told me and what I've noticed."
- 4 Rate the Worries and Put them on the Thermometer.** "Great job! Naming all of these things and talking about them is an important step to feeling less worried and anxious. Okay, now that we have our whole list, let's see where they go on the thermometer. Let's start with the first fear you wrote. Where would that fit on the thermometer: at the bottom near 1, at the top near 10, or somewhere in the middle?" Wait for your child to name the fear, say a rating, and put on thermometer. "That makes sense, great job! Let's keep going." Move on to the next fear on the list.
- 5 Use the Fear Thermometer to plan next steps.** "We will keep the Fear Thermometer handy as we continue to work through this guide. The Fear Thermometer will be a tool to help us understand the details of your worries and pay attention to when you might need help. When these worry situations come up, you will use the skills we are going to learn in this guide to help." If you notice that your child has a lot of unrelated, more generalized worries (e.g., if friends like them, thunderstorms, midterm exams, spending the night away from home, etc.), you can use Anxiety Skills 2 and 3 (Relaxation Skills and Thinking Traps) to help them learn tools to cope. If you notice that your child has fears of a specific situation or thing (e.g., animals or heights), the other skills in this guide will be very beneficial, but it will be essential to use Anxiety Skill 4 (Face Your Fears) to help them learn to face their fears instead of avoiding them.

CHILD WORKSHEET: MY FEAR THERMOMETER



Use this space to brainstorm all the things you are worried about, in no particular order:

frogs

holding a frog

someone holding a frog near me

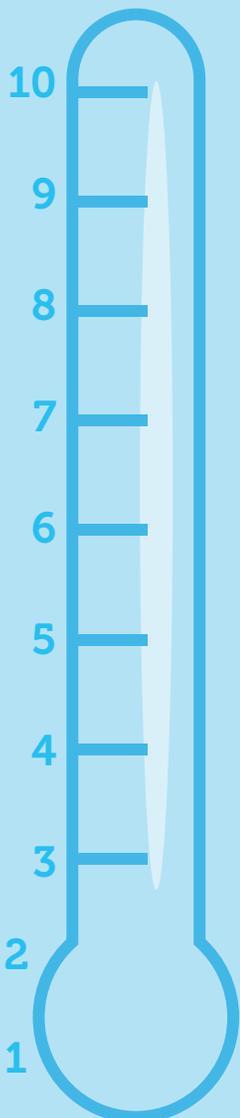
touching a frog

seeing a frog

a frog jumping near me



Start with the first fear you wrote. Where would that fit on the thermometer: at the bottom near 1, at the top near 10, or somewhere in the middle? Write it down and move on to the next fear.



10. Holding a frog

9.



8. Touching a frog

7.



6.

5. Someone holding a frog right near me



4. A frog jumping near me

3.



2. Seeing a frog

1.

CHILD WORKSHEET: MY FEAR THERMOMETER



Use this space to brainstorm all the things you are worried about, in no particular order:



Start with the first fear you wrote. Where would that fit on the thermometer: at the bottom near 1, at the top near 10, or somewhere in the middle? Write it down and move on to the next fear.

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

PARENT HANDOUT: FEAR THERMOMETER TIPS



Anxiety Skill 1

HOW CAN USING A FEAR THERMOMETER HELP MY FAMILY?

- ▶ Learning the details about what things or situations make your child feel worried is a very important first step towards successfully managing their anxiety.
- ▶ Increasing your understanding of your child's anxiety through this process will help you be more aware of when to support your child in situations that cause them stress.
- ▶ Learning to identify and express worried feelings helps you and your child notice when a coping strategy (like the ones in Anxiety Skill 2) will be helpful.
- ▶ Creating a fear thermometer will also help you and your child make a plan for facing fears. They will be able to start with facing fears that are lower on their list in their ranking list and move up the thermometer as they feel braver (see Anxiety Skill 4).

COMMON PARENT CONCERNS

My child finds it hard to rank their fears.

Rating fears can seem strange at first. Show your child the example in this guide to help them understand how to describe their fear. Ask questions to help them rate each fear (e.g., "Is it scarier to speak in a small group or to speak in front of the whole class?"). Let your child know that you can change the ratings as needed so they don't have to be "perfect."

My child rates everything at a 1 or a 10.

Ordering things from least to greatest is a hard concept, especially for younger children. If you notice that your child went through their whole list and rated each thing without using the middle ratings, gently ask them if there are some things that might go in the middle. You might say, "I wonder if there are some things that don't make you super worried (so less than 10) but also make you feel more than a little worried (so more than 1)?" Ask them to rate something fun (e.g., ranking foods from not tasty to the most delicious, or heights of family members from shortest to tallest) so they can practice the task.

My child gets upset while trying to make the ratings.

Thinking about worries can cause "in the moment" anxiety for many children. If your child is having a hard time, take a break from making the fear thermometer to relax and then come back to it. Let your child know that many people feel anxious when talking about their worries, but that it's important to do this exercise because in the end it will help them understand their anxiety and feel better.

Your child may also benefit from learning relaxation skills to manage anxious feelings. Try some of the strategies in Anxiety Skill 2 and see if they make talking about the feelings thermometer easier for them. They can also use the fear thermometer to remember to use relaxation skills (e.g., when your child's rating gets above a 4, it may be time to take some deep breaths).

I don't think my child's ratings are accurate.

If one of your child's ratings feels very off, talk to your child about that specific rating and things you've noticed about the situation. For example, "You put talking in front of the class as least scary. You labeled it a 2. I remember you seemed very worried about your last history project, more worried than you seem about ordering food at a restaurant. What do you think?". If your child won't change the ranking right then, leave it be and revisit the thermometer later. 100% accuracy isn't as important as your child feeling ownership over their thermometer.

