



Early Childhood Caregiver Anxiety Group

6/21
PE3497

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Week 1



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Welcome to Group!



Introductions: introduce yourself, your child, why you are here, and what you and your child working on?

Confidentiality: creating a safe space

- Personal information needs to stay in the group
- Be supportive
- Share ideas and experiences-participate in the discussion
- Be respectful of different perspectives

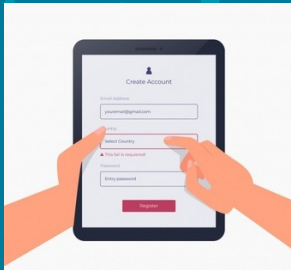
Group Information:

- This is a parent/caregiver group only
- Weekly Wednesdays 4 to 5 p.m.
- 8 weeks
- Weekly homework
- Weekly questionnaires

Questions?


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Weekly Questionnaires!



We will ask you to complete questionnaires before group every week. These questionnaires are based on your family's identified goals.

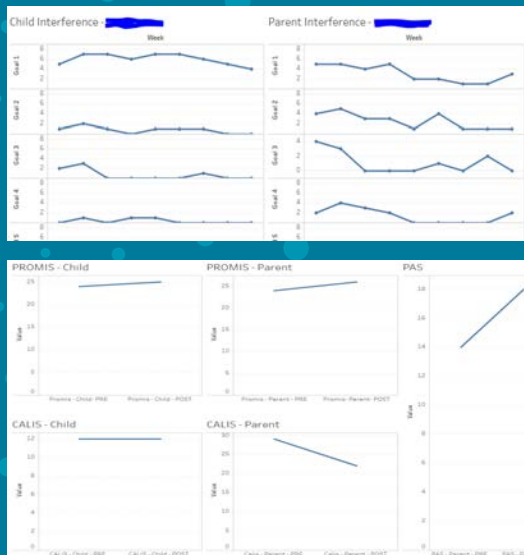
- This is measurement-based care - an evidence-based approach
- We use this information to:
 - Guide our care (we review weekly)
 - Make joint decisions with you about next steps after group
 - Evaluate the effectiveness of our programs
- Providing you state-of-the-science care is a value of our clinicians and Seattle Children's.



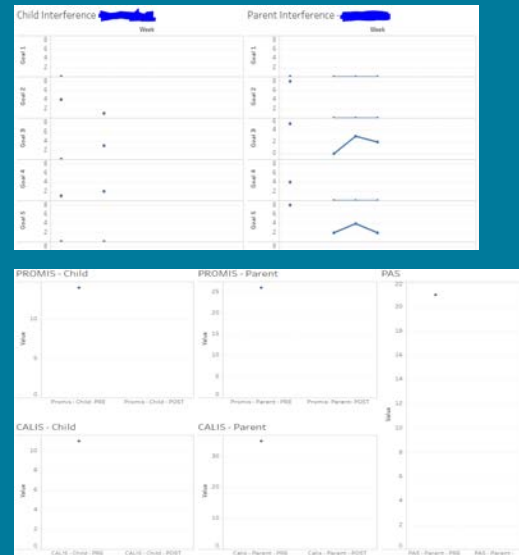
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Complete Data:



Missing Data:



5

General Telehealth Group Guidelines:

- Turn on your video (this is required for participation)
- Please mute yourself when you are not speaking
- Please use a tablet or computer when possible rather than phone
- Prop up the device
- Use the chat, hand raising and reaction emojis anytime
- Use non-verbal communication to support one another
- Try to remain in one place and indoors



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What is Anxiety?



- Anxiety is:
 - A normal feeling/emotion
 - Adaptive/helpful
 - A problem if it grows too big for a situation and starts getting in the way of what someone wants or needs to do
 - A smoke alarm going off when there is no fire.
- **A common problem that can be helped!**



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What does anxiety look like in your home?



- What do you call anxiety in your house?
- What words do you use?
- How do you talk about your own anxiety?
- When your child is anxious, what do you say?
How do you react?

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What Anxiety Can Also Look Like



Physical complaints (“I don’t feel good”)

- Stomach aches
- Headaches
- Racing pulse
- Sweating
- Trembling

Sleep difficulties

Eating problems

Avoidance-trying to get out of a feared situation or away from a feared thing

Reassurance seeking- and persistent need to know the plan

Anger outbursts in an effort to avoid

Inattention

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What is an Anxiety Disorder?



Developmentally inappropriate and excessive fear

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An anxiety disorder in young children must:

1. “Cause the infant/child distress or lead to avoidance of activities or settings associated with the anxiety or fear.
2. Occur during two or more everyday activities, or within two or more relationships.
3. Be uncontrollable, at least some of the time.
4. Persist for at least 2 weeks.
5. Impair the infant’s young child’s or the family’s functioning;
and
6. Impair the infant’s/young child’s development.”

