



# **Helping Your Child With Fears and Worries: An Introduction to Guided Parent-Delivered Cognitive Behavioural Therapy**

**Written by Dr Monika Parkinson and Dr Kerstin Thirlwall  
for the PPEP Care project**

# Psychological Perspectives in Education & Primary Care

A programme of training designed to help staff in to:

- recognise and understand mental health difficulties presenting in childhood/adolescence
- better support these children, young people, and their families

# Modules include:

- Recognising common mental health difficulties
- Communicating with distressed young people
- Supporting young people who **self harm**
- Supporting young people with **depression and low mood**
- Supporting young people with **anxiety (in primary and secondary schools)**
- Supporting children and young people with **ASD**
- Supporting children and young people with **ADHD**
- Recognising **Eating Disorder difficulties** and supporting young people
- Supporting children and young people with **behavioural difficulties**

Thanks:



## AnDY Research Clinic

- The ANDY research clinic (University of Reading)
- <https://research.reading.ac.uk/andy/>

TAKE CARE



OF YOURSELF




What would **you** like  
to get out of this  
session?



**A word of warning:**

**This session isn't about  
turning you into  
therapists.....**

...but these techniques may  
be suitable for children with  
**mild** levels of anxiety



# What we want you to get out of the session

- An understanding of what anxiety is and how it may look in children
- Increased confidence to talk to children about their difficulties
- An understanding of what CBT for anxiety in children looks like and why parents are well placed to deliver this to their children
- An understanding of what you can do to best support children in the classroom (and children and parents at home)





# Overview

- Overview of anxiety in childhood
- Warning signs
- Exploring anxieties and worries in children
- An introduction to CBT and how it targets symptoms
- How you can support parents to support their children
- Useful resources

# Overview

- Overview of anxiety in childhood
- Warning signs
- Exploring anxieties and worries in children
- An introduction to CBT and how it targets symptoms
- How you can support parents to support their children
- Useful resources



- Anxiety is amongst the most common mental health problem experienced by adolescents, becoming more common as children move into adolescence:
  - 3.9% of 5-10 year olds
  - 7.5% of 11-16 year olds
  - 13.1% of 16-19 year olds
- Most common disorders of childhood/adolescence are separation anxiety, specific phobia, generalised anxiety and social anxiety



- Around 50% of all anxiety issues in adulthood have started by the age of 15 – many children don't get the right help
- Untreated anxiety leads to an increased risk of later anxiety and depression and underachievement at school

# Types of anxiety and age of onset

Early childhood	Middle childhood	Early adolescence	Mid adolescence	Late adolescence	Early adulthood
-----------------	------------------	-------------------	-----------------	------------------	-----------------

**Specific phobias**

**Separation anxiety**

**Social phobia**

**Obsessive Compulsive Disorder**

**Panic disorder**

**Generalized Anxiety Disorder**

There are some features which may be common across different anxiety disorders

**Overestimation** of  
threat and danger

**Underestimation**  
of one's ability to  
cope

It prevents children  
from enjoying normal  
life experiences e.g.  
impacting on school,  
friendships, family life.



Early/middle childhood



Early/middle adolescence



# Overview

- Overview of anxiety in childhood
- **Warning signs**
- Exploring anxieties and worries in children
- An introduction to CBT and how it targets symptoms
- How you can support parents to support their children
- Useful resources

## Callie, 9 years old

**'Callie'** has become increasingly distressed before school over the past few months; she gets tearful and complains about stomach aches and headaches and is increasingly clingy, not wanting to leave her mum in the playground in the mornings. At home, she finds it difficult to tolerate having her parents on a different floor of the house from herself and has stopped going on playdates. She has missed several days of school when the anxiety has been at its worst, which is frustrating and upsetting for her parents as schools have been very concerned about her attendance.



## Signs of anxiety

---

What might you notice?

- Physical symptoms?
- Behaviour and thinking?
- Emotions?



**Physical  
Symptoms?**

**Stomach aches  
Headaches  
Fatigue**

## Thoughts and Behaviour?

Pessimism/thinking the worst  
Self-critical/over-exaggerating  
negatives

Restlessness and irritability  
Difficulties coping with change

Avoidance

Sleep difficulties

Clinginess or crying

Perfectionism

**Emotions?**

Worry (about things that have or may  
have happened)

Anger

Irritability

Panic

## Remember:

---

- **All** children and young people (and adults) have changes in mood, and ups and downs
- Being fearful is very common during childhood



Some anxiety might be developmentally appropriate. To help you decide, consider the following questions:

Is the fear  
completely out  
of proportion to  
the actual level  
of threat?



CONTEXT

MATTERS



Some anxiety might be developmentally appropriate. To help you decide, consider the following questions:

Is the fear completely out of proportion to the actual level of threat?

Is there fear in the absence of actual threat?

Is it difficult to settle the child or young person back to a normal state?



# Some context

Autism is not a mental health problem - but **as many as 71% of autistic children have mental health problems**, such as anxiety disorders, depression, and obsessive compulsive disorder (OCD), and 40% have two or more (Simonoff et al 2008)

# Overview

- Overview of anxiety in childhood
- Warning signs
- Exploring anxieties and worries in children
- An introduction to CBT and how it targets symptoms
- How you can support parents to support their children
- Useful resources



## Core communication skills

### What makes people approachable?

- Think of a colleague or friend who you would talk to about something troubling you.
- What makes them approachable?
- What specifically do they do and/or say that makes you think they will listen?



Core  
communication  
skills

What do we need to be mindful of when children open up to us?

Why is their initial contact with an adult so important?

Always try and remember to:

- **Normalise** what the child is feeling and going through
- **Praise them** for sharing their difficulties. It takes guts to talk about this with an adult
- **Try and obtain some context for the child's fears.** They may be experiencing significant difficulties / real threat. Are their worries founded?





What might you want to ask the child?

What might you want to ask the parents?

What challenges might this bring?

# The use of questionnaire measures

There are specific questionnaires which can be used to assess anxiety in young people.

You need to be mindful of how you ask a young person to fill one in and how you use this info

What are the pros and cons of using questionnaires?







Only use these questionnaires if you are confident in their use

**Strengths and difficulties questionnaire**

[https://sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz\(UK\)](https://sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz(UK))

**Revised Child anxiety and Depression Scale**

<https://www.corc.uk.net/outcome-experience-measures/revised-childrens-anxiety-and-depression-scale-and-subscales/>

## Clip 1 - Talking to a child's parents



**When watching the clip think about the following questions:**

- What useful assessment questions does the teacher use here?
- Are these helpful?
- What works well and what could be done differently?