PARENT HANDOUT: DEEP BREATHING



WHAT IS DEEP BREATHING?

- ▶ Relaxation skills are ways to help relax our bodies and minds and increase feelings of calm and well-being.
- ▶ Our guide includes three different types of relaxation skills that can help your child and family. This handout provides an introduction to a skill called **deep breathing**.
- ▶ Deep breathing involves taking slow, deep breaths in which you fill your belly with air on the inhales (i.e., the breathe *in* part) and release the air on the exhales (i.e., when you breathe *out*).
- ▶ Try some of our strategies below and see if they help your child feel calmer, more relaxed, and more in control.

HERE'S HOW TO USE DEEP BREATHING AT HOME

- ▶ Making relaxation a family activity can help your child feel more comfortable and use their relaxation skills more consistently. Pick a time when family members can practice together (e.g., before saying goodnight and getting ready for bed).
- ▶ To set an example, you can point out to your child times when you can use deep breathing in your own life (e.g., "I feel stressed when the grocery store is this busy, so I'm going to take a few deep breaths before we go in."). If you notice your child looking anxious before or during an activity, you can also suggest they try deep breathing to see if it makes them feel better.

DEEP BREATHING PRACTICE

Deep Breathing Script: "Sit in a comfortable position and close your eyes. We are going to focus on our breathing. Start by taking some nice deep breaths, the same way you normally would. Notice how your belly rises and falls as you breathe. You can put your hand on your belly to help you feel the air going in and out. Now we are going to try to breathe in a way that will help us feel even more relaxed. Breathe in through your nose. This is the inhale. When you do this, make your belly fill with air like a balloon. Now breathe out slowly through your mouth. This is the exhale and it makes you empty the air out of your belly balloon. Good. You can make a 'whoosh' sound on the exhale if that helps you. Now do that again, breathing in through your nose and out through your mouth. Try to take in as much air as you can, slowly and calmly. Take your time and focus on the rhythm of your breathing. Try to make your belly balloon fill with air on the inhale and empty on the exhale. Great job. If other thoughts pop into your mind, that's okay. Just try to stay calm and start thinking about your breathing again. Now take three more slow, deep breaths in through your nose and out through your mouth, making your belly rise and fall three times. One. Two. Three. You can do this any time you need to relax. Great job! When you're ready, you can open your eyes."



Number Breathing

Once your child understands how to breathe more deeply, try variations such as 3-1-3. This involves breathing in for a count of three, holding it for one, and breathing out for a count of three. You can try other numbers and combinations and use whatever your child likes and finds comfortable.



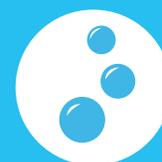
Pizza Imagery

A fun image that can help you or your child practice this skill anytime, anywhere: Imagine you are breathing in the smell of a slice of hot, delicious pizza and then blowing out to cool the slice down. Or think of another hot food you love!



Stuffed Animal Belly Breathing

Have your child lie down on the floor with a small stuffed animal on their belly. When they breathe in, the stuffed animal should rise as their belly fills with air. As they breathe out, the stuffed animal should sink slightly as air flows out. Older children can use their hand on their belly to practice instead of a stuffed animal.



Bubbles

Have some fun and use bubbles to show how breathing in and blowing out calmly can help you make bigger bubbles. Show your child how fast, more anxious breathing doesn't work as well.

PARENT HANDOUT: PROGRESSIVE MUSCLE RELAXATION



Anxiety Skill 2

WHAT IS PROGRESSIVE MUSCLE RELAXATION?

- ▶ Relaxation skills are ways to help relax our bodies and minds and increase feelings of calm and well-being.
- ▶ Our guide includes three different types of relaxation skills that can help your child and family. This handout provides an introduction to a skill called **progressive muscle relaxation**.
- ▶ Progressive muscle relaxation involves tensing different muscle groups one at a time and then releasing them. An example is flexing your arm muscle, then relaxing it.
- ▶ Try some of our strategies below and see if they help your child feel calmer, more relaxed, and more in control.

HERE'S HOW TO USE PROGRESSIVE MUSCLE RELAXATION AT HOME

- ▶ Making relaxation a family activity can help your child feel more comfortable and use their relaxation skills more consistently. Pick a time when family members can practice together (e.g., before saying goodnight and getting ready for bed).
- ▶ To set an example, when you can point out to your child times when you can use progressive muscle relaxation in your own life (e.g., "I've been clenching the steering wheel the whole way home. I'm going to try to relax my muscles now to feel calmer."). If you notice your child looking anxious before or during an activity, you can also suggest they try progressive muscle relaxation to see if it makes them feel better.

PROGRESSIVE MUSCLE RELAXATION PRACTICE

Progressive Muscle Relaxation Script:

"Sit in a comfortable position and close your eyes. We are going to practice relaxing our muscles by squeezing them tight and then releasing them. Let's start with our legs. Stretch your legs out in front of you and point your toes. Hold your position and count to 5. Now relax your legs. Good job! Do that again. Stretch, hold for 5, and relax. Now make two fists like you are squeezing a lemon in each hand. Squeeze your lemons as tightly as you can to get the juice out for a count of 5. Now drop your lemons. Great job! Now repeat. Squeeze for 5 and drop. Let's next focus on our arms. Hold them out in front of you, stiff and straight for 5. Good. Now drop your arms to your sides like they are cooked, limp spaghetti. Now repeat. Stiff for 5 and then loose. Okay, now we're going to squeeze our stomach muscles as if we are trying to squeeze through a door. Hold them tight and count to 5! Now release. Great job. Repeat. Squeeze for 5 and release. Now we are going to scrunch up our faces like we are trying to get flies off our noses. Keep your face scrunched up for 5! Good. Release. Again, scrunch for 5 and release. For our last step we are going to hold our whole body as tight and scrunched up as we can. Tense all the parts and count to 5! Great job. Now release. Do that one last time. Tense for 5, now relax. Notice how good it feels to relax all your muscles. You can open your eyes."