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Common Anxiety Disorders



- Social anxiety disorder
 - Separation anxiety disorder
 - Generalized anxiety disorder
- } The “Big 3”
- Specific phobias (like animals, heights, storms, blood/injections, vomit)
 - Obsessive Compulsive Disorder
 - Selective mutism
 - *Panic disorder
 - *Agoraphobia

* Rarely seen/diagnosed in early childhood

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Common Co-occurring Issues



- Toileting - soiling (encopresis) or bedwetting (enuresis)
- Disruptive behavior disorders
- Feeding/eating problems
- Sleeping problems
- Tics or hairpulling (trichotillomania)
- ADHD

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Anxiety: When is it a Problem?



Anxiety is normal, adaptive, and protective

Anxiety varies in intensity from person to person

High levels of anxiety are problematic

Focus is on lowering the volume, not changing the station

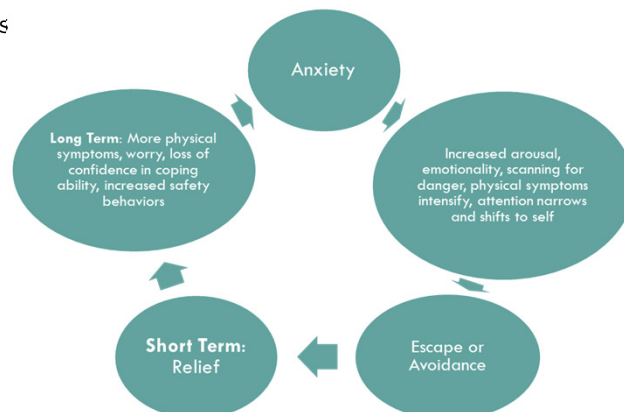
Developmental Stage	Common Fears/Worries
Infancy	Loud noises, loss of support, heights, strangers, separation (in the present)
Preschool	Animals, the dark, storms, imaginary creatures, anticipatory anxiety
School-Aged	Specific realistic fears, school achievement, natural events
Older Children/Adolescents	Fear of fear (ability to think abstractly about fears), school performance, social competence, health

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What Causes Anxiety?



- Likely caused by a combination of factors
 - No one thing is to blame
- Temperament
- Genetics
- Situational and life stressors
- Cognitive factors (thoughts)
- Parent behaviors which may include:
 - Modeling how to handle stress
 - Permitting avoidance or giving in
 - Reinforcing anxious vs. brave behaviors

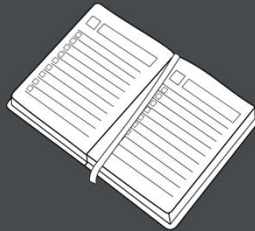


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Week 1 Homework



- Create your individual goals for this group
 - what is not happening because anxiety is in the way (sleeping in own bed?)



Remember!

Complete your weekly questionnaires! They are short.


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Weekly Check-in

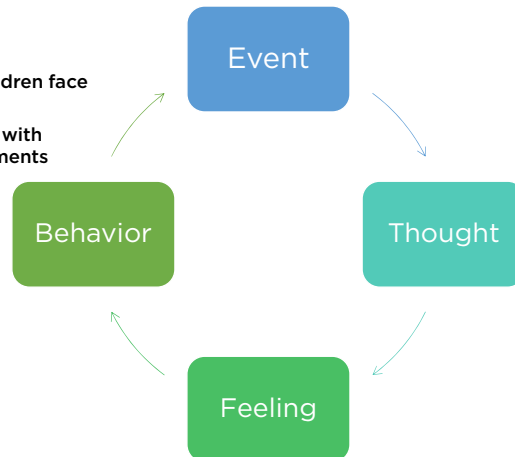
- Did you complete your questionnaires? If not, please do them ASAP!
- Create your goals for this group-what is not happening because anxiety is in the way (sleeping in own bed?)
- Fill out anxiety tracker sheet-successes and difficulties over the week

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Treatment Considerations: Cognitive Behavioral Therapy



- Cognitive Behavioral Therapy (CBT) is the gold-standard treatment for anxiety disorders.
- Parents are SO important!
 - Learn effective directive strategies for helping children face their fears rather than avoid them.
 - For young children, treatment focuses on working with parents to help build skills in their typical environments



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Why Caregivers?



You are critical. You are the most important people in your child's life.

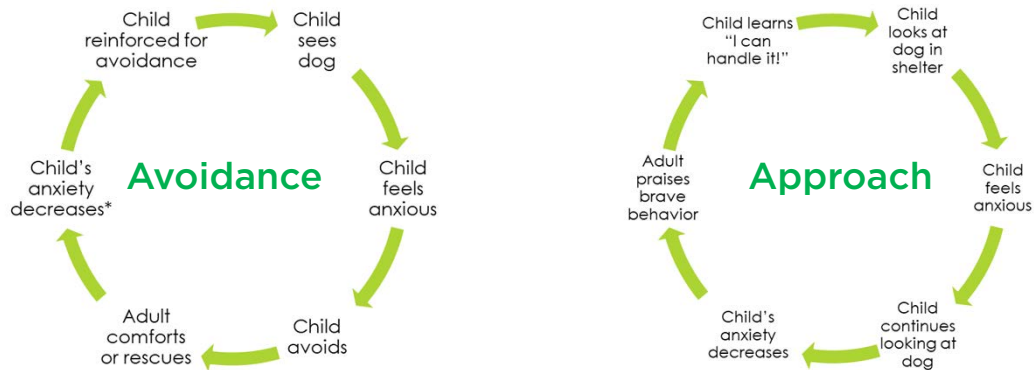
You're not the problem, but are key to the solution.