## Clip 2 – A GP appointment



**When watching the clip think about the following questions:**

- What does the GP ask about?
- What was done well?
- What could be done differently?



## Practice Task: Finding out more from a child/carer

- Get into groups of 3 or 4
- Allocate roles - one person should role play **the child**, one person should role play **the parent**, one person should role play **the member of staff** and one or two people should be a 'coach' (observe, help and keep time)
- Once you have decided on roles you should only read the information relevant to your role



## Practice Task: Finding out more from a child/carer

- Read through the information relevant to your role. **You should spend 8-10 minutes on the role play.** If you get stuck, you can pause the role play and ask for help/feedback from group members.
- After this time, the 'coach' should stop the conversation and the group should spend 5 minutes talking about how it went.



Practice Task:  
Finding out more  
from a child/carer

## **FEEDBACK**

- What worked well?
- What was difficult?
- How might you do things differently in the future to address these difficulties?
- What will you take from this?





# Overview

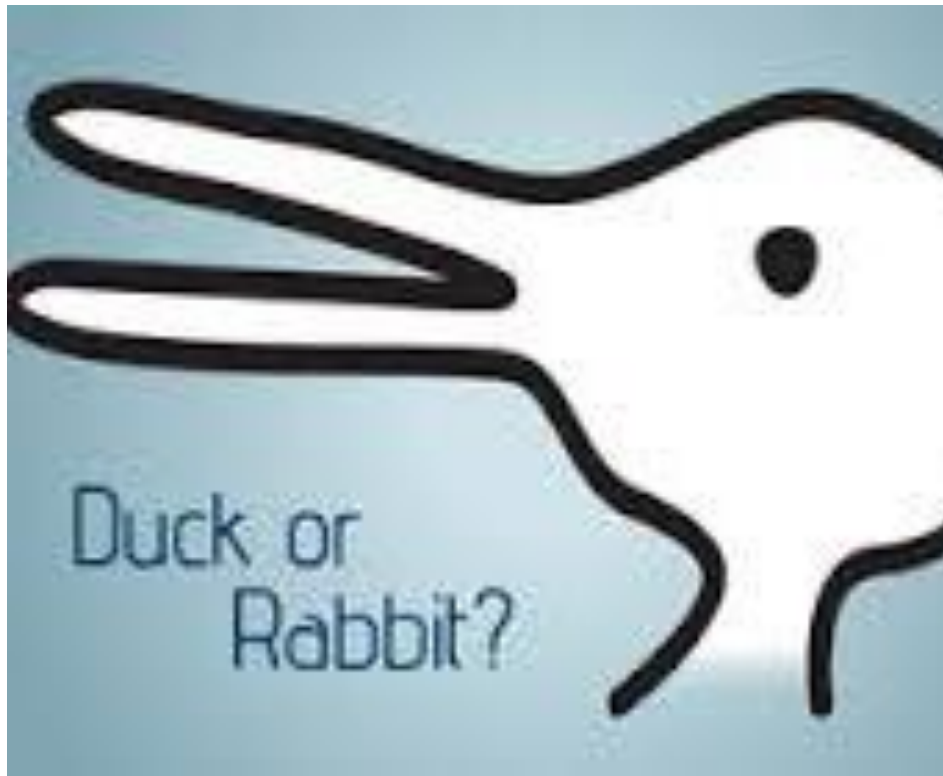
- Overview of anxiety in childhood
- Warning signs
- Exploring anxieties and worries in children
- An introduction to CBT and how it targets symptoms
- How you can support parents to support their children
- Useful resources



- **Anxiety disorders are common and chronic and associated with negative outcomes**
- **Early detection and treatment is important**
- **CBT is an evidence-based approach used to help children and young people with anxiety**

# Basic premise of CBT

How an event is interpreted determines how someone reacts to it



The 'same' event can result in different emotions (depending on the interpretation)

We may be able to reduce distress by helping children to change their interpretations / thoughts and behaviours

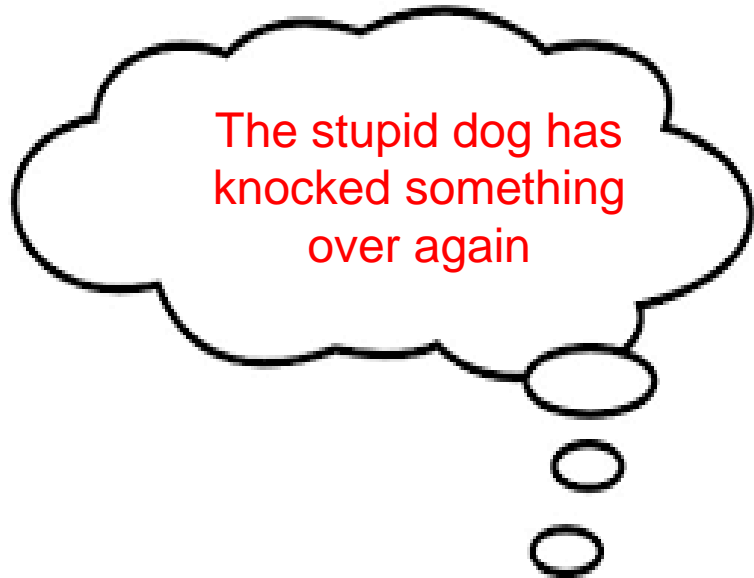


**Imagine it is the middle of the night - you are at home in your bed asleep. You are awakened suddenly by a loud noise from downstairs.**



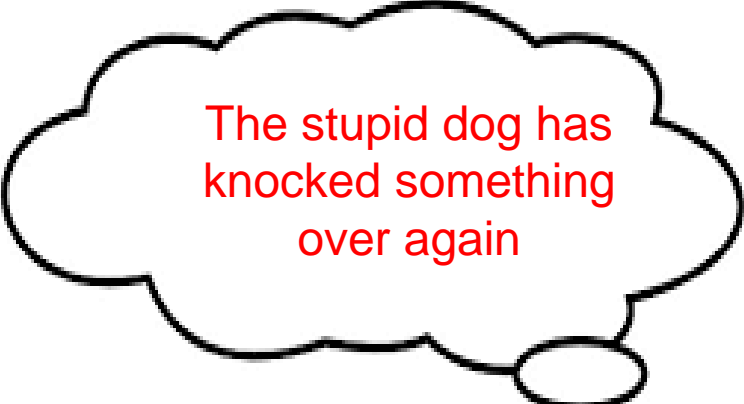
- **What might you think?**
- **How might you feel?**
- **What reactions might you notice in your body?**
- **What might you do?**





