Cognitive-Behavioural Therapy for Anxiety Disorders

This section describes the knowledge and skills required to carry out individual cognitive behavioural therapy for anxiety disorders (GAD, social phobia and separation anxiety disorder) present in late childhood and early adolescence.

It is not a ‘stand-alone’ description of technique and it should be read as part of the CAMHS competency framework. Cross-referencing to the CBT competence framework (and particularly to the section outlining CBT for adult anxiety) will also be helpful.

Effective delivery of this approach depends on the integration of this competence list with the knowledge and skills set out in the other domains of the CAMHS competence framework, and with the adult cognitive behavioural therapy competence framework.

Manuals:

Other Sources:

Knowledge

An ability to draw on knowledge of anxiety disorders in children and young people, including:

- their incidence and prevalence in children and young people.
- the symptoms and course of anxiety disorders in children and young people.
- diagnostic criteria for anxiety disorders and common comorbidities (such as depression and oppositional defiant disorder and problems such as school refusal).
- the impact of biological, psychological, family and social factors in the development and maintenance of anxiety conditions in children and young people.

An ability to draw on knowledge of cognitive, social and emotional development in children and young people.

An ability to draw on knowledge of cognitive and behavioural models of anxiety.

- an ability to draw on knowledge of the ways in which these models need to be adapted for children/young people by taking developmental, family and systemic considerations into account.
## Assessment

**An ability to conduct a comprehensive assessment:**

- across multiple domains (including cognitive, affective, behaviour, somatic).
- using multiple informants (e.g. child/young person, carers, and teachers).
- using multiple methods (e.g. clinical interview and self report instruments).

**An ability to conduct a comprehensive assessment which identifies:**

- the extent of anxiety symptomatology, any comorbid symptoms, and other current difficulties.
- the impact of symptoms on functioning (e.g. on family life, school attendance and attainment, and relationships with peers).
- potential risks, including harm to self and others.
- any significant life events and family and relationship problems.
- the strengths of the child/young person and family.
- the social functioning of the child/young person with school, peers and family.
- the carers’ psychopathology and its implications for their ability to act as a supportive resource for the child/young person.
- the expectations and goals for therapy which are held by different family members including those goals which family members share and those that are different.

**An ability to assess the child/young person’s capacity to engage in different aspects of CBT so as to ensure that the choice of specific techniques is matched to their developmental needs and abilities:**

- an ability (throughout the therapy) to assess how anxious or avoidant the child/young person is, and to adjust the pacing of therapy in response.

**An ability to identify any adjunctive or alternative interventions (beyond CBT) that may be appropriate (e.g. referral of parent to adult mental health services)**

## Engaging the child/young person

**An ability to develop an initial alliance with the child/young person by showing an active interest in the child/young person’s life circumstances, interests and strengths**

- an ability to let the child/young person take the lead on aspects of the session such as choosing fun end-of-session games or activities.

**An ability to show warmth, empathy, genuineness and to convey a consistently non-judgemental attitude**

**An ability to discuss the confidentiality of the sessions and its limits, as well as what if any information will be shared with parents/carers.**

**An ability to instil a sense of hopefulness by helping the child/young person to consider the possibility that they can do something to overcome their problems.**

**An ability to keep the sessions fun (e.g. by using games, activities and role plays matched to the child’s interests and ability levels)**

**An ability to reward the child/young person with points and prizes for effort and for participating in session and homework activities**

**An ability to emphasise the importance of in-therapy tasks and homework assignments by consistently reviewing them at the start of each session.**
**Ability to present the rationale for the therapy**

An ability briefly to summarise the rationale for the programme (to help the child/young person recognise and manage anxiety symptoms rather than trying to eliminate any anxious feelings.).

- an ability to provide concrete examples which illustrate that there are different ways of perceiving and thinking about situations.

- An ability to outline the collaborative nature of the therapy (e.g. by explaining that the child/young person and therapist will be working as a ‘team’ and that the child/young person knows himself/herself best).