What you do and do not do matters re: helping your child overcome problematic anxiety

You have more control over the family environment/situation.

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Goal: Move from Avoidance to Approach



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Avoidance is a Key Driver of Anxiety



- Avoid by **doing less**
- Avoid by **doing too much**
- Avoid by **engaging in a safety behavior**
- **Avoidance interferes with learning that:**
 - The feared event is not so likely
 - The feared event is not so dangerous
 - We can handle when hard things happen

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Facing Fears!



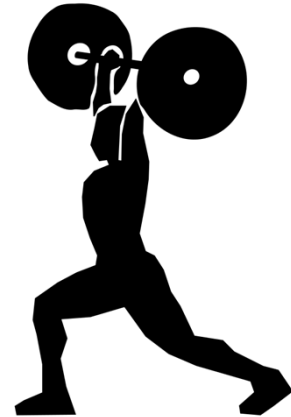
Key component of treatment = exposures (facing fears)

Exposures provide new learning opportunities:

- Feared things are not so likely
- Feared things are not so bad
- We can handle feared things if they do happen

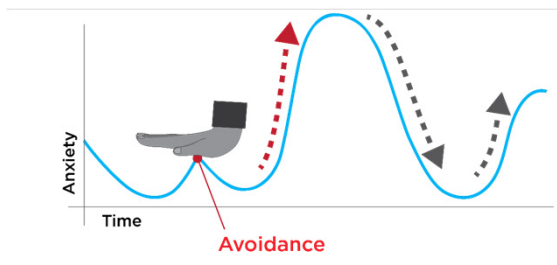
- Exposures cause MORE anxiety in the moment
 - **Anxiety is not dangerous**
 - It can feel hard and it's a sign you're getting stronger
 - Like weightlifting!

- Role of parents is HUGE
 - Cheerlead/reward your child's efforts to be brave
 - Model bravery in everyday life



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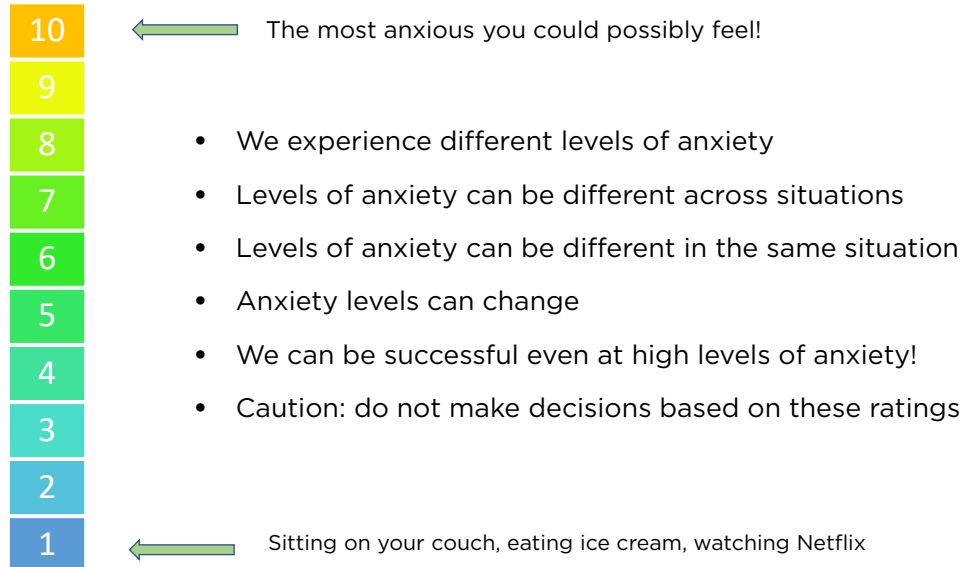
Exposures: the more you face your fears, the easier it gets!



**What Goes UP...
...Must Come DOWN**

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Rating Anxiety: Subjective Units of Distress (SUDS)



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Setting Goals and Creating a Hierarchy



Goal setting:

- Important to be behavior specific (sleep in own bed 4 of 7 nights) vs. general (feel less anxious about sleeping in bed)
- Creating a hierarchy: breaking a goal down into steps and ordering them in terms of difficulty (can use number ratings or easy/medium/hard difficulty levels)

Sleeping independently	Rating
Sleeping in own room all night with the lights off and door closed	10
Sleeping in own room all night without parent with lights on	8
Sleeping in own bed with parent present only until falling asleep	6
Sleeping in own bed with parent present	4
Sleeping in hallway with light on	4
Sleeping in sleeping bag next to parents' bed with lights off	3

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Rewards!



It is very important to reward your child for making progress toward facing their fears EVERY TIME they complete an exposure

Rewards aren't just for perfect jobs! Reward partial success or effort

Rewards are NOT bribery

- Bribery = a high-level enticement made in the heat of the moment
 - Example., "if you just get in the car, fine, we'll stop for ice cream on the way to school!"
- Reward = a predetermined reinforcement that matches the level of challenge, not negotiable
 - Example = "You will get a larger toy, pizza dinner or zoo trip for mastering a difficult exposure."
- Facing fears may not seem rewarding at first, making it difficult for children to want to engage in exposures
- Use rewards as external motivators, and phase them out once there is more internal motivation to face fears

Ways to use rewards

- Prize box
- Point/sticker chart
- Reward menu



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Self-reinforcement



Caregivers need reinforcement too!

Don't forget recognize the changes you are making, as well!



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Week 2 Homework



Create a hierarchy (EXPOSURES) fear ladder with your child.

- create one fear ladder to work on during course of group
- make a list of potential steps and place in descending order by anxiety ratings.

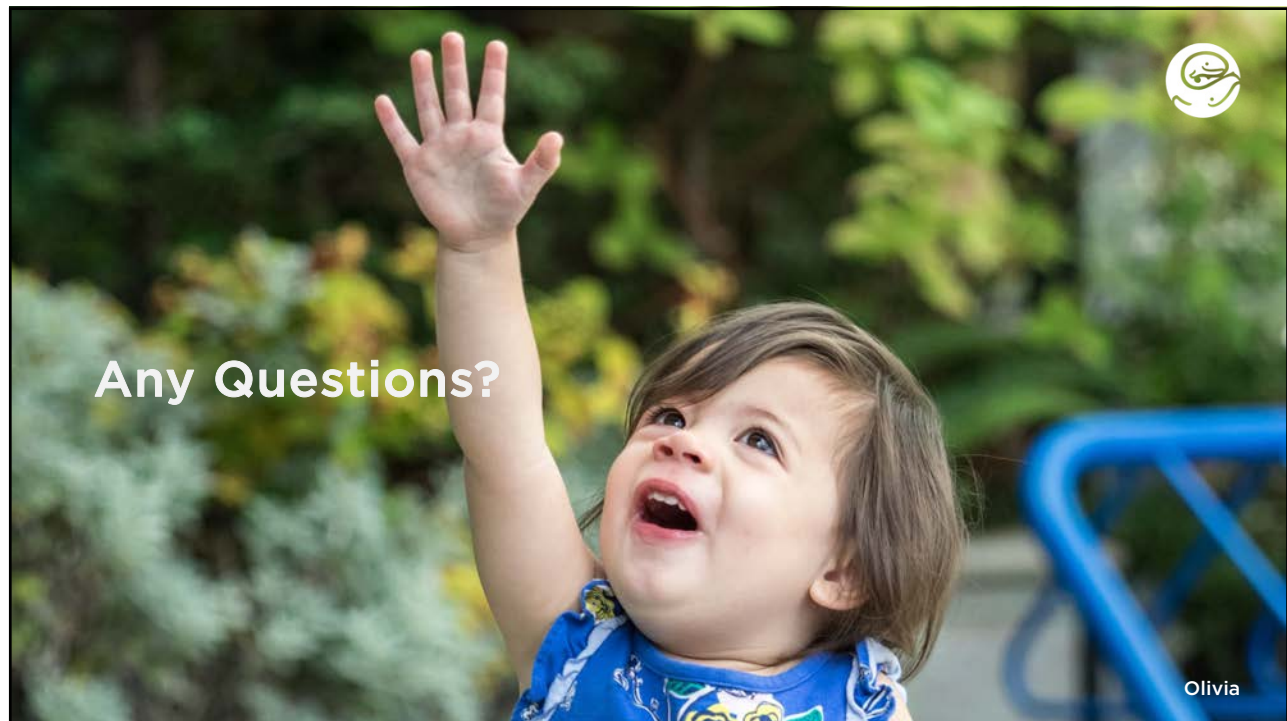
Create lists of rewards for facing fears both immediate and longer term



Remember!

Complete your weekly questionnaires! They are short.

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Any Questions?




Olivia

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Weekly Check-in

- Did you complete your questionnaires?
 - If not, please do them ASAP!
- Creating a Hierarchy (exposures) - with your child, create one fear ladder to work on during course of group
- Create lists of rewards for facing fears both immediate and longer term

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CBT + PCIT: a marriage



For treating young children (ages 3 to 8 years) with anxiety disorders, researchers and clinicians have combined 2 evidence-based treatments:

- **Cognitive Behavioral Therapy - (CBT)**
 - Uses “Exposures”, modeling, shaping behavior, rewards
- **Parent-Child Interaction Therapy - (PCIT) Sheila Eyberg**
 - Standard PCIT - an evidence-based parent training program designed for treatment of behavior disorders in young children. Uses a combination of:
 - CDI-Child Directed Interaction
 - PDI-Parent Directed Interaction

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PCIT – CALM (for anxiety)



- CALM approach was adapted from PCIT (by Puliafico, Pincus, Comer). Used to treat common childhood anxiety (like separation anxiety, social anxiety, generalized anxiety and specific phobias).
- CALM stands for:
 - Coaching
 - Approach Behavior and
 - Leading by
 - Modeling
- **CALM - 2 phases using 2 main skills:**
 - Child Directed Interaction (CDI): phase 1 in the treatment uses PRIDE skills. Builds off of positive relationships by focusing on positive attending; sets the foundation for later exposure.
 - DADS (PDI alternative): phase 2 parents learn more directive strategies for guiding children in facing feared situations.

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Child Directed Interaction (CDI)



The first portion (phase) of PCIT-CALM

Teaches parents play therapy skills including positive attending and sets the foundation for later exposures.

Parents focus on these PRIDE skills:

- Praise-labeled and unlabeled praises
- Reflect-repeating back what the child has said
- Imitate-doing what the child does
- Describe-talking about what the child is doing
- Enthusiasm-express enthusiasm and enjoyment in what the child is doing (appropriate behaviors only!)
- **Selective/Differential Attention**-Give attention to positive behavior and ignore the annoying but not unsafe behaviors.

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CDI Continued



General concepts in addition to PRIDE - during the CDI phase:

1. Positively attend to child
2. Encourage approach-oriented behavior
3. discourage inappropriate/avoidant behavior

Follow child's lead. Practice PRIDE skills.

Avoid Commands, Questions and Criticisms

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DADS Steps



- The DADS portion of treatment is used to guide exposures to feared situations and encourage children toward more brave and approach-oriented behaviors.
- DADS stands for:
 - Describe feared situation
 - Approach feared situation (modeling)
 - Direct command for child to approach
 - State intent to remain in situation and provide selective attention to reinforce the approach to the feared situation and ignore anxiety-related behaviors.
- **Selective attention:** attend to and praise brave behaviors (e.g., staying in feared situation even if upset), selectively ignore anxious behaviors (e.g., whining, requests to leave)

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DADS Sequence-The Exposure Exercise



1. When the child is faced with a feared situation or object, announce that the practice will begin (while emphasizing previous brave behaviors).
 - “You have been very brave over the last few weeks. Now we will practice entering a bathroom in a public place”
2. Parent DESCRIBES-makes at least three descriptive comments about the feared situation
 - “The bathroom is bright”
 - “The bathroom is quiet”
 - “There is a toilet and a sink and hand dryer in the bathroom”
3. Parent APPROACHES the feared situation and continues to describe the situation or object
4. Parent provides ONE DIRECT COMMAND for child to approach the feared situation.
 - “Johnny, please step inside the bathroom”
5. SELECTIVE ATTENTION
 - If Jonny complies, parent says, “I will stay inside the bathroom and blow bubbles”
 - Parent continues to give positive attention to child approach (i.e., “brave”) behavior and ignores all other behaviors (e.g., anxious, avoidant behaviors)

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DADS-another example



The DAD steps directly model and reinforce your child's brave behaviors and they should be applied when your child encounters an anxiety provoking situation.

D - 3 descriptive comments about the feared situation

These should be given prior to the feared situation or as soon as it begins. Comments should be very brief and factual. They should not provide excessive reassurance.

1. It looks like a dog is coming our way.
2. The dog has a red leash.
3. We have walked past dogs that look like this before.

A - approaching or modelling brave behaviors

The goal is for you to demonstrate for your child that the situation is safe. Possibly by petting the dog. It is important to stay in the approach step for 1-2 minutes before moving on to next step. This provides opportunity for your child to approach the anxiety provoking situation. You could describe your own behavior. "I am petting the dog" or "This dog is so friendly" If the child does approach, then use PRIDE skills (especially praise) to reinforce the behavior.

D - direct command

If your child does not approach the anxiety provoking situation,, then parent you will provide a direct command for them to approach. "Please stand next to the dog."

It is very important to wait 5 seconds for child to comply

S - Provide selective attention to your child.

If child is crying and still approaching "Great job walking towards the dog" If your child does not comply with the direct command parent

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Direct Command versus Indirect (Ineffective) Commands



- Direct-tells child exactly what to do. "Please put your shoes on"
- Indirect-"Why don't you go put your shoes on?".
- Direct commands are clear and tells your child exactly what needs to be done.
 - Direct - "Please put your Legos in the box"
 - Indirect - "Clean up"

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Exposure Tips - (DADS)



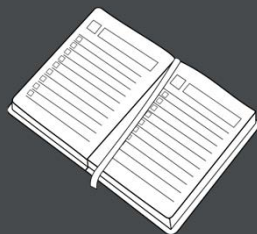
- **Exposures should occur daily or near-daily**
Facilitates new learning that the situation is not as bad as expected
- **You do not have to follow the hierarchy strictly**
Ok to jump a bit if
 - a) your child is making progress practicing brave behavior and
 - b) opportunities present themselves
- **Anxiety is OK! In fact, it is expected!**
If a child does not experience anxiety when completing an exposure, keep going to the next step
- **Set goals for exposures**
You can voice these goals as you
 - a) prepare your child ahead of time and
 - b) phrase your direct command during the DADS sequence

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Week 3 Homework



- Practice PRIDE skills
- Practice DADS skills (exposure homework)



Remember!

Complete your weekly questionnaires! They are short.

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Weekly Check-in

- Did you complete your questionnaires?
 - If not, please do them ASAP!
- Homework Week 3:
 - PRIDE Skills
 - DADS Skill (exposure homework)

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Agenda

- Problem solve exposures
- Starting this week we will always discuss
 - **PRIDE Skills**
 - **DADS Skill (exposure homework)**
- When doing exposures:
 - Expect anxiety
 - Plan and repeat exposures

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Tips for Caregivers During Exposures



- **Use your attention wisely**
 - Increase positive attention to brave behavior
 - Decrease attention toward anxious/avoidant behavior
 - Focus on what they were able to do vs. just how hard it was/what they did not do.

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Tips for Caregivers During Exposures



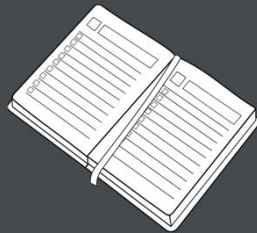
- **Practice tolerating your own distress, anxiety, or frustration**
 - Sometimes this means getting some help yourself
 - Things you can tell yourself
 - **Let's just give him a minute, see if he can do it.**
 - **Anxiety is not dangerous. The way past this is through, not around.**
 - **If we avoid, her fear will only be bigger next time.**
 - **Successfully overcoming fears involves feeling anxious and learning what you can do even though you feel this way.**
 - **I am his mirror; I want to show him with my words and body language that I believe in him.**

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Week 4 Homework



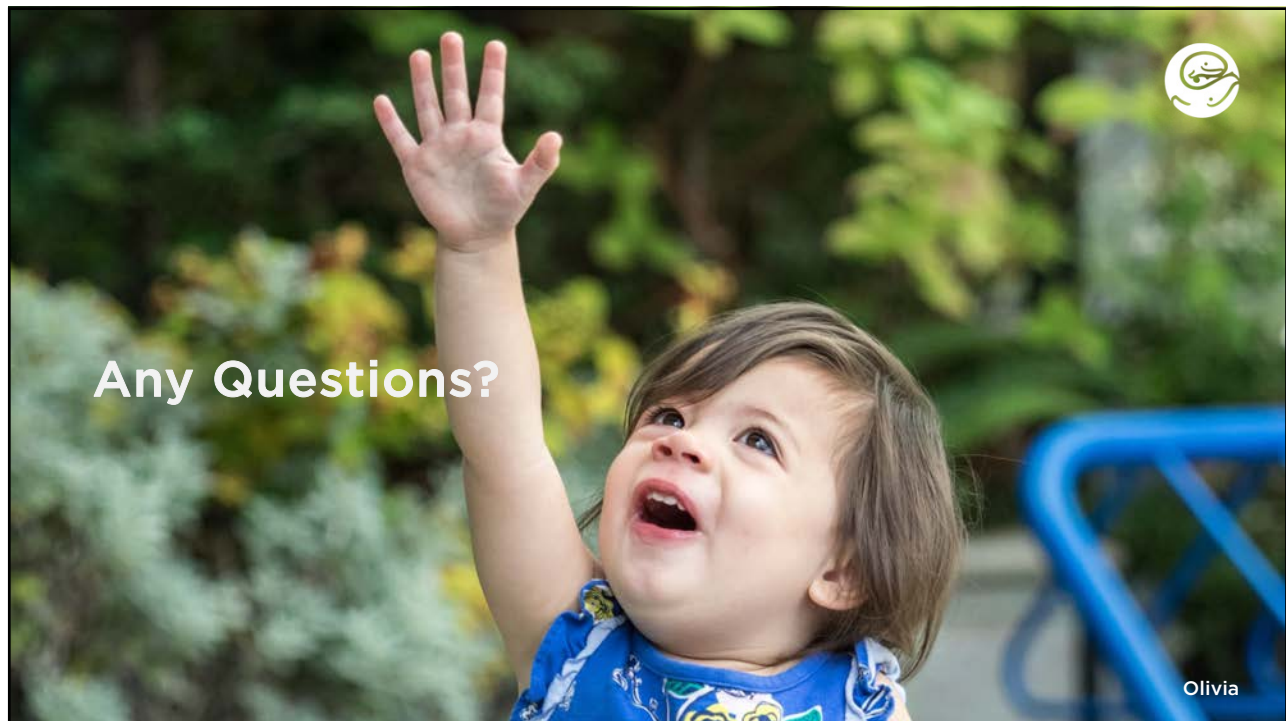
- Practice PRIDE skills
- Practice DADS skills (exposure homework)
- Complete RedCap measures



Remember!

Complete your weekly questionnaires! They are short.

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Any Questions?

Olivia

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Weekly Check-in

- Did you complete your questionnaires?
 - If not, please do them ASAP!
- Homework Week 4:
 - PRIDE Skills -are you doing regular special playtime? How's it going?
 - DADS Skill (exposure homework)-give example of situation and how you used DADS.
- Let's review importance of self care and addressing parental anxiety.
 - It is difficult to watch your child resist doing exposures (and possibly have tantrums or cry)
 - Be aware of your own anxiety, engage in self care and seek treatment if needed.

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Continue Exposures!



- Continuing exposures!
 - Increasing difficulty, starting to include additional exposure goals
 - This will be something you will want to think about throughout the program.



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Exposure Problem-Solving



- **What if the situation doesn't arise?**
 - How to set up exposures
 - The caregivers' exposure - pulling others in! (barista, store owner, relatives, neighbors, teachers)
- **What to do when they refuse?**
 - Is the step too big?
 - Is there a smaller step they can move onto that will continue their progress but resist backsliding?
 - There are things caregivers have sole ownership over
 - Reducing accommodation
 - Holding your own personal boundaries about what you do and do not do

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Exposure Problem-Solving: when something else is needed



What if the situation is actually dangerous or likely to happen?
 What if my child needs more skills to be successful?

- Social difficulties
- Bullying
- Likely to get lost in a new setting
- Child is regularly failing school work
- Pandemic!

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Future Anxiety and Generalization of Skills



As your child gets older, their anxiety may change.
 Things they were not anxious or avoidant of before become an issue.
 It is important to try and think ahead about what these may be.

- Suddenly afraid to speak in front of other people (hasn't been issue previously because not seeing many people in person)
- Someone suggested that if child does not empty bladder often, they will get infections-now child uses bathroom very frequently

What are some things that may come up for your child?

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Week 5 Homework



- Practice PRIDE skills
- Practice DADS skills (exposure homework)



Remember!

Complete your weekly questionnaires! They are short.

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Any Questions?

Olivia

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Weekly Check-in

- Did you complete your questionnaires?
 - If not, please do them ASAP!
- Homework Week 5:
 - PRIDE Skills
 - DADS Skill (exposure homework)

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Exposure Problem-Solving

- **Exposures**
 - Problem solving if planned exposures are harder or easier than anticipated or skills are missing
 - Focusing on functioning - how to know if exposures are working
- **Making exposures more powerful**
 - Doing more than you would do in real life (pendulum)
 - Catching small moments of avoidance or accommodation
 - Might mean when you jump in to end an exposure or reassure

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Parenting Strategies

Support child's independence

- Allow child to learn from experience
- Ask yourself if you really needed to step in
- Ask yourself "what would have been the worst thing to happen if I hadn't stepped in"

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More Parenting Strategies



- **Permitting avoidance**
 - Anxious children try to avoid things and situations that make them anxious ... and it's easy to give in. However, as long as they continue to avoid, they don't learn new information and will not overcome their anxiety.

- **Becoming impatient**
 - It's easy to become frustrated with an anxious child ("Just try harder.", "It's not that scary.")
This is understandable but not effective.

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Tips for caregivers during exposures



- **Model brave behavior yourself**
 - Share examples of times you got anxious and coped by facing fears
 - Work on one of your own fears at the same time
 - Hiding your worries teaches your child it's not ok to worry or have fears
 - Seek help if you are having trouble handling worries

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When you can't face exposures in real life



- There are some things we can't face in real life
 - Unethical
 - impossible
- What do we do? Imaginal exposures!
 - Writing a story of the worst case scenario their brain is already thinking of
 - Read it repeatedly
 - Parents read it to youth and change point-of-view to fit

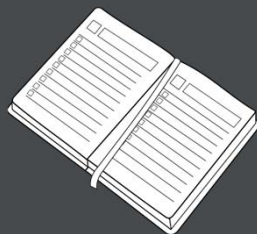


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Week 6 Homework



- Practice PRIDE skills
- Practice DADS skills (exposure homework)



Remember!

Complete your weekly questionnaires! They are short.

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Weekly Check-in

- Did you complete your questionnaires?
 - If not, please do them ASAP!
- Homework Week 6:
 - PRIDE Skills
 - DADS Skill (exposure homework)

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Barriers and getting stuck

- **Modifying exposures**
 - If an exposure seems too challenging consider modifying it and making it more doable for your child
- **Addressing barriers**
 - Make sure exposures are repeated frequently - until it gets boring
 - Experience the anxiety rather than fight the discomfort
 - Be aware of subtle avoidance
- **Make sure to reinforce brave behaviors**

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Exposures: Keep Going!



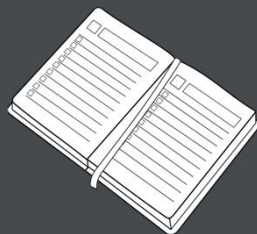
- Increasing difficulty level
- Continue to pull back accommodation
- Include multiple exposures at once
- Plan for things that are likely to arise in the future

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Week 7 Homework



- Practice PRIDE skills
- Practice DADS skills (exposure homework)



Remember!

Complete your weekly questionnaires! They are short.

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Weekly Check-in

- Did you complete your questionnaires?
 - If not, please do them ASAP!
- Homework Week 7:
 - PRIDE Skills
 - DADS Skill (exposure homework)

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Relapse Prevention: Living the Exposure Lifestyle

Anxiety is likely to come up again

Live the exposure lifestyle

- Continue to reduce accommodation

Catching anxiety early, encourage approach, reduce accommodation through exposures!

- Lapse vs. relapse vs. collapse

Plan ahead for things that could be hard in the future

- Having a plan does not guarantee a problem

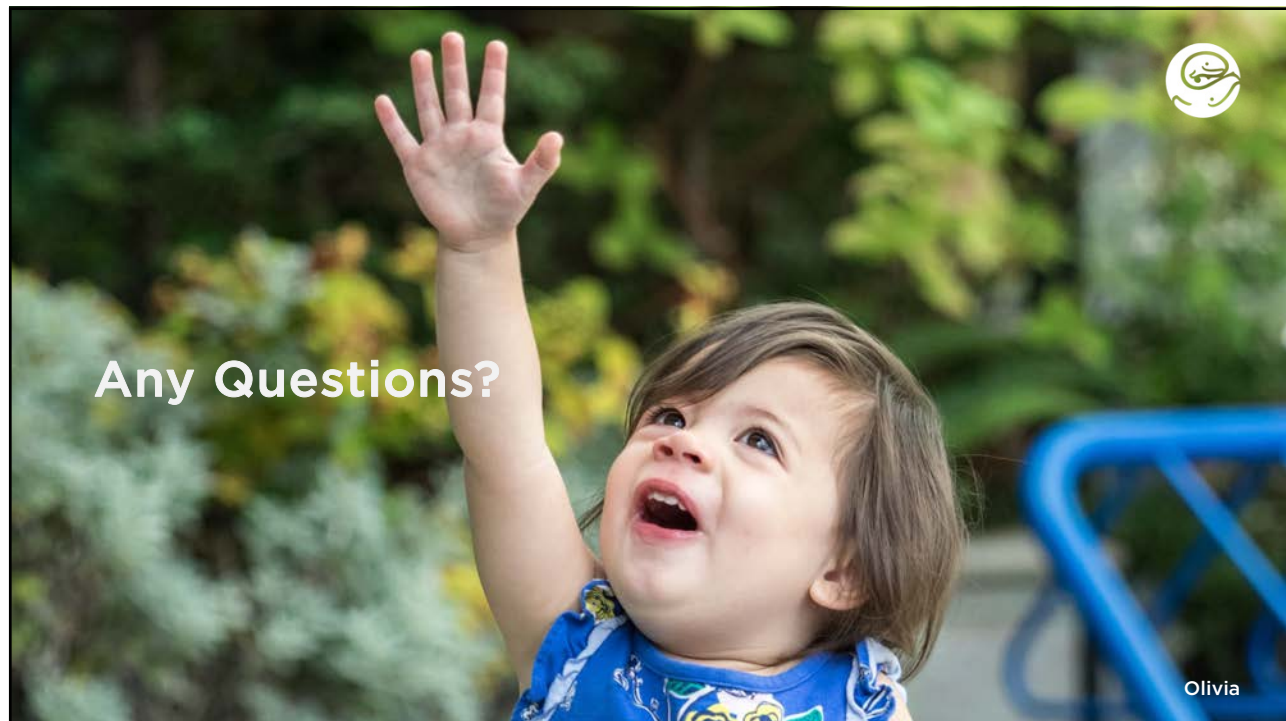
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Last Day of Group! Where to go from here?



- **Feedback sessions next week**
- **Stepped care model of care at Seattle Children's**
 - Start with the lowest intensity intervention and “step-up” to next level if needed based on response to previous step of care
- **Options to decide with your group leader at feedback**
 - End care: “Do it” on your own, knowing we’re here if you need us in the future!
 - Return to your community provider to continue work
 - Short-term individual therapy at Seattle Children's
 - Referral for medication consultation
 - Referral for a different problem (like behavior concerns)

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