Simon Says:

(best for younger children)

Turn progressive muscle relaxation into a game of Simon Says. Start with the caregiver as Simon and tell your child to tense different body parts ("Simon says scrunch your toes" or "Simon says flex your arm muscles"). Have your child release each part before moving on. Now let your child be Simon. Get creative and have fun!

PARENT HANDOUT: GUIDED IMAGERY



WHAT IS GUIDED IMAGERY?

- ▶ Relaxation skills are ways to help relax our bodies and minds and increase feelings of calm and well-being.
- ▶ Our guide includes three different types of relaxation skills that can help your child and family. This handout provides an introduction to a skill called **guided imagery**.
- ▶ Guided imagery involves imagining a calm image or scene using all 5 senses (i.e., sight, hearing, touch, taste, and smell), sometimes with the help of a script or recording.
- ▶ Try some of our strategies below and see if they help your child feel calmer, more relaxed, and more in control.

HERE'S HOW TO USE GUIDED IMAGERY AT HOME

- ▶ Making relaxation a family activity can help your child feel more comfortable and use their relaxation skills more consistently. Pick a time when family members can practice together (e.g., before saying goodnight and getting ready for bed).
- ▶ To set an example, you can point out to your child times when you can use guided imagery in your own life to feel better (e.g., "What a busy day! I need to take a mini vacation to my relaxing place!").
- ▶ If you notice your child looking anxious before or during an activity, you can also suggest they try guided imagery to see if it makes them feel better.

GUIDED IMAGERY PRACTICE

Guided Imagery Script

"Sit in a comfortable position and close your eyes. I want you to use your imagination to go on a vacation in your mind. Think of a calm and peaceful place. It can be some place you have been before or some place you would like to go. The place doesn't even have to be real; it can be imaginary. Spend a few moments picturing your peaceful place. Now think about the things you **see** in your special place. Notice the colors, shapes, and patterns. Think about how peaceful it is to see the details of your special place. Now think about the things you **hear** in your peaceful place. Is there music, animal sounds, or ocean waves? Or maybe you hear something different. Now think about the things you **feel** in your calm place. Warm sunshine on your face, grass under your feet, or something else? Notice how these feelings help you relax. Now think about what you **smell** in your relaxing place. The salty ocean, cookies baking, or something else? Take a deep breath of the amazing smells. Now think about what you **taste** in your calm place. A popsicle? Or a fresh cookie? Or something else? Think about how good it tastes. You can always take a trip back to your relaxing place if you need to feel calm. This is a tool you can always use to feel better. When you are ready, you can open your eyes."

Mini Vacation

Once you have practiced with the script above, encourage your child to close their eyes briefly and go on a mini vacation to their calm place when they feel tense or down.

5-4-3-2-1 Relaxation

Help your child relax at any time by prompting them to notice 5 things they see, 4 things they feel, 3 things they hear, 2 things they smell, and 1 thing they taste. This technique is a **grounding exercise** and can help your child feel better in challenging moments. Here's an example of using this in the kitchen: "I see my plate, the table, my sister sitting across from me, the clock, and the wall. I feel the chair, the floor, the table, and the warmth from the heater. I hear water running in the sink, water boiling on the stove, and my sister's voice. I smell cookies in the oven and the pasta I am eating. I taste the pasta."

PARENT HANDOUT: RELAXATION SKILLS TIPS



HOW CAN RELAXATION SKILLS HELP MY FAMILY?

- ▶ Muscle tension is often associated with anxiety. Think about yourself clenching the steering wheel while stuck in traffic. Your muscles are tight and you are likely feeling stressed. Similarly, children with anxiety can experience shoulder tension, stomachaches, headaches, and other physical symptoms.
- ▶ This is because the mind and the body are connected. When children who are anxious or feeling some other negative emotion learn to practice relaxation, they find that they can calm their bodies, reduce anxiety, improve their sleep, and experience many other benefits.
- ▶ Your child needs to practice relaxation skills regularly during times of low anxiety so that they are better able to use the skills when they need them during times of higher anxiety. You can't use a skill well in "the game" if you don't practice!
- ▶ Relaxation skills are "portable." Your child can do them at home, school, or in public. Most relaxation skills can be done quickly and without anyone noticing.

COMMON PARENT CONCERNS

My child thinks this is too hard.

Relaxation skills may feel uncomfortable or challenging at first. Practicing regularly helps make the skills feel easier and more comfortable. Figuring out which skills (and methods of practicing the skills) your child prefers will also be helpful. Try out the different strategies we suggest, and see which ones work best for your family.

My child doesn't want to practice regularly.

Relaxation practice should not be another chore but something short and simple that you can work into the daily routine. For example, can they practice for a few minutes on the way home from school or use an app on their phone before getting ready for bed? Together, set a specific goal for regular practice (e.g., three times a week to start) and think of a small but fun reward your child can earn for reaching it. Remind your child that this skill gets easier the more they do it, and that this is one way they can be in control of their anxiety.

My child thinks relaxation practice is boring or strange.

Ask specific questions to find out what could make it more appealing. Do they prefer a certain skill over others? Do they want to use technology in their practice (e.g., relaxation phone apps, guided imagery videos, etc.)? Would they be more interested in an active practice like yoga? Encourage them to keep trying new things until they find something that is enjoyable and comfortable.

My child can never use the skills in the moment to manage their anxiety.

If you are in a situation with your child where they could use a relaxation skill but are not doing so, give a gentle reminder to encourage them and then model the skill yourself. Talk with your child about times when relaxation skills can be helpful (e.g., deep breathing before a test) and set a goal with them to try to use that skill in that specific situation for a reasonable amount of times for the next week.