- An ability to provide a rationale for the use of homework (i.e. that this is a way of trying out ideas and practising new skills in their normal home/school environment).

**Ability to discuss goals for therapy**

An ability to establish a collaborative relationship with the child/young person by working with them to identify their goals for therapy:

- an ability to draw up a problem list with the child/young person
- an ability to help the child/young person identify which of the problem areas can be addressed by therapy
- an ability to help the child/young person work out realistic goals for each of the identified problem areas

**Ability to involve parents/carers in the intervention**

An ability to draw on knowledge of the range of roles that parents/carers can play in relation to therapy, (from non-involvement through to a co-clinician offering active support outside sessions)

An ability to tailor the level of parent/carer involvement in sessions in line with:

- the age and developmental stage of the child/young person.
- the specific problems which the child/young person faces.
- the relationship between the child/young person and parent/carer.
- the ability and motivation of the parent/carer to support the child/young person with the therapy.

An ability to provide information to the parent/carer about the nature and course of anxiety, as well as information on the intervention programme itself.

- an ability to provide information to the parent/carer that is sensitive to any parental feelings of self-blame.

An ability to teach the parent how to manage both their child’s anxiety and their own anxiety about their child by (for example):

- normalising the tendency for most parents to want to protect/reassure/allow avoidance.
- explaining how some parental behaviours may inadvertently maintain anxiety (e.g. by protecting the child/young person from potentially anxiety provoking situations, or providing excessive reassurance).
- explaining how reinforcement of the child/young person’s ‘brave behaviour’ is preferred.
- explaining how parents/carers can model ‘desirable’ and ‘undesirable’ behaviour.
- when appropriate, explaining how parents/carers can help the child/young person to carry out relaxation exercises and exposure tasks

An ability to explore any concerns that the parent/carer may have about key aspects of the intervention such as exposure tasks.
An ability to establish a system for feedback to the parent/carer that provides them with general information on therapy progress, whilst respecting the child/young person’s right to confidentiality (e.g. by agreeing that information given to a carer will be discussed with the child/young person first).

| an ability to keep the carer informed about therapy interventions and the child/young person’s functioning (e.g. via a brief meeting at the end of each session or in separate parent/carer sessions). |

**Ability to teach cognitive behavioural techniques**

**Ability to normalise the experience of fears and anxiety**

An ability to provide information which aims to normalise the experience of fears and anxiety, whilst at the same time indicating that the child/young person can learn skills to manage anxiety better e.g.:

| an ability for the therapist to act as a coping role model by describing examples of how they have coped with feelings of anxiety. |

| an ability to use a role model or fantasy superhero that the child/young person has identified to illustrate coping with a fear. |

**Ability to facilitate emotional recognition**

An ability to help children/young people recognise and distinguish between different emotional states by carrying out activities such as:

| encouraging discussion of feelings, and the ways these are manifested (both verbally and non-verbally). |

| analysing and discussing pictorial representations of feelings. |

| role-play activities in which feelings are acted-out. |

An ability to help the children/young people recognise and understand the physiological reactions to anxiety by carrying out activities such as:

| using pictorial representations of the child’s body to highlight and normalise the link between physical sensations and anxious feelings and thoughts. |

| asking the child/young person to imagine themselves in a low-anxiety situation and then by asking them about their physical sensations. |

| asking the child/young person to role play both a low-anxiety situation and a moderately low-anxiety situation and then asking them to notice their physical sensations in both. |

An ability to explain that physical sensations can be a helpful way of noticing anxiety developing at an early stage.
**Ability to adapt the intervention according to the child’s level of anxiety**

| An ability to monitor the child/young person’s anxiety levels during session activities, and to make appropriate adjustments to the intervention (e.g. briefly pausing a role play if a child appears unable to cope and reminding the child/young person of coping skills) before encouraging the child/young person to complete the role play). |
| An ability to adapt the presentation of material so that it is less threatening to highly anxious children/young people, for example by: |
| initially discussing how anxiety is experienced in other people or animals, before going onto explore the child/young person’s own experiences. |
| making activities fun. |

