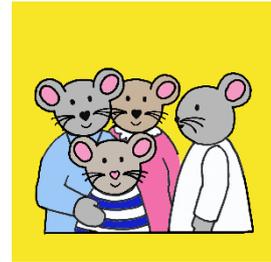


# Fear Ladder

**Use This:**  
To develop a list of fears that will guide treatment formulation and evaluation.



## Goals

- The child will identify situations that make him or her anxious
- The child will describe his or her reactions to signs of anxiety
- Together you will produce a list of feared items that will guide the practice exercises for subsequent modules
- The child will be interested in participating in and learning more about treatment

## Materials

- **Fear Ladder** (blank and unrated) (p. 307)
- **Fear Ladder (example)** (p. 308)
- **Fear Thermometer** (p. 305)
- **Learning Your Anxious Feelings** (if panic is a major focus) (p. 309)
- Index cards/strips of paper
- **Weekly questionnaires** and **Monitoring sheet** (see pages 268 – 285)
- **Therapist Note Taking Sheet** (p. 267)

*If time is tight: Construct a list of situations that provoke anxiety in the child, and note what factors might make the situations easier or harder.*

## Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.
<input type="checkbox"/> <b>Introduce the Ladder Concept</b>	Let the family know that you want to find out some more about the child's specific fears or worries by constructing a list or "ladder" of anxiety-provoking situations. You will want to learn more about the types of situations that trigger anxiety, how the child reacts to anxiety, and how the child responds to the anxiety-provoking situations. Some of these situations may be related to the epilepsy (e.g., fear of seizures in public), some may be related to other difficulties (e.g., using a wheelchair) and some will be unrelated (e.g., specific dog phobia).

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- Encourage Openness** Point out that it is important to be as honest and as thorough as possible when making a list of fears. This part of the programme is one of the most important parts of working together, and the better you do on this task together, the better the programme is likely to work.

**Example Script**

*The work we are going to do today is really important. I know you can do really well with this, and the more you can help me learn about your anxious feelings, the more successful we will be in making those feelings go away...*

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- Review Fear Thermometer** Review the **Fear Thermometer** if needed. You may need to practise once or twice with examples to make sure the child can provide accurate ratings. Remember that it is better if the child can use the full range of the scale and not just the extremes.

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- Begin Making List** Work together to establish a list of feared situations within the primary domain of concern (if the child has multiple domains of anxiety, you can always develop another **Fear Ladder** at a later time). For example, if the primary problem is panic disorder the list should contain only items or triggers related to feelings of panic. If social phobia is the primary concern, the list should contain only items related to social or evaluative fears. If the primary problem is associated with anxiety related to the epilepsy the list should contain only items related to the epilepsy. As you agree on each item generated by the child or by you, tell the family to write it down on an index card/strip of paper and put it aside.

**Example Script**

*We want to make sure we help [child's name] face his/her fears in a gradual way, building up slowly so that [child's name] is not overwhelmed. The real trick to this is making a list of small steps on the way to conquering the fear. So, for example, if someone had a dog phobia, we might make a list that starts with looking for pictures of cute puppies on the internet and this would generate a fear of 1 perhaps on the fear ladder; step 2 might be looking at pictures of bigger dogs and then you would build up slowly to perhaps looking a dogs passing by which might be step 7 or 8, ending with patting a dog in the street at step 10. Can we start just by thinking of the situations that your child finds frightening?*

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- Develop the List** Staying within the selected area, identify as many feared situations, cues, sensations, or obsessions as possible. Try to generate a diversity of items while sticking to the domain that will be the target of treatment. For a specific phobia or discrete social phobia, try to identify as many variations of the particular stimulus as possible.

☐ <b>Provide Support</b>	If the child finds it difficult to be specific about his or her anxiety, try to ask the child to imagine an actual situation while you observe his or her behaviour for signs of anxiety. To introduce the procedure, model the process by imagining yourself in an anxiety-provoking situation while describing each step. The child can then be invited to "tag along" as you repeat the imagining process with another situation and, finally, to imagine him- or herself in an anxiety-provoking situation, with you providing prompts as needed.
☐ <b>Get Enough Items</b>	If you do not have at least 10 items, consider the following: (a) go back through the assessment or intake materials together to identify other items the child may have forgotten (e.g., many structured interviews will have checklists for symptoms and cues) and/or (b) try to come up with some variations of items already identified. This latter approach can be done by changing small features of the stimulus/situation (e.g., more/fewer people around, stimulus more/less proximal, escape more/less difficult).
☐ <b>Get Ratings</b>	Once you have at least 10 items (the more the better), read them one by one to the child if present, each time getting a rating using the <b>Fear Thermometer</b> . Tell the family to write down the rating on the index card/strip of paper.
☐ <b>Get a Range</b>	Once the child/parent has rated each card, sort the cards in order of the fear ratings. If you have gaps in the ratings associated with each item (2 or 3 point span with no items), go back to earlier steps, trying to generate items that fall into the missing scale points. The aim is to have a range of items differing in intensity.
☐ <b>Praise</b>	Praise the child for doing well on this important task. Explain that you will now meet alone with his or her parent for a few moments and then you will meet with everyone together. Refer to Praise [Conduct module] if necessary ( <i>p. 177</i> ).
☐ <b>Select Items</b>	Select the items that will go on the ladder and will be used to guide later practice exercises. Choose 10-12 items that (a) translate relatively easily into exposure or role play exercises and (b) suggest a logical sequence or progression of these exercises. Seek input from the parent or child when you are unclear about specific properties of an item being considered (e.g., how readily can it be practised, is it too similar to another item we already have on the ladder, etc.). In some rare cases, you will be forced to choose fewer than 10 items, but first be sure you have been as thorough as possible on earlier steps.

<input type="checkbox"/> <b>Sort into Themes</b>	If there is a very large number of cards, it helps to sort them into piles by "themes" when creating the ladder. For example, with social anxiety, try to put all the cards related to assertiveness together, then all the cards related to speaking in public, then all the cards related to conversations, etc. The number within each pile can then be reduced by taking out things that are too similar in content or severity. For example, it is best to keep things within a theme that are different in severity rating or different enough in content to be important for later practice exercises.
<input type="checkbox"/> <b>Create <i>Fear Ladders</i></b>	Ask the family to create a <b><i>Fear Ladder</i></b> form. Items should be listed from highest to lowest intensity, according to the child's ratings. Check with child and parent that the Fear Ladder is correct.
<input type="checkbox"/> <b>Praise and Rewards</b>	Praise and thank the child and the parent. If there appears to be low motivation for the child, then it may be useful to plan to discuss Rewards next session. See Rewards [Conduct module], (p. 201).
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT <i>Fear Ladder</i></b>	Ask the child and his or her parent to choose one day during the coming week to review the <b><i>Fear Ladder</i></b> in terms of its content and also the ratings. It can be helpful to send the family a <b><i>Fear Thermometer</i></b> to use as a guide when completing the <b><i>Fear Ladder</i></b> .
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b><i>Weekly questionnaires</i></b> and <b><i>Monitoring sheet</i></b> which need to be completed for the next session.
Confirm date and time of the next call.	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

## Leave ‘Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you’ve done today. The end of each session should be used to praise the family’s efforts and to convey support and encouragement.

## Special Cases

<i>Generalised Anxiety</i>	The items on the ladder for generalised anxiety disorder should focus as much as possible on feared <i>consequences</i> of the worry. For example, it is better to have an item such as "getting a bad grade" than "worrying about schoolwork." This is because the treatment programme will be directly targeting the fears about the consequences.
<i>Panic</i>	A child with panic disorder may not be able to differentiate among the various physical sensations of a panic attack in order to provide accurate rankings. Therefore, you may need to conduct an interoceptive assessment to create the <b>Fear Ladder</b> . Explain to the child that you want to have a better understanding of what his or her panic attacks are like, so that you can practise together learning that panic attacks are uncomfortable, but not dangerous, and work together to complete the <b>Learning Your Anxious Feelings</b> worksheet.
<i>Obsessions and Compulsions</i>	Children with Obsessive compulsive disorder (OCD) tend to produce a longer <b>Fear Ladder</b> . It is useful to have a list of both the feared stimuli and the behavioural responses the child currently engages in to neutralise the fear (compulsions). Practice will involve repeated exposure to the feared situations without engaging in the ritualised neutralising behaviours (e.g., touching something dirty without being able to wash hands until the fear has abated).
<i>Posttraumatic Stress</i>	For a child with Posttraumatic stress, the <b>Fear Ladder</b> may include "trauma reminder" items that have been inaccurately associated with the traumatic event (for example, all playgrounds for a child abused on a playground, or all men for a child whose assailant was male). However, actual people and places involved in the traumatic event that may truly be dangerous are not included. Keep in mind that these "trauma reminders" can be addressed using the <b>Fear Ladder</b> after the trauma narrative has been completed, and the specific memories of the traumatic event, which go in the narrative, need not be included on the <b>Fear Ladder</b> .

<i>Separation Anxiety</i>	For a child with separation anxiety, the child may not be intrinsically motivated to do a <b>Fear Ladder</b> and rewards will be particularly helpful. In most cases, separation anxiety will be due to a fear of something bad happening to their parent or to themselves during the separation. It may be that they are fearful of having a seizure while separated. In such cases it is important to reinforce the safety mechanisms in place (e.g., school based nurses). Practice will involve graded separation from their parent (e.g., spending 5 minutes alone at night; parent ignoring repeated requests for reassurance during exposure).
<i>Anxiety specific to Epilepsy</i>	It may be the case that a young person with epilepsy has separation anxiety, posttraumatic stress etc. related to their epilepsy. For example, they may have never slept in a room without a monitor and it would not be considered safe for them to do so. It is important to separate out real safety needs from excessive anxiety in the context of epilepsy. For example, a young person may fear falling over and it may be the case they are more likely to fall over than others. However, their fear is stopping them from daily activities i.e. walking down the stairs. It is still possible to do a <b>Fear Ladder</b> but in conjunction with input from the neurological team.

### How's Your Style?

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?