Parent-Led CBT for Child Anxiety: Helping Parents Help Their Kids

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OVERVIEW

• Brief overview and rationale for the Parent-Led CBT approach for working with parents

• Core Skill 1 – Developing shared understanding of the development and maintenance of child’s anxiety with parents

• Core Skill 2 – Teaching parents to promote independence in everyday life

• Core Skill 3 – Reducing reassurance giving and helping parents to promote flexible thinking

• Overview of other skills
WHAT DO WE MEAN BY ANXIETY?

• Cognitive components
  • Overestimation of threat
  • Fear of being unable to cope
  • Uncertainty about the future

• Physical components
  • Activation of sympathetic nervous system
  • Produces chemical/physical effects to mobilise body for action

• Behaviours components
  • Most commonly, avoidance of the feared stimuli or situation
WHEN DOES ANXIETY BECOMES A PROBLEM?

DSM and ICD make an explicit distinction between ‘normal’ and ‘abnormal’ anxiety:

1. The duration and intensity does not correspond to the real danger of the situation
2. It occurs in situations where there is little actual threat
3. It lasts over a long period of time
4. It causes impairment and interferes with psychological, academic and social functioning (Essau, 2007)
ANXIETY DISORDERS IN CHILDHOOD ARE COMMON AND SERIOUS

- Affect 5-10% of children

- Are often stable over time

- Have a significant adverse impact on emotional, social and academic development

- Increase risk of development of other problems, e.g. depression, substance abuse

### Delivering CBT for Child Anxiety Via Parents

<table>
<thead>
<tr>
<th>Condition</th>
<th>Dose</th>
<th>% free primary diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wait list</td>
<td></td>
<td>18%</td>
</tr>
<tr>
<td>Parents only</td>
<td>10 sessions x 2 hours</td>
<td>65.6%</td>
</tr>
<tr>
<td>Parents only (n=25)</td>
<td>10 weekly sessions x 1 hours</td>
<td>55.3%</td>
</tr>
<tr>
<td>Parents + children (n=24)</td>
<td>2 x 10 weekly sessions x 1 hours</td>
<td>54.8%</td>
</tr>
</tbody>
</table>

**Cartwright-Hatton et al (2010)**  
<10 years

**Waters et al (2009)**  
4-9 years
## Delivering CBT for Child Anxiety via Parents

<table>
<thead>
<tr>
<th>Condition</th>
<th>Dose</th>
<th>% free of all anxiety diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wait list (n=22)</td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td>Parent guided self help (n = 29%)</td>
<td>Parent initiated contact</td>
<td>31%</td>
</tr>
<tr>
<td>Parent guided self help (n= 21)</td>
<td>Therapist initiated e-mail support</td>
<td>33%</td>
</tr>
<tr>
<td>Parent guided self help (n= 28)</td>
<td>Therapist initiated telephone support</td>
<td>79%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Condition</th>
<th>Dose</th>
<th>% free primary diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wait list (n=69)</td>
<td></td>
<td>25%</td>
</tr>
<tr>
<td>Parent Guided self help (n=64)</td>
<td>4 x 1 hour sessions</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>4 x 20 mins telephone</td>
<td></td>
</tr>
</tbody>
</table>

Lyneham & Rapee (2006) 6-12 years

Thirlwall et al (2013) 7-12 years
GUIDED PARENT DELIVERED PROGRAMME


• Skills based programme for parents of anxious children aged 7-12.

• Includes general information regarding anxiety, ways of helping children challenge their anxious thoughts, facing fears gradually and problem solving.

• Involves mixture of face-to-face and telephone sessions where therapist encourages parent to work through the book and rehearse the skills that they will be implementing at home.

• Manual can be accessed via University of Reading Centaur: http://centaur.reading.ac.uk/65537
# Outcome Data in Primary CAMHS

<table>
<thead>
<tr>
<th>Clinician’s Global Impressions Scale: Improvement</th>
<th>76% ‘much’/ ‘very much improved’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary diagnosis</td>
<td>61% diagnosis free</td>
</tr>
<tr>
<td>All anxiety diagnoses</td>
<td>44% diagnosis free</td>
</tr>
</tbody>
</table>