**Ability to teach relaxation skills**

| An ability to provide a rationale for using progressive muscle relaxation and breathing techniques (that relaxation exercises can help the child/young person know what it feels like to feel less tense and more in control and to help them relax more quickly (which in turn will help them feel calmer and more able to perform at their best)). |
| An ability to teach relaxation exercises in a manner appropriate to the developmental stage of the child/young person (e.g. encouraging young children to pretend to be a ‘rag doll’ or using a script that puts the exercises in a story-like scenario). |
| An ability to help the children/young people plan how and when to use relaxation techniques at home. |
| Where appropriate, an ability to explain relaxation procedures to parents, and to encourage the child/young person to demonstrate relaxation exercises to their parent/carer (e.g. at the end of the session). |

**Ability to help identify anxious self-talk, and to challenge thoughts**

| An ability to teach the child/young person how to challenge anxious thoughts through activities such as: |
| introducing the concept of thoughts/self-talk, for example by using exercises which encourage the child/young person to complete cartoons with thought bubbles |
| showing the child cartoon characters in low and high stress situations, or in situations that are ambiguous or concrete, and asking them to generate the thoughts of the cartoon character. |
| asking the child/young person to record his own thoughts (anxious self-talk) in situations which make them feel anxious at home/school. |

| An ability to provide a rationale for identifying and challenging negative thoughts. |
| An ability to teach the child/young person to identify their negative thoughts (‘anxious self-talk’) through activities such as: |
| helping them to become aware of their own set of cognitive biases (or ‘thinking traps’) that influence their anxious thinking. |
| encouraging them to become a ‘thought detective’ who gathers evidence for the negative thought |
| introducing them to ‘detective’ questions that they can use to test the validity of the negative thought. |
| encouraging them to generate ‘coping thoughts’ for potentially anxiety provoking situations. |
| encouraging them to create written reminders of potential coping thoughts and/or good prompt or ‘detective questions’. |
### Ability to teach problem solving skills

An ability to explain and demonstrate a 4-step problem-solving strategy for coping with anxious situations, in which the child/young person:

- defines the problem
- generates possible solutions
- evaluates possible solutions
- chooses a solution

An ability to encourage the child/young person to engage in role play activities which allow them to practice the 4-step problem-solving strategy for anxiety-provoking situations.

### Ability to encourage self-evaluation and self-reward

An ability to explain the purpose of self-evaluation (e.g. that it can help the child/young person to rate and recognise their effort in an activity)

An ability to explain the purpose of self-rewards (e.g. that this can help the child/young person to recognise and reinforce effort with an activity, and encourage them to feel proud of their accomplishments)

An ability to work with the child/young person to create a list of appropriate rewards.

An ability to model reinforcement in the session by rewarding the child/young person for effort and participation with session and homework activities.

An ability to introduce workbook scenarios and role play exercises that encourage children/young people:

- to rate and reward themselves for effort towards achieving success in an activity.
- to notice partial success in activities, and opportunities for future improvement, rather than evaluating success in all-or-nothing terms.

### An ability to help the child/young person institute coping skills they have learned

An ability to help children/young people respond to anxiety by instituting the coping skills they have learned e.g.:

- knowing when to implement coping skills (e.g. recognising when they are feeling fearful by drawing on knowledge of the ways in which they characteristically react to fear)
- recognising when they are predicting that bad things will happen (e.g. by monitoring self-talk/thoughts/expectations)
- recognising attitudes and actions (such as problem-solving) that can help
- noting the results of these actions and being able to self-reward
- providing a written pocket-sized reminder of the coping plan.
**Ability to construct a hierarchy of anxiety-provoking situations**

An ability to help the child/young person construct a hierarchy of situations that seem to provoke anxiety by:

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<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>discussing specific situations that make the child/young person feel anxious.</td>
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<tr>
<td>for older children/young people: rank ordering the situations (e.g. by using a ‘fear ladder’)</td>
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<tr>
<td>for younger children: categorising situations into easy, medium and challenging.</td>
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<tr>
<td>identifying the dimensions that make the situations easier or harder to manage (e.g. characteristics of other persons present, or the nature of the situation)</td>
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<tr>
<td>rating the degree of fear using the Feeling Thermometer or SUDS (Subjective Units of Discomfort Scale)</td>
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Where children/young people find it hard to generate anxiety-provoking situations, an ability to prompt possible ideas for the hierarchy (e.g. by drawing on knowledge of problematic situations identified during assessment).

**Ability to help the child/young person carry out exposure tasks**

An ability to provide a rationale for exposure to the child/young person:

<table>
<thead>
<tr>
<th>Rationale</th>
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<tr>
<td>that it involves practising new skills to manage their anxiety in anxiety-provoking situations,</td>
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<tr>
<td>that exposure will be graduated, starting with situations which are less anxiety-provoking</td>
</tr>
<tr>
<td>that exposure will start with imaginal exposure before moving onto in-vivo exposure</td>
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<tr>
<td>that they will become anxious, but that they will habituate to the anxiety and learn to cope with it over time</td>
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An ability to use the hierarchy of feared situations in order to identify specific practice situations in which predicted anxiety levels are low enough to tolerate (for practice within sessions and as homework).

An ability to revise the hierarchy in line with the child/young person’s actual response to the exposure task, and as new information about anxiety becomes available during the intervention.

An ability to encourage the child/young person’s involvement in planning exposure tasks (e.g. by encouraging them to problem-solve ways to cope with aspects of the exposure task that they anticipate being difficult).

An ability to encourage the child to rate the degree of anxiety before, during and after exposure tasks using SUDS ratings in order to:

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<tr>
<th>Action</th>
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<tr>
<td>provide the child/young person with information on how their anxiety levels change before, during, and after exposure.</td>
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<tr>
<td>provide the therapist with information on how exposure tasks may need to be modified in terms of type and length.</td>
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An ability to demonstrate an encouraging, supportive and confident attitude towards the child/young person’s ability to engage in exposure tasks.

An ability to model using the coping plan during an imaginal exposure task.

An ability to encourage the child/young person to practice the coping skills when carrying out both imaginal and actual (in vivo) exposure tasks.

An ability to help the child/young person to fully focus their attention on the exposure task.
An ability to detect any avoidance of the exposure task which prevents the child/young person from facing the situation in its entirety (e.g. a child/young person who uses distraction during the task).

An ability to help the child/young person plan exposure activities as 'homework', ensuring that these are achievable and realistic (so that the chances of success are maximised).

### Ability to end therapy

- **An ability to prepare the child/young person for ending therapy by explicitly referring to the time limited nature of the therapy at the outset, and throughout therapy as appropriate.**
- **An ability to help the child/young person express feelings about termination including any feelings of anxiety about managing without the clinician.**
- **An ability to help the child/young person apply the coping skills which they have learned to any fears about terminating therapy.**
- **An ability to help identify improvements and to:**
  - Work with the child/young person to compare their current functioning with that when they were referred.
  - Help the child/young person identify the aspects of therapy that they found helpful, and which they thought helped them manage their anxious symptoms.
  - Help the child/young person celebrate their success in using coping skills (e.g. by using self-rewards or certificates).
- **An ability to detect and reflect on any increase in anxiety symptoms exhibited by the child/young person during the final stage of the intervention**
- **An ability to identify any remaining difficulties and to consider how these could be addressed by using techniques learned in therapy.**
- **An ability to review progress with the child/young person’s parents/carers and make plans for helping the child maintain and generalise new skills.**
- **An ability to judge the appropriateness of follow-up appointments and/or alternative forms of intervention.**