**What impact would these different thoughts have on:**

- **how you felt emotionally and physically?**
- **how you might act?**




The stupid dog has  
knocked something  
over again

**FEEL:**  
Annoyed

**PHYSICALLY:**  
Exhausted

**BEHAVIOUR:**  
Roll over and go back  
to sleep



Someone's in the  
house. We're being  
burgled

**FEEL:**  
Scared

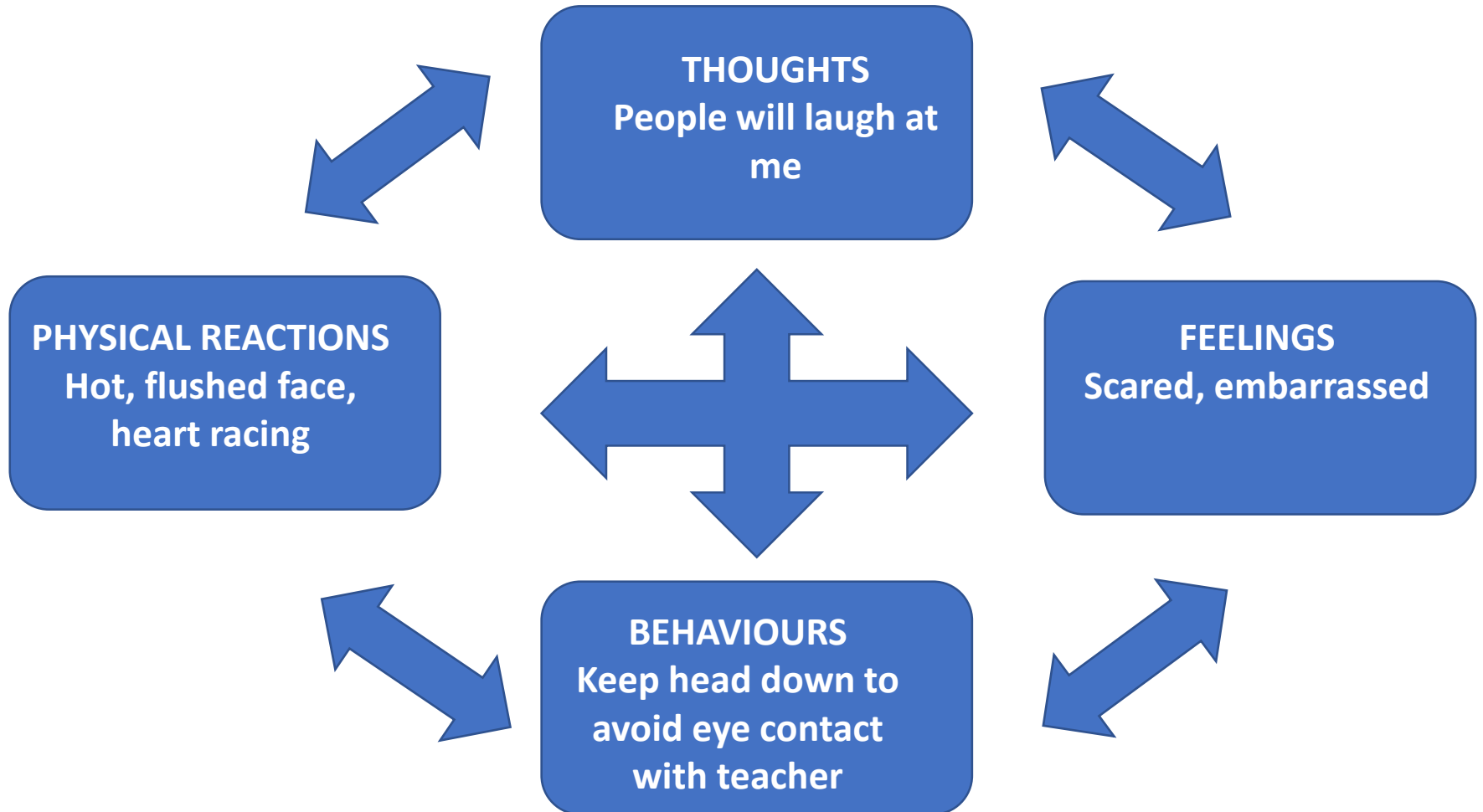
**PHYSICALLY:**  
Increased heart rate,  
sweating, very alert