Creswell, Hentges, Parkinson, Sheffield, Willetts & Cooper, 2010
<table>
<thead>
<tr>
<th>Question</th>
<th>Much better 63%</th>
<th>A little better 32%</th>
<th>Unchanged 3%</th>
<th>A little worse 3%</th>
<th>Much worse 0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in child anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction with book</td>
<td>Extremely 31%</td>
<td>Very 56%</td>
<td>Moderately 10%</td>
<td>A little 3%</td>
<td>Not at all 0%</td>
</tr>
<tr>
<td>Satisfaction with help received</td>
<td>Extremely 63%</td>
<td>Very 26%</td>
<td>Moderately 8%</td>
<td>A little 3%</td>
<td>Not at all 0%</td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>Extremely 56%</td>
<td>Very 26%</td>
<td>Moderately 13%</td>
<td>A little 5%</td>
<td>Not at all 0%</td>
</tr>
<tr>
<td>Would you recommend to others?</td>
<td>Definitely 72%</td>
<td>Probably 20%</td>
<td>Not sure 8%</td>
<td>Probably not 0%</td>
<td>Definitely not 0%</td>
</tr>
<tr>
<td>Will you continue to use the approach?</td>
<td>Definitely 77%</td>
<td>Probably 20%</td>
<td>Not sure 3%</td>
<td>Probably not 0%</td>
<td>Definitely not 0%</td>
</tr>
<tr>
<td>Did you receive enough help?</td>
<td>Would have liked more face to face 20%</td>
<td>Just right 77%</td>
<td>Would have liked more phone 3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ADVANTAGES OF APPROACH

• Reduces the burden on children of attending therapy appointments:
  • Missing school
  • Age appropriate activities
  • Perceived stigma of attending mental health services

• Reduces the overall amount of therapy time
  • There is not the same need for activities and games to increase child engagement and motivation (with parents we can often ‘cut to the chase’)

• Parents potentially more motivated to engage
  • Concerns about longer-term difficulties
  • Impact on family life
ADVANTAGES

• Parents are there at times when the child needs to put strategies in place between sessions
  • Help generalise principles in day to day life.

• Parents may be in a better position to create opportunities to implement strategies.
  • Promotes practice, repetition and generalisation between sessions

• Parents are more likely (than children) to recall and implement strategies in the months/years after treatment if problems recur.
  • Longer term benefit.

• Parents are generally in a better position (than children) to liaise with schools or other agencies
  • Encourage the implementation of useful strategies (while retaining control of this within the family rather than it being taken over by the therapist)
ADVANTAGES

• Parents can apply the principles and strategies on a family-wide basis.
  • Potentially helping other children within the family and possibly themselves

• Parents’ lives can be significantly impacted by having a child who suffers with anxiety.
  • Treatment provides opportunity for them to share their experiences and feel supported.

• Treatment provides the opportunity to address any parenting practices that may inadvertently be maintaining child anxiety
  • Empower parents to help their child overcome their difficulties
OVER INVOLVEMENT

• Reduces sense of competence and mastery

Over involvement

Child expresses fear of worry

Reduced sense of competence and mastery

Interpreted as ‘my child is not able to do this on their own’

Completes task for them

Child expresses fear or worry

Lack of opportunity to develop personal coping; Promotes reliance on others

Interpreted as ‘my child needs my help’

Offers solution

child
carent
Situation: In the morning before school...

Someone will pick on me

I won’t be able to cope
**Situation: In the morning before school...**

- **What if I Someone will pick on me?**
- **I won’t be able to do anything about it**
- **Gives phone so can call home if a problem**
- **Feels anxious and tense**
- **She is going to make herself ill**
- **There is nothing I can do to help her once she is at school**
Situation: In the morning before school...

What if I Someone will pick on me?

I won’t be able to do anything about it

I can phone Mum to get me if I have a problem

Gives phone so can call home if a problem

Feels anxious and tense

She is going to make herself ill

There is nothing I can do to help her once she is at school

Situation: In the morning before school...

There is nothing I can do to help her once she is at school.

She is going to make herself ill.

There is nothing I can do to help her once she is at school.

She is going to make herself ill.

There is nothing I can do to help her once she is at school.

She is going to make herself ill.

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There is nothing I can do to help her once she is at school.

She is going to make herself ill.

There is nothing I can do to help her once she is at school.

She is going to make herself ill.

There is nothing I can do to help her once she is at school.
Why me?

I’m not an expert

If I was the right person to do this I wouldn’t be here!

How am I supposed to do this?

Do they think I’ve done something wrong?

My child won’t talk to me

I’m not an expert

Why me?
WHAT IF PARENTS ARE ANXIOUS?
PROGRAMME PHILOSOPHY

• Parents are the experts in relation to their children

• Therapist role
  – to share theory and practice and work with parent to apply it to their own child and situation
  – To encourage parents to continue to work through the programme, help them to rehearse key skills and problem solve challenges

• Non-blaming
  • To highlight parents’ positive skills, engage, empower and build confidence.
Parent-Led CBT for Child Anxiety
Helping Parents Help Their Kids

Cathy Creswell
Monika Parkinson
Kerstin Thirlwall
Lucy Willetts
CORE SKILL 1

Helping parents to have a shared understanding of the development and maintenance of their child’s anxiety

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

Adverse Life Events:

Learning from others’ reactions:

Learning by example:

Coping experiences:

Thoughts:

Behaviour:

Bodily Symptoms:
EXAMPLE: CORE SKILL 1
CORE SKILL 2

Teaching parents to promote independence in everyday life:

- To help parents promote their child’s sense of accomplishment and skills
- To provide an opportunity for parents to re-evaluate their child’s capabilities
- To give parents helpful strategies that lay the groundwork for helping their child face their fears
INCREASING LEVELS OF INDEPENDENCE

• Consider developmentally appropriate activities
• How to set up success
  • Show confidence in your child
  • Show your child what is needed beforehand
  • Special privileges
  • Encourage and stay calm
  • Build up slowly
  • Give choices
  • Remain solution focused
REFLECTING ON THE CHILD’S COPING

• What can your child now do independently?
• Have you noticed a change in their confidence and how they feel about themselves?
• Have you been surprised by what your child has achieved?
• What do you think made it possible for them to develop this skill?
ENCOURAGING COPING WITH WORRIES INDEPENDENTLY

• Worry box and worry time
• Noticing and celebrating bravery
• Rewarding brave behaviour
• Modelling brave behaviour
CORE SKILL 3

Reducing reassurance giving & helping parents to promote flexible thinking:

• To help parents recognise the maintaining role of thoughts in anxiety
• To give parents strategies to help children think more independently and consider alternative possibilities rather than giving reassurance.
• To give opportunity to practice.
‘ENCOURAGING CURIOSITY’

• Ask questions (not give answers)
• Aims:
  • To identify children’s expectancies of feared situations
  • To introduce possibility of alternative outcomes
  • To set up behavioural experiments/ hierarchies to test out expectancies

• ‘Thinking like a judge in court’
<table>
<thead>
<tr>
<th>WHAT IS HAPPENING</th>
<th>WHAT IS HE OR SHE THINKING</th>
<th>EVIDENCE AND ALTERNATIVES</th>
<th>WHAT HAPPENED IN THE END</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why are you worried?</td>
<td>What do you think will happen?</td>
<td>What makes you think that [this situation] will happen?</td>
<td>What did your child think?</td>
</tr>
<tr>
<td>What is it about [this situation] that is making you worried?</td>
<td>Has that ever happened to you before?</td>
<td>Has that ever happened to you before?</td>
<td>What did your child do?</td>
</tr>
<tr>
<td></td>
<td>Have you ever seen that happen to someone else?</td>
<td>Have you ever seen that happen to someone else?</td>
<td>How did your child feel?</td>
</tr>
<tr>
<td></td>
<td>How likely is it that [this situation] will happen?</td>
<td>How likely is it that [this situation] will happen?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can you imagine that anything else will happen?</td>
<td>Can you imagine that anything else will happen?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If [this situation] did happen, could there be any other reasons for it?</td>
<td>If [this situation] did happen, could there be any other reasons for it?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What would you think was happening if someone else was in the same boat?</td>
<td>What would you think was happening if someone else was in the same boat?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What would [another child] think if they were in this situation?</td>
<td>What would [another child] think if they were in this situation?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>How could you test out this thought?</strong></td>
<td><strong>How could you test out this thought?</strong></td>
<td></td>
</tr>
</tbody>
</table>
PRACTICING WITH PARENTS

• Role play
  1. Therapist plays parent, parent plays child
  2. Swap over

• Model ‘asking questions not giving answers’
  • Keep it simple

• Ask for feedback
  • What would have worked?
  • What wouldn’t have worked?

• Swap over
  • Be on look out for what goes well/ normalise responses
  • Promptly orient to asking questions
    • ‘That’s a very good point. How could you ask a question to help your child to think about that?’
AUDIO EXAMPLE: CORE SKILL 3
OTHER KEY SKILLS

• Exposure
  • Graded hierarchies
  • One-off exposure tasks/experiments
  • Making predictions and reviewing outcome

• Problem solving
  • Tackle realistic anxious thoughts
  • Reduce rumination
  • Enhance sense of coping and increase confidence
REFLECTIONS & QUESTIONS
KEY REFERENCES:


ACKNOWLEDGEMENTS

Prof Cathy Creswell

Dr Lucy Willetts

Colleagues at the Anxiety and Depression for Young People (AnDY) Research Clinic, University of Reading