PARENT HANDOUT: THINKING TRAPS



WHAT ARE THINKING TRAPS?

- ▶ **Thinking Traps** are ways of thinking that increase anxiety, worry, and stress. They often involve jumping to conclusions, guessing that things will go badly in the future, and making connections that might not really make sense.
- ▶ Here are **4 Common Thinking Traps** that are often connected to anxiety. Discuss these with your child and see if you can come up with more examples that apply to them.

HERE'S HOW TO DECREASE THINKING TRAPS

Ask your child these questions to help them think in more positive ways:

- 1 **What are the facts? What is the likelihood that what you're worrying about will happen?** Often there is very little evidence that the things we are worried about will actually happen! Working with your child to look at the facts will help them think more realistically and often empower them to notice that they are capable of facing their fears.
- 2 **What would you tell a friend in this situation?** Focusing on helping a peer may help your child with perspective taking and problem solving. This strategy can help them feel calmer and more positive about their worry.
- 3 **What can you do to solve your problem or take your mind off the worry?** If possible, help your child take concrete steps to solve their problem. If that's not possible, encourage them to use relaxation or other coping skills (Anxiety Skill 2) to reduce anxiety and take their mind off things.



FORTUNE TELLING

Predicting that bad things will happen in the future.

People with anxiety often spend a lot of time imagining bad things they fear will happen in the future.

Fortune Telling Example: "My parents are going out to dinner. What if something bad happens to them? They might get food poisoning and have to go to the hospital! We'll be all alone!"



CATASTROPHIZING

Making little problems or worries seem like big problems.

When we catastrophize, we make a big deal out of our worries, even when they might actually be pretty small.

Catastrophizing Example: "I'm feeling a little nervous about the play tomorrow. I'm probably going to forget all my lines and get laughed off the stage! I should tell my mom I'm sick."



OVERGENERALIZATION

Assuming that because we were worried or nervous in one situation, we will feel like that again.

When we overgeneralize, we ignore the unique facts about a situation.

Overgeneralization Example: "I was nervous about that math test, because I didn't study as much as I should have. I'm going to do terribly on my science test, too! I know I studied, but I bet I'll get a bad grade again."



ALL-OR-NOTHING THINKING

Seeing things as "all good" or "all bad."

When we use all-or-nothing thinking, we ignore the fact that many situations are somewhere in between and have both positive *and* negative aspects.

All-or-Nothing Thinking Example: "That dog jumped on me and freaked me out! All dogs are scary and mean."

CHILD WORKSHEET: THINKING TRAP PRACTICE

Here's an example of how to use your new skills to deal with a **Catastrophizing Thinking Trap**:



"I'm feeling nervous about the play tomorrow. I'm probably going to forget all my lines and get laughed off the stage! I should tell my mom I'm sick."

What are the Facts?	"I've been in six plays before and have never forgotten my lines. I did really well at the dress rehearsal yesterday. My friend made mistakes in the last play, and no one laughed."
What Would I Say to a Friend?	"You've worked hard, and it's going to go great!"
What can I do to take my mind off things?	"I'm going to go play a game with my brother to forget about this for a little while."

FORTUNE TELLING: "My parents are going out to dinner. What if something bad happens to them? They might get food poisoning and have to go to the hospital! We'll be all alone!"

What are the Facts?	
What Would I Say to a Friend?	
What can I do to take my mind off things?	

OVERGENERALIZATION: "I was nervous about that math test, because I didn't study as much as I should have. I'm going to do terribly on my science test, too! I know I studied, but I bet I'll get a bad grade again."

What are the Facts?	
What Would I Say to a Friend?	
What can I do to take my mind off things?	

ALL-OR-NOTHING THINKING: "That dog jumped on me and freaked me out! All dogs are scary and mean."

What are the Facts?	
What Would I Say to a Friend?	
What can I do to take my mind off things?	

PARENT HANDOUT: THINKING TRAPS TIPS



HOW CAN UNDERSTANDING THINKING TRAPS HELP MY FAMILY?

- ▶ When people experience worry and anxiety, they often think about their present situation and things that might happen in the future in negative ways.
- ▶ By learning about thinking traps (i.e., ways of thinking that make us feel worried, stuck, or upset), your family can help each other pay attention to the ways you talk and think about anxiety.
- ▶ Once everyone has practiced noticing their thinking traps, you can help each other take those thinking trap statements and make them more positive and realistic.
- ▶ Learning how to discuss anxiety in realistic and self-esteem boosting ways can help your whole family feel more confident and capable when facing stressful situations.

COMMON PARENT CONCERNS

Some of the thinking traps are hard for my child to understand.

If a particular type of thinking trap is challenging for your child, brainstorm additional examples that might make it clearer. Ask friends and family to help if needed. Examples that connect to your child's interests (e.g., their favorite sport or movie) can be very useful. If your child struggles to separate the thinking traps into different categories, just focus on noticing worry-increasing thoughts in general and changing them. For example, call them "worry thoughts" or using their "worry brain." You can still improve thinking this way.

My child says that thinking traps aren't a problem for them, but I know that they are.

It's hard for people of all ages to notice or acknowledge a harmful habit. Be an example by pointing out thinking traps in your own life (e.g., "When I realized I was running late to get you, I was so worried you'd be upset or alone and think I'm the worst mom ever! Then I realized I was *catastrophizing* and reminded myself that traffic is terrible and you were safe playing with your friends."). Make similar connections in media you watch together (e.g., "Is that character using a thinking trap? Which one?"). Gently bring up times you notice your child using a thinking trap after the situation has calmed down (e.g., "Before your game, you were worried that your team was definitely going to lose. I wonder if that was a thinking trap, maybe *fortune telling*? Just because you're nervous doesn't mean that you're not great! You all have been practicing so hard.").

Changing negative thinking is very hard for my child.

Negative thoughts are often automatic, like a habit. Becoming a more positive thinker requires breaking this habit. It takes a lot of practice to make a change like this! Start with more fun and playful examples if jumping right into your child's particular style of anxious thinking feels overwhelming. Practice on a regular basis for a few minutes at a time (daily if you can manage it) to start forming a new habit of positive thinking. If your child is still having a difficult time, talk to your child's primary care provider. They can connect you to a behavioral health specialist who can help.

PARENT HANDOUT: FACING YOUR FEARS



FACING YOUR FEARS USING EXPOSURE

- ▶ “Exposure” is the clinical term for dealing directly with things that make someone anxious, instead of avoiding them.
- ▶ Research shows that approaching situations we fear is the most effective way to decrease anxiety. This can be challenging because avoidance of feared situations is a natural response. However, when we run away from our fear, we are “proving” to ourselves that the thing we are afraid of is too terrible to face.
- ▶ It doesn’t have to be this way! Our Anxiety Skills are designed to help you and your child face fears in a safe way. Exposure gives your child a real world opportunity to see that they can overcome scary situations and reduce anxiety in the process.
- ▶ Exposure is most beneficial and straightforward to address at home when the fear is a specific thing (such as an animal) or situation (such as riding an elevator, speaking in class, or talking to new people).
- ▶ Making an exposure plan can provide your child with repeated experience facing feared situations in a calm and organized way. In an exposure plan, exposures are organized in a hierarchy, from tasks that cause your child the least amount of worry all the way up to situations that create more significant anxiety.
- ▶ These plans are most successful when the tasks are all related to each other and are increasing approximations of the worry that most gets in your child’s way. An example exposure for a child with a worry about making new friends would be simply saying hello to a new child on the playground, and then a later step on the hierarchy could be asking a child to play.
- ▶ Over time, exposure will help your child become more confident and less fearful. They can potentially no longer feel anxious in situations that currently cause them to worry a lot! Or their anxiety may not go away completely, but they will feel more in control and more able to effectively manage worry. This helps your child learn that they can achieve their goals and have fun even when anxious.

HERE’S HOW TO CREATE AN EXPOSURE PLAN

You will need your child’s Fear Thermometer from Anxiety Skill 1, plus our Create Your Own Exposure Plan worksheet on the coming pages, to help you create a plan together. Make copies of the Create Your Own Exposure Plan so you can repeat this process for multiple worries and repeat certain exposures if needed. Review the script below and our examples on the Exposure Plan Examples worksheet before helping your child. This will help you better understand the way exposures work before you get started. The examples show how all the steps of an exposure plan should be connected to your child’s major worry. Adapt the script for your child as needed so they can create their own personalized plan. Your child may have a wide range of unconnected fears on their fear thermometer; this is okay. Work together to pick one specific thing or feared situation to focus on at a time, as exposure works best when there is a clear target on which to focus.

HERE'S HOW TO CREATE AN EXPOSURE PLAN (cont.)

Introducing Creating an Exposure Plan to Your Child:

- 1 “We are going to make a plan to help you face the fears that you put on your Fear Thermometer. One fear that you included is _____.” Work with your child to choose a specific fear that may work well based on our tips, such as a specific thing or situation. Once you both agree, proceed to step 2.
- 2 “We are going to use this worksheet to help us make a plan.” Show your child the Create Your Own Exposure Plan worksheet. “Here, the worksheet has a place for us to write down the name of the worry we will be working on in your exposure. Exposure is the word for facing the thing you are afraid of instead of avoiding it or running away.” You or your child should write the worry you will be working on in the space provided.
- 3 “Right here is a place for us to write down each part of the exposure.” Point at the empty rows 1-6. “The worksheet also has a place for us to rate how you feel before and after you face your fears. The Worry Scale on the page can help us do those ratings.” Point at the Before and After columns and the Worry Scale.
- 4 “Our goal is going to be for you to do the things you need and want to do without feeling too scared or running away. I think you will feel strong and brave!” Add in more ideas about what it could be like for them to conquer their particular fear.
- 5 “That might seem like it could never happen, but I believe in you and you can do it! We will take baby steps to get there.”
- 6 “If you were afraid of swimming, we wouldn’t plan for you to just dive into the ocean without any steps before that. First we might have you put your feet into the water to slowly start getting more comfortable. What is something we can do to that is like that, something that will help you begin to get comfortable?” Wait for your child’s response. Share some responses applicable to their fear that are similar to steps 1 and 2 in our example plans if they can’t come up with anything. You are looking for steps that will be a “warm up” for facing the big fear. You or your child should write these steps down.
- 7 “Great idea! Now let’s think about the next step with this fear. What comes after the steps we just put down? What will we need to do to get even closer to facing and overcoming your fear?” Wait and provide responses similar to steps 3 and 4 on our example plans if needed. Remember, we are taking bigger and bigger steps toward facing the fear! You or your child should write these steps down.
- 8 Now you are ready to name the activities that will be near the top of the exposure plan. “You’ve given so many great ideas for getting more comfortable with this worry! Now let’s talk about what will be our big goal. What are the biggest challenges connected to this fear?” Wait and provide responses similar to steps 5 and 6 in our examples if needed. You or your child should write these steps down. “Good work! Let’s review the worksheet and start to plan how we will begin our exposures.”



PARENT HANDOUT: EXPOSURE PLAN EXAMPLES



Anxiety Skill 4

Exposure Plan Examples

Example 1: Fear of Frogs

This example is for a child who has a fear of frogs, but is also very interested in science and animals. The goal of these exposures is to help the child hold a frog comfortably, a wish they have because of their interests. The example on the Fear Thermometer worksheet also deals with this worry; you can refer back to it now if needed (Anxiety Skill 1).

		Before	After
1	Looking at pictures of cartoon frogs on the internet or in a book.		
2	Looking at pictures of real frogs on the internet or in a book.		
3	Looking at frogs in aquariums at the pet store.		
4	Going near frogs in the pond at the science center.		
5	Touching a frog at the science center while an employee holds it.		
6	Holding a frog all by myself at the science center.		

Example 2: Fear of Elevators

This example is for an adolescent who has a fear of elevators. The goal of these exposures is for the adolescent to feel okay riding an elevator alone, an ability they wish to have as they increase their independence.

		Before	After
1	Looking at pictures of an elevator on the internet or in a book.		
2	Watching a video of someone riding in an elevator.		
3	Going to an elevator and standing inside it briefly with a parent.		
4	Going in an elevator and riding it with a parent.		
5	Going in the elevator and standing inside it briefly alone.		
6	Going in the elevator and riding it alone.		

PARENT HANDOUT: CREATE YOUR OWN EXPOSURE PLAN



Anxiety Skill 4

Using Your Exposure Plan

- 1 You and your child should pick a time when things are calm and not rushed at home to begin working on exposures. Start with step 1 on your plan, which is the exposure your child rated as easiest to try.
- 2 Before each exposure practice, get a Worry Scale rating. Ask, "Look at the Worry Scale. How worried/afraid do you feel? 1 is not that worried and 10 is the most worried."
- 3 After each exposure practice, get a Worry Scale. Say, "Great job! Look at the Worry Scale. How worried/afraid do you feel? 1 is not that worried and 10 is the most worried."
- 4 Record these Worry Scale ratings next to the exposures listed on your plan. This will help you and your child track their progress over time.
- 5 You can repeat each step above until your child's ratings go down and they notice an exposure is less scary than it was before. Then, move onto step 2 on your plan, the next exposure. Go at a pace that is comfortable for your child, but be consistent about moving through the exposures at a steady pace.

1-10 Worry Scale



Create Your Own Exposure Plan

Put your child's plan here:

		Before	After
1			
2			
3			
4			
5			
6			

PARENT HANDOUT: FACING YOUR FEARS TIPS



Anxiety Skill 4

HOW CAN FACING FEARS THROUGH EXPOSURES HELP OUR FAMILY?

- ▶ Children and adolescents who have anxiety often avoid necessary and positive experiences due to their fears. This can impact their functioning at home, school, and with friends. Facing their fears through exposures helps them tackle their fears in a safe, controlled way and can improve their quality of life.
- ▶ Families are often unsure of how to help their child address the things that scare them. These worksheets help parents get organized by giving them a road map to assist their children in tackling their worries. Remember to take your time moving through the plan. As your child builds confidence, it will get easier to face their fears.
- ▶ Anxiety can feel very overwhelming for everyone, and children and adolescents may be unsure of how to articulate their concerns. The Fear Thermometer (Anxiety Skill 1) and Facing Your Fears worksheets in this guide help them identify their worries and break them down into manageable parts to be conquered!

COMMON PARENT CONCERNS

We are having a hard time coming up with ideas for exposures.

Sometimes it is hard to figure out how to “expose” your child to situations that aren’t part of daily life. You can use the internet, books, or magazines to help you look up realistic images and videos of fears (e.g., bugs and heights). Review any media you will use in exposures first before showing them to your child. You can also role play anxiety-provoking scenarios; these can be exposures, too. Use your imagination and get creative!

My child refuses to do the exposures.

Empathize with your child. Tell them that you understand that this is very challenging but that you believe in them. Explain that exposures will help them worry less and have more fun in their lives. Explain that avoiding things actually makes them seem scarier, but that facing them helps us realize we can handle it. Remind them that you will start with the first step of their exposure plan, which they rated as the easiest step, and move through their plan slowly. You can try giving small incentives to encourage and motivate your child (e.g., a special activity once they get to a certain point on their Fear Thermometer).

When we do exposures, my child becomes very distressed. Sometimes they even cry!

It can often be challenging for parents to watch their children feel upset during exposures; however, it’s important to stay supportive and calm as your child learns to cope with their fears. Explain that you understand that this is tough and that they are upset. Remind your child and yourself that completing exposures will help them be less worried over time. If they are still having a hard time, encourage them to use deep breathing or another coping skill (see Anxiety Skill 2). If this doesn’t help, take a break from exposures to do something fun for distraction, but then come back to the exposure later.

We did exposures and my child still has anxiety.

Exposures won’t always “get rid” of anxiety completely. Anxiety at a low level is a normal part of life that can give us useful information about the world. The purpose of exposure is for your child to be able to achieve their goals and have fun, even if they still feel anxious sometimes. If your child has completed their exposures and is still having difficulties functioning at school, home, and/or with friends because of their fears, or if your child is unable to complete their exposures due to anxiety, talk to your primary care provider. They can connect you to a behavioral health specialist who can help.

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CREDENTIALS

Dr. Lee is an Attending Psychologist at Boston Children's Hospital and an Instructor in Psychology, Department of Psychiatry at Harvard Medical School. She earned her BA in Psychology from Cornell University and her MA and PhD in Clinical Psychology from the University of California, Berkeley. Dr. Lee completed her internship in Clinical Psychology at Boston Children's Hospital and post-doctoral fellowship at Harvard University. She has extensive training and experience in the dissemination, implementation, and testing of evidence-based interventions for youth presenting with a wide variety of mental health problems. She is a licensed clinical psychologist in the state of Massachusetts who provides clinical care to children, adolescents, and families in Boston Children's Hospital Outpatient Psychiatry Service, with an emphasis on delivering evidence-based and culturally responsive services and increasing access to mental health care in underserved communities. In addition, Dr. Lee engages in research focused on decreasing barriers to mental health care and has published numerous papers on risk and protective factors for diverse youth. She also provides supervision and teaching on the treatment of youth depression, anxiety, disruptive behavior, and traumatic stress to trainees and staff in outpatient, primary care, and school settings. She has led clinical trainings in the United States and abroad and won multiple awards for her teaching.

Dr. Sinclair-McBride is an Attending Psychologist at Boston Children's Hospital and an Assistant Professor of Psychology, Department of Psychiatry at Harvard Medical School. She received a BA in Psychology from Yale University and her MS and PhD in Clinical Psychology from Vanderbilt University. She completed her internship in Clinical Psychology at Boston Children's Hospital and post-doctoral fellowship at Boston Medical Center and Boston Children's Hospital. She is a licensed clinical psychologist in the state of Massachusetts who provides evidence-based clinical care to children, adolescents, and families in Boston Children's Hospital Primary Care Center and Outpatient Psychiatry Service. She also engages in the supervision and teaching of trainees in these settings. She conducts research on the assessment, treatment, and development of internalizing disorders in children and adolescents with a special focus on integrated behavioral healthcare. The goal of her program development and program evaluation work is to provide evidence-based integrated behavioral healthcare to at-risk and minority youth. Dr. Sinclair-McBride is the author of multiple articles on these topics and a contributing author to chapters in the *Handbook of Pediatric Psychological Screening and Assessment in Primary Care* and the *Nelson Textbook of Pediatrics*.

Ms. Judd is the Graphic Designer for the Behavioral Health Education in Pediatric Primary Care program in the Department of Psychiatry at Boston Children's Hospital. Ms. Judd has a background in early childhood education with degrees from the University of Massachusetts Amherst in Communication Disorders and Psychology, with a concentration in Education. She studied graphic design at the University of Massachusetts Lowell. Ms. Judd has a special interest in designing health and wellness educational materials for pediatric patients and their families.

Dr. Walter is the Medical Director for Behavioral Health, Pediatric Physicians' Organization at Children's, the Medical Co-Director, Massachusetts Child Psychiatry Access Program, Senior Attending Psychiatrist, Boston Children's Hospital, and Senior Lecturer on Psychiatry, Harvard Medical School. Dr. Walter completed her general psychiatry training at New York University Medical Center/Bellevue Hospital and her child and adolescent psychiatry training at Columbia University Medical Center/The New York State Psychiatric Institute. She also completed training in preventive medicine at ULCA Medical Center and earned her MPH degree in epidemiology at the UCLA School of Public Health. Dr. Walter has achieved board certification in General Psychiatry, Child and Adolescent Psychiatry, General Preventive Medicine, and Public Health and has practiced child and adolescent psychiatry in New York, Chicago, and Boston for over 30 years. In addition to clinical work, Dr. Walter's career has encompassed research, education, clinical administration, and advocacy. Dr. Walter has nearly 150 papers and chapters reporting the findings from her research and educational innovations, including more than 25 national clinical practice guidelines for child and adolescent psychiatry and multiple

chapters on pediatric behavioral health in leading child and adolescent psychiatry and pediatric textbooks, including *Dulcan's Textbook of Child and Adolescent Psychiatry*, the *Nelson Textbook of Pediatrics*, and *Mental Health Care of Children and Adolescents – A Guide for Primary Care Clinicians*. Dr. Walter has held major administrative positions at multiple academic medical centers, including Director of School Psychiatry at Columbia University Medical Center, Director of Outpatient Child and Adolescent Psychiatry at Northwestern University/Children's Memorial Hospital, and Chief of Child and Adolescent Psychiatry at Boston Medical Center. She has held leadership positions at the American Academy of Child and Adolescent Psychiatry (AACAP) and has been honored with the AACAP Simon Wile Award for Leadership in Pediatric Consultation Psychiatry and the designation of Distinguished Life Fellow. Prior to coming to HMS, Dr. Walter achieved the rank of Professor of Psychiatry and Behavioral Sciences at Northwestern University Feinberg School of Medicine and Professor of Psychiatry and Pediatrics and Vice-Chair of Psychiatry at Boston University School of Medicine.

Dr. DeMaso is the Psychiatrist-in-Chief and Leon Eisenberg Chair in Psychiatry, Boston Children's Hospital and George P. Gardner – Olga E. Monks Professor of Child Psychiatry and Professor of Pediatrics at Harvard Medical School. Dr. DeMaso completed his pediatric internship at Massachusetts General Hospital, his general psychiatry training at Duke University Medical Center and his child and adolescent psychiatry training at Boston Children's Hospital/Judge Baker Guidance Center. He also completed training in pediatric consultation liaison psychiatry at Boston Children's Hospital. Dr. DeMaso has board certification in General Psychiatry and Child and Adolescent Psychiatry and has practiced child and adolescent psychiatry in Boston for nearly 40 years. In addition to clinical work, Dr. DeMaso's career has encompassed research, administration, and advocacy. Dr. DeMaso has over 200 papers and chapters reporting the findings from his clinical and research innovations, including multiple chapters on pediatric behavioral health in the *Nelson Textbook of Pediatrics* and *Mental Health Care of Children and Adolescents – A Guide for Primary Care Clinicians*. He also co-edited the genre-leading *Textbook on Pediatric Psychosomatic Medicine* and co-authored the genre-leading *Clinical Manual of Pediatric Psychosomatic Medicine* (now re-titled the *Clinical Manual of Pediatric Consultation-Liaison Psychiatry*). Dr. DeMaso has held top leadership positions at the American Academy of Child and Adolescent Psychiatry, and has earned multiple awards from AACAP, including the Simon Wile Award for Leadership in Pediatric Consultation Psychiatry, the Klingenstein Third Generation Foundation Award for Research in Depression or Suicide, the Catchers in the Rye Advocacy Award, the Outstanding Mentor Award, and Distinguished Life Fellow.

Dr. D'Angelo is the Chief of the Division of Psychology, Director of Training in Psychology, and Linda and Timothy O'Neill Chair in Psychology at Boston Children's Hospital and Associate Professor of Psychology at Harvard Medical School. He was the Director of the Outpatient Psychiatry Service at BCH for approximately 20 years. He earned his PhD from the Joint Program in Social Work and Clinical Psychology at the University of Michigan in 1980. He completed his internship in Clinical Psychology at Boston Children's Hospital and a post-doctoral fellowship at the Boston Children's Hospital/Judge Baker Children's Center. He is board certified in Clinical Psychology by the American Board of Professional Psychology. Dr. D'Angelo has received the Karl Heiser Presidential Award from the American Psychological Association, the Career Contribution Award from the Massachusetts Psychological Association, and the Connie Hersey Distinguished Service Award for Contributions to Education and Training from the Association of Psychology Postdoctoral and Internship Centers. He is the past President of the American Academy of Clinical Psychology and also of the Massachusetts Psychological Association. He is also Past Chair of the Association of Psychology Postdoctoral and Internship Centers. He is a Fellow and a Commissioner in the Commission on Accreditation, American Psychological Association. He holds numerous appointments to both state and federal advocacy committees where he focuses on prevention, access to care, and education and training in mental health. He has published numerous papers and book chapters on education and training in psychology, adaptations of evidence-based interventions for youth from diverse backgrounds, suicide risk, and investigations of both clinical high risk and first episode psychosis.

Dr. Bromberg is Manager of the Behavioral Health Integration Program (BHIP), Pediatric Physicians' Organization at Children's, Attending Psychologist, Boston Children's Hospital, and Instructor in Psychology, Harvard Medical School. Dr. Bromberg also practices clinical psychology at a private, non-profit health agency in Wellesley, Massachusetts. Dr. Bromberg earned his BA in Psychology and Sociology from Macalester College, his MA in Counseling Psychology from Tufts University, and his PsyD in Health Psychology from the Massachusetts School of Professional Psychology (now William James College). Dr. Bromberg completed his internship in Clinical Psychology in a combined program at Boston Children's Hospital, Dana Farber Cancer Institute, and Judge Baker Children's Center. He completed post-doctoral fellowships in health psychology at Boston Children's Hospital, and the Linda Pollin Institute at Harvard Medical School. Dr. Bromberg is a licensed clinical psychologist in the Commonwealth of Massachusetts. He has extensive training and experience in the development, dissemination, implementation, and testing of programs that integrate behavioral health and medicine to improve patient care and clinical outcomes. As a Senior Research Scientist at Inflexxion (Newton, MA), Dr. Bromberg was the Principal Investigator on multiple grants from the National Institutes of Health developing multi-media and web-based tools for the self-management of medical and behavioral health problems. He currently is a Co-Investigator on a grant from the Substance Abuse and Mental Health Services Administration to integrate clinicians trained in substance use and addiction into the pediatric medical home. As Manager of BHIP, Dr. Bromberg has overseen the integration of over 70 behavioral health therapy providers into more than 40 pediatric practices in Massachusetts. Dr. Bromberg has been an author and co-author on multiple publications about behavioral health integration in primary and specialty care and has been an invited presenter on these topics at numerous national, regional, and local conferences.

Dr. Brooks is Associate Medical Director, Pediatric Physicians' Organization at Children's (PPOC). She has practiced for more than 30 years as a primary care pediatrician at a large independent private practice serving a diverse population in Holyoke, Massachusetts. After receiving her BA from Harvard College and her MD from Harvard Medical School, she completed an internship at Johns Hopkins and a residency at the University of Massachusetts Medical School. She also completed her MPH at the Columbia University Mailman School of Public Health. Dr. Brooks is a Fellow of the American Academy of Pediatrics, and has been an Assistant Clinical Professor of Pediatrics at Tufts Medical School. She has served in various advocacy positions in her community and through the Massachusetts Academy of Pediatrics. Dr. Brooks is interested in primary care approaches to improving health care quality for common pediatric conditions including obesity, asthma, and behavioral health problems. She chaired her practice's Quality Improvement committee and has implemented projects to improve primary care delivery of behavioral health services, including projects to screen, evaluate and treat adolescent depression and to improve the diagnosis and treatment of attention-deficit/hyperactivity disorder (ADHD). She served as a consultant on the implementation of systematic behavioral health screening for the Massachusetts Children's Behavioral Health Initiative, as clinical faculty for the revision of the National Institute for Children's Health Quality (NIHQ)/American Academy of Pediatrics (AAP) ADHD toolkit, and as a collaborator in a pilot to implement the Guidelines for Adolescent Depression in Primary Care (GLAD-PC).

Dr. Arora is the Chief Medical Officer of the Children's Hospital Los Angeles Health Network, a clinically integrated network of independent pediatric practices. Dr. Arora is committed to supporting affiliated pediatricians in providing high quality patient- and family-centered care in the communities they serve. Dr. Arora has championed a special focus in training and education for the network in mental health, expanding capacity for pediatricians to treat conditions in their practice and develop a set of resources and community partners to create an ecosystem around mental and behavioral health care. This is in addition to spearheading numerous other quality programs including but not limited to obesity, asthma and sports medicine. Prior to her current role at Children's Hospital Los Angeles, Dr. Arora served as Assistant Utilization Management Director and Chair of the Department of Pediatrics for the Providence Health System. She also served on the board of Providence Health Network and as the Quality Director for Providence Health Network. Dr. Arora is Board-certified in General Pediatrics and completed her residency training at Mattel Children's Hospital, University of California Los Angeles. She also has a Master's in Business Administration from University of Massachusetts, Amherst.