**BEHAVIOUR:**  
Hide upstairs, call the  
police

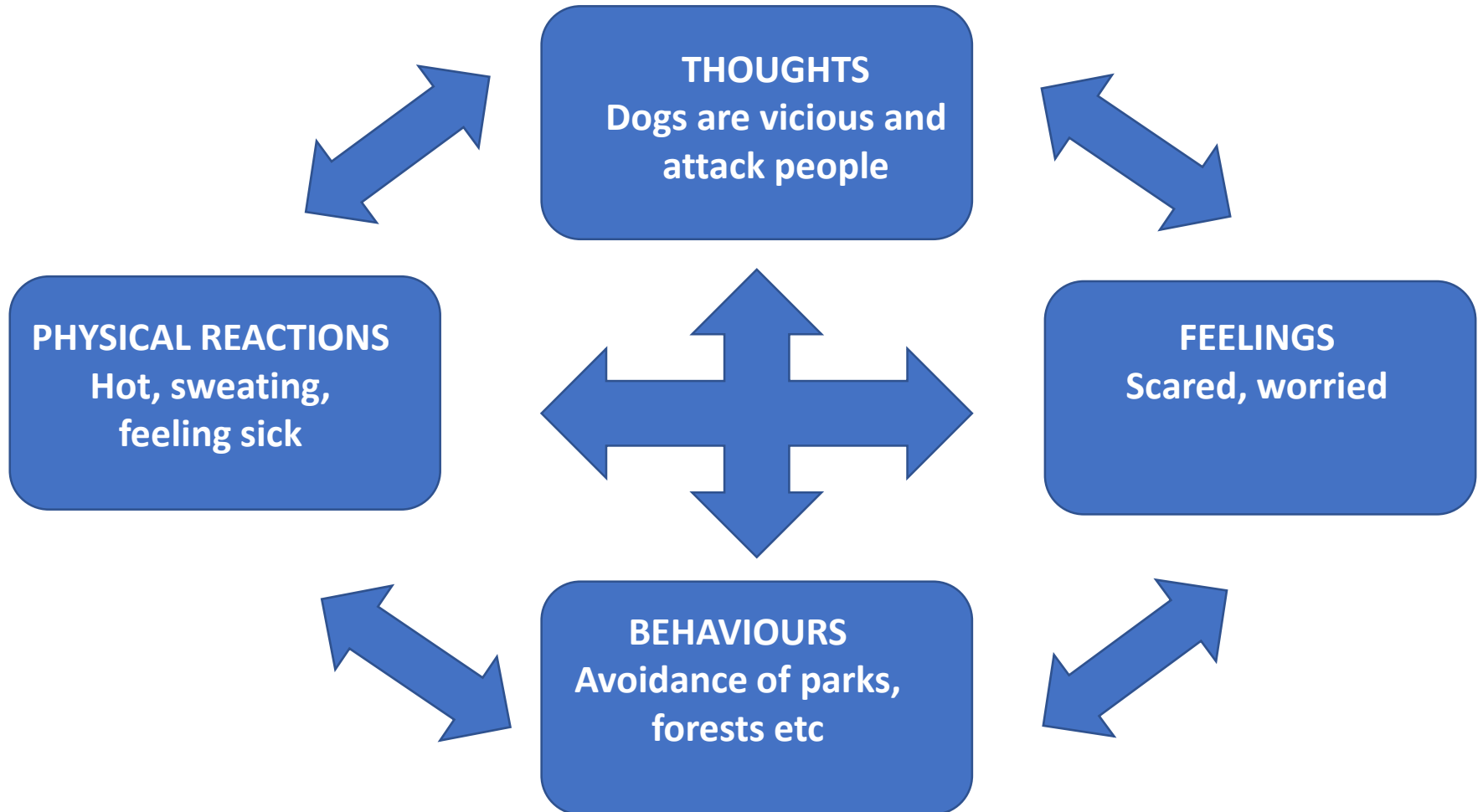




# Feeling worried about talking to the rest of the class



# Feeling worried about being near dogs



- We behave in a way that is consistent with our beliefs and this can become a habit
- Therefore **we do not get the opportunity to challenge our beliefs/** gather evidence for different ways of thinking
- **Behaviours may maintain our beliefs, therefore we may have to change our behaviours**

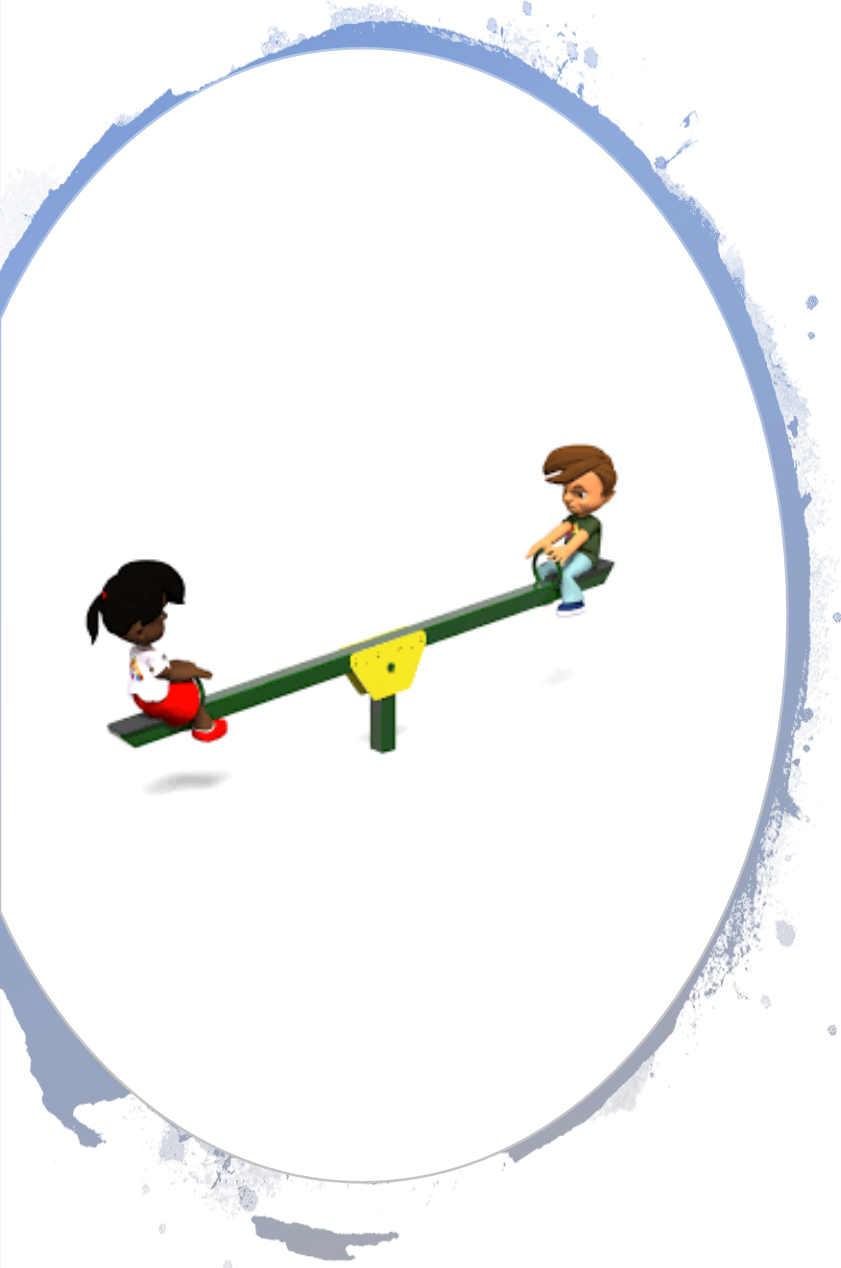




Different ways of thinking

- How realistic is this thought?
- Could something else happen instead?

- Respond in a different way
- Practice confronting the fear



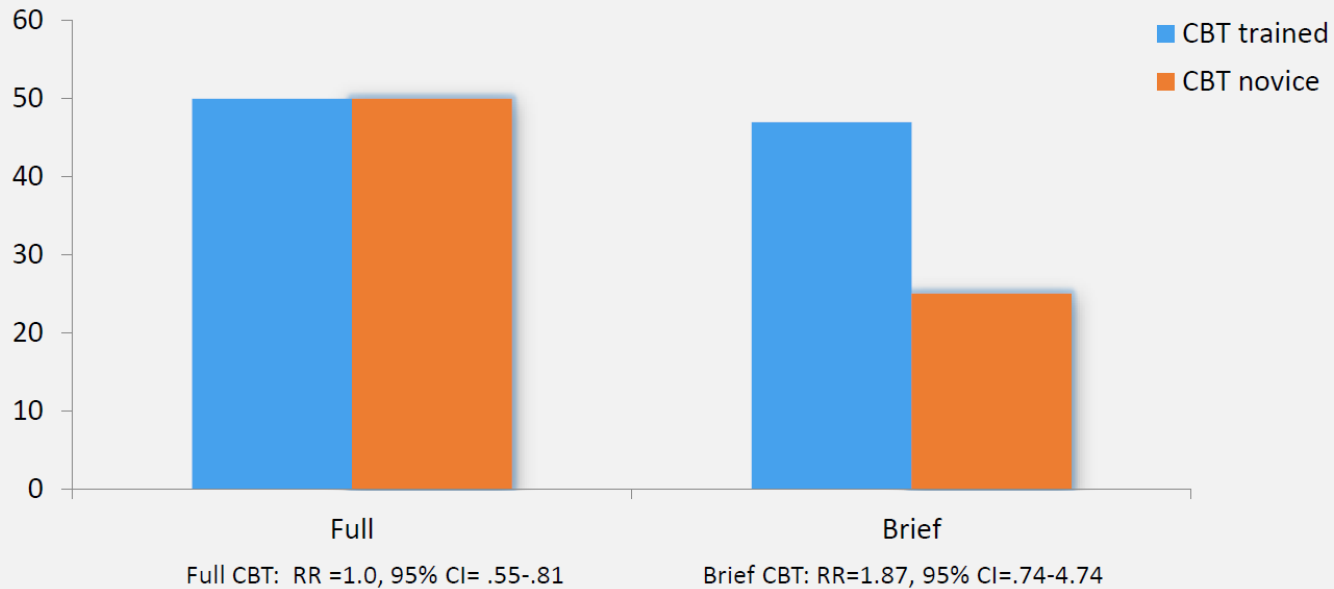
**For children with anxiety  
there needs to be a balance  
between:**

- Making environment more attuned to child's needs and less anxiety provoking
- Helping child to overcome their anxiety



- Considerable evidence which supports the use of CBT in the treatment of childhood anxiety
- Treatment gains maintained over time

## THERAPIST QUALIFICATIONS AND OUTCOMES (FREE OF PRIMARY DIAGNOSIS)



Thirlwall et al (2013)





- CBT is not always easily accessed
  - Number of trained CBT therapists in the UK is small
  - Waiting lists are long
  - CBT may not always be convenient
  - Not all families will seek help (for various reasons)



**Only a small proportion of anxious children receive professional treatment**

# REASONS FOR NOT SEEKING SUPPORT

## Is help needed?

Anxiety comes and goes in phases (73%)

Not sure if it is 'normal' (70%)

Teachers/professional haven't suggested it (59%)

## Concerns about seeking help

Don't want child to think s/he has a problem (69%)

I want us to manage it as a family (52%)

I feel a sense of blame or failure (56%)

## How to seek help?

Don't know who to ask for help (64%)

Don't know what help is available (72%)

Difficulty getting a referral (65%)

Long waiting times for services (65%)

Reardon et al (2020)



## One solution:

- Start with less intense forms of CBT as first line treatments earlier on
- **More intensive treatments reserved for those who do not benefit from lower level first-line approach**
- Least Intervention First Time

e.g. parent-delivered CBT

# IMPLICATIONS FOR TREATMENT DELIVERY

- Treatment for childhood anxiety may be **efficiently** delivered via parents as parents are in a position to:
  - Learn and teach child CBT skills and apply within the child's day to day life
  - Empowers parents to 'manage as a family'



# IMPLICATIONS FOR TREATMENT DELIVERY

- By giving parents alternative ways of responding to child difficulties, treatment may **modify reinforcement cycles** within the family
  - Explicit recognition of 'normative' responses to child anxiety essential to avoid perceived blame



# Cresswell & Willetts (2019)

---

- Skills based book 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.
- Suitable for Social Anxiety, GAD, Separation anxiety and Specific Phobias (not OCD/PTSD or depression)



# Cresswell & Willetts (2019)

---

- Evidence-based
  - 61% free of primary anxiety diagnosis
  - 44% free of all diagnoses

Cresswell et al (2010)



In a nutshell.....

## CORE VALUE

Parents are the most important agent for change that we can access in helping children to overcome difficulties with anxiety. It is essential that we value them and help them feel skilled and confident in managing their children's difficulties





# Advantages of CBT delivery via parents



?



## Advantages of CBT delivery via parents (1)

- Less burden on children (no need to attend appointments)
- Reduced therapy time
- Parents may be more motivated to change than child
- Parents will be there in situ when strategies are needed



## Advantages of CBT delivery via parents (2)

- Parents may be in a better position to create opportunities to implement strategies
- Parents may be better at recalling strategies and how to use them
- Treatment may help to highlight anything that parents may be doing to (inadvertently) maintain child's anxiety



## Advantages of CBT delivery via parents (3)

- Parents are in a good position to liaise with schools and other agencies
- Parents can bring about family wide change

## Disadvantages of CBT delivery via parents

?





## Disadvantages of CBT delivery via parents

- Parents and children may not agree about the child's difficulties
- There may not be agreement amongst parents of goals etc

## Clip 3 – Parent and therapist



**When watching the clip think about the following questions:**

How does the therapist explain that she'll be working with Lottie's parents rather than Lottie herself?

How does the therapist respond to mum's guilt?

Are there any explanations or discussions that would be helpful for you to use with parents?



# Overview

- Overview of anxiety in childhood
- Warning signs
- Exploring anxieties and worries in children
- An introduction to CBT and how it targets symptoms
- How you can support parents to support their children
- Useful resources



# What can you do to support the child and parent?

1. Notice difficulties (identifying and understanding the child's anxiety)
2. Help to establish goals
3. Thought challenging
4. Understanding and educating around parental responses
5. Helping the child to face their fears in a manageable way
6. Problem solving
7. Keeping the momentum going (preventing relapse)



#1  
Notice  
difficulties  
(identifying and  
understanding  
the child's  
anxiety)

Think about:

- What's happening for the child?
- What are they thinking?
- What sensations can they notice in their body?
- What anxious behaviour are they displaying?



#1  
Notice  
difficulties  
(identifying and  
understanding  
the child's  
anxiety)

Situation	Thoughts	Bodily sensations	Behaviour
<b>Mum getting ready to go to the shops</b>	I don't want you to go  What if you don't come back?  Something bad might happen	Butterflies in tummy  Feeling sick	Begs mum not to go  Gets really upset

#2  
Help to  
establish goals

If your child were no longer anxious, what would s/he be doing that s/he isn't doing at the moment?

What would your child be doing differently if they didn't have a problem with anxiety?

What changes would you notice?

What would you like your child to be doing that they aren't at the moment?

What is your child missing out on due to their anxiety?

What would your child need to do for you to think they have overcome their difficulties with anxiety?

Try to be as **specific** as possible:

Be more  
confident

Worry less  
about us

Be relaxed  
around dogs

What do these  
things **actually**  
**look like?**

#2  
Help to  
establish goals

Try to be as **specific** as possible:

Be more  
confident



Invite a friend  
over for tea

Worry less  
about us



Go to bed  
without us  
having to stay  
with her

Be relaxed  
around dogs



Be able to go  
to the park  
where people  
are walking  
their dogs

#2  
Help to  
establish goals

Children who are anxious tend to see danger and have fearful thoughts about (neutral) situations

Thought challenging helps them to weigh up the evidence for and against their thoughts (thinking like a judge in court)

**The trick for parents is to ask questions not give answers (this helps child to think for themselves)**



### #3 Thought Challenging

## **What to think about when helping a child with their unhelpful thoughts:**

What is happening?

What is s/he thinking?

Evidence and alternatives?

What actually happened in the end?

#3  
Thought  
Challenging





## What to think about when helping a child with their unhelpful thoughts:

What is happening?

**What is s/he thinking?**

Evidence and alternatives?

What actually happened in the end?

Why are you worried?

What do you think will happen?

What is it about [this situation] that is making you worried?

What makes you think that [this situation] will happen?

Has that ever happened to you before?

Have you ever seen that happen to someone else?

How likely is it that [this situation] will happen?

#3  
Thought  
Challenging

## What to think about when helping a child with their unhelpful thoughts:

What is happening?

What is s/he thinking?

### **Evidence and alternatives?**

What actually happened in the end?

If [this situation] did happen, could there be any other reasons for it?

What would you think was happening if someone else was in the same boat?

What would [another child] think if they were in this situation?

How could you test out this thought?

#3  
Thought  
Challenging

## **HOW you ask the questions is as important as which questions you ask**

Pick your moment and make it fun/rewarding

Be curious (don't interrogate)

Empathise and normalise

Check understanding

Help to label emotions if needed

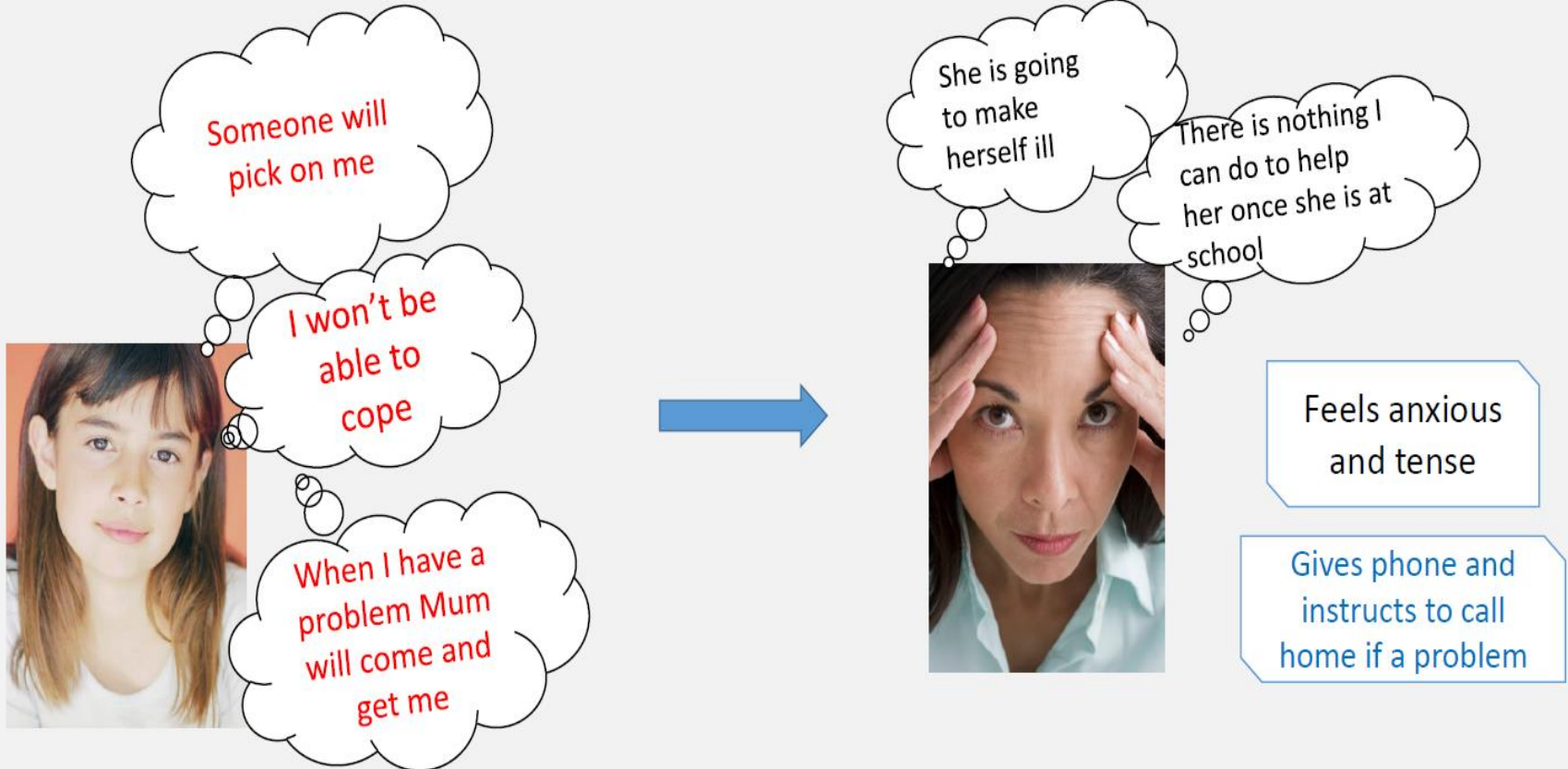
#3  
Thought  
Challenging

What might parents/carers do to maintain the vicious cycles associated with anxiety?

#4  
Understanding  
parental  
responses



# Situation: In the morning before school





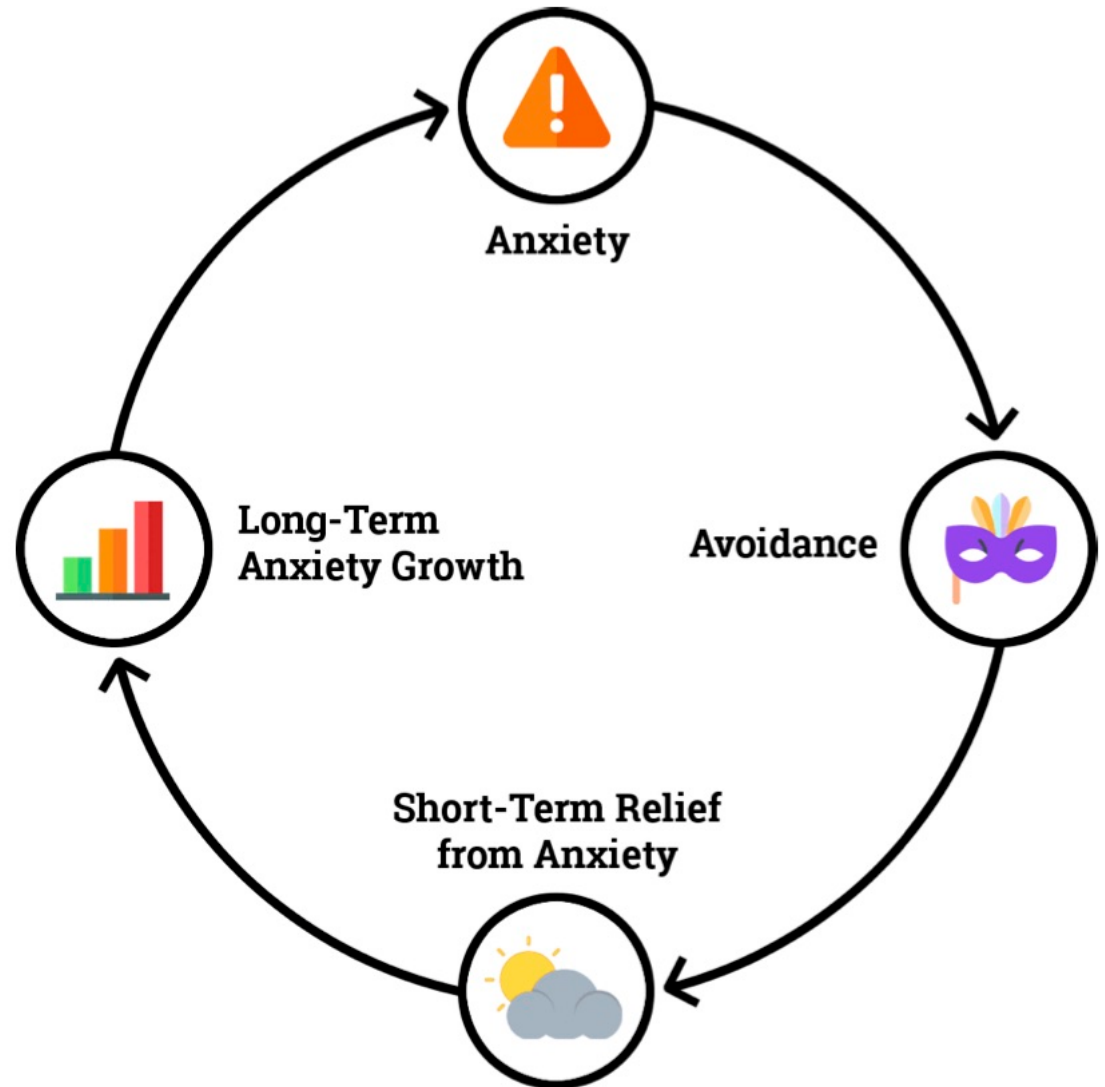
## #4 Understanding and educating around parental responses

- Importance of promoting independence in the child
  - Attention and praise
  - On the lookout for 'have a go' behaviour
  - Rewards
  - Observing others' behaviours and feelings
  - Allowing independence
- Importance of gradually reducing reassurance

**Key message is to encouraging independence  
and having a go**

#5  
Helping the  
child to face  
their fears (in a  
manageable  
way)

## The Cycle of Anxiety



## What happens if we always avoid?

- We don't get to find out if our worst fears are likely to happen
- We don't get used to the feeling of fear
- We don't develop skills and confidence for managing challenges



#5

Helping the child to face their fears (in a manageable way)



## **Be guided by the child:**

- What are their goals?
- What do they need to learn?
- Do they understand the rationale for facing their fears?

#5

Helping the child to face their fears (in a manageable way)



## **Giving a rationale for exposure (facing fears)**

### **Devising a step by step plan (exposure hierarchy) together:**

- What is the overall goal?
- Break this down into steps
- Rate how anxious each step would make the child
- Get predictions about what will happen
- Order steps from least to most anxiety provoking
- Plan rewards

#5

Helping the child to face their fears (in a manageable way)

# Goal – to be able to play alone without mum around



To go to the top of the stairs with Mum at the bottom of the stairs

To go to the top of the stairs and on to the landing with Mum at the bottom of the stairs

To stay on the landing and read a book for five minutes with Mum downstairs

To stay on the landing and read a book for five minutes with Mum downstairs in the kitchen

To read (or play) in my bedroom for five minutes with Mum at the bottom of the stairs

To read or play in my bedroom for five minutes with Mum in the kitchen

To read or play in my bedroom for ten minutes with Mum anywhere downstairs

## Layla's step-by-step plan

### STEPS:

- Ultimate goal**  
Ask the teacher a question in front of the whole class.
- Answer a question asked by the teacher (answer not planned) in front of the whole class.
  - Answer a question asked by the teacher (planned in advance) in front of the whole class.
  - Ask the teacher a question in a small group.
  - Answer a question asked by the teacher (answer not planned) in a small group.
  - Answer a question asked by the teacher (planned in advance) in a small group.
  - Ask the teacher a question after class has finished and classmates have gone.

### REWARDS:

- Ultimate reward**  
Dinner out.
- Go to the craft shop after school.
  - Stop off on the way home at the coffee shop.
  - Make cakes with Mum.
  - Choose a favourite dinner.
  - Stop off on the way home for a magazine.
  - Praise from Mum

#### Prediction:

She may think it is a stupid question or be cross with me for asking her something after class

## Sarah's step-by-step plan

### STEPS:

- Ultimate goal**  
Hold a live spider in my hand.
- Look at pictures of spiders in a book.
  - Look at a dead spider under a magnifying glass.
  - Hold a dead spider in my hand.
  - Watch a live spider under a glass for at least a minute.
  - Watch a live spider without a glass over it from a metre away or less for at least a minute.

### REWARDS:

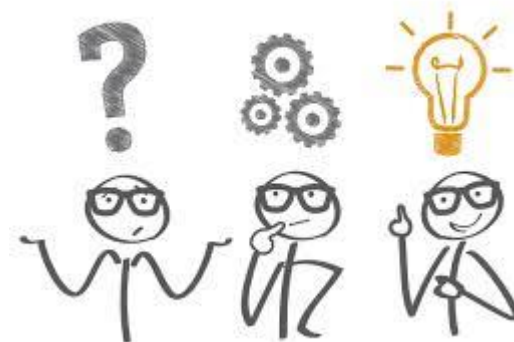
- Ultimate reward**  
Go to the cinema with a friend.
- Praise from Mum and Dad.
  - A sweet from the jar.
  - Play a board game with Dad.
  - Make cakes.
  - Go to the cinema with a friend.

#### Prediction:

The spiders will look yucky and I'll get a horrible feeling in my tummy that will make me feel bad.

## 5 step plan to support effective problem solving:

1. Help the child to define the problem
2. Encourage them to think about as many solutions (even ones that seem unrealistic)
3. Consider the pros and cons of each one and decide which might be best
4. If the plan is doable, have a go
5. Review what happened and try something else if necessary.



# PROBLEM SOLVING – KEY POINTS

- Encourage parent to help their child to define the problem clearly
- Best if the child comes up with as many solutions as possible
- Encourage the parent to ask the child questions to get them thinking about the consequences of each solution and how practical it is
- The child should rate each solution and choose which is the best
- Important that parents ensure that the child puts the solution into practice
- Critical, that the child reflects on what they learned and parent to praise them for their efforts

## **Which is the best solution? Example questions:**

'What would happen if you did ...?'

'What would happen in the end?'

'What would happen to how you feel [about this situation]?'

## **Finding the best solution? Example questions:**

'Is this solution possible?'

'So, would you be able to try this solution?'

'Is there anything that would make this solutions difficult to do?'

## **Review what happened? Example questions:**

'What happened?'

'How did they cope?'

'Did they cope better than expected?'

'Were they able to make a difference to the situation?'

'What has your child learned from putting this solution into place?'

## How could you continue to support the parents going forward?

- Discuss with parents what they might want to focus on
- Encourage parents to review progress regularly and plan for setbacks
- Acknowledging parents' efforts and commitment and reflect on progress



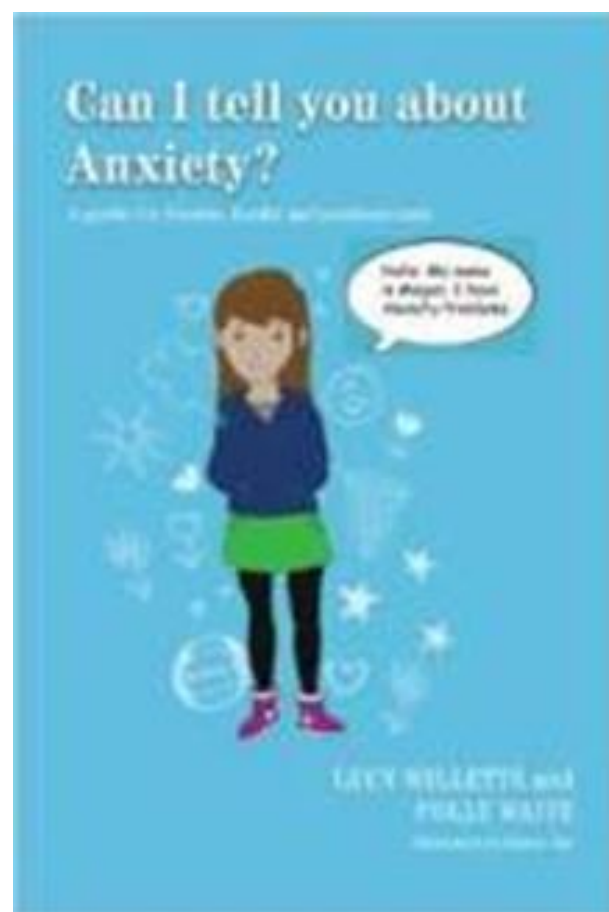
#7  
Keeping things  
going and  
preventing  
relapse



Any questions?







<https://research.reading.ac.uk/andy/>



# AnDY Research Clinic

[HOME](#) [NEWS](#) [PUBLICATIONS](#) [PEOPLE](#) [NEED HELP?](#) [GET INVOLVED](#) [CONTACT](#)



## About us

Welcome to the AnDY Research Clinic. We are based in the School of Psychology and Clinical Language Sciences at the University of Reading. We undertake research on the development, maintenance and treatment of anxiety disorders and depression in children and young people.

The Anxiety and Depression in Young People (AnDY) Research Clinic works in collaboration with the Berkshire Healthcare NHS Foundation Trust Child and Adolescent Mental Health Service (CAMHS) Anxiety and Depression Care Pathway. We conduct assessments for anxiety disorders and depression in collaboration with the Pathway and often offer treatments as part of a

### LOCATION



# E-learning



**MindEd**

*e-learning to support young healthy minds*

## Further Sources of Support

- [www.youngminds.org.uk](http://www.youngminds.org.uk)
- [www.mind.org.uk](http://www.mind.org.uk)
- [www.barnados.org.uk](http://www.barnados.org.uk)
- [www.andyresearchclinic.com](http://www.andyresearchclinic.com)
- [www.minded.org.uk](http://www.minded.org.uk)
- [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)



**CAN YOU THINK OF TWO THINGS ABOUT ANXIETY THAT YOU KNOW NOW THAT YOU DIDN'T KNOW BEFORE THIS SESSION?**



**CAN YOU THINK OF ONE THING THAT YOU WILL DO DIFFERENTLY AS A RESULT OF THIS SESSION?**

Bower, P., & Gilbody, S. (2005). Stepped care in psychological therapies: access, effectiveness and efficiency. *The British Journal of Psychiatry*, 186: 11-17.

Creswell, C., Hentges, F., Parkinson, M., Sheffield, P., Willetts, L., & Cooper, P. (2010) Feasibility of guided cognitive behaviour therapy (CBT) self-help for childhood anxiety disorders in primary care. *Mental health in family medicine*, 2010. 7(1): p. 49-57.

Creswell, C. & Willetts, L. (2007). *Overcoming Your Child's Fears and Worries: A self-help guide using cognitive behavioural techniques*. London: Constable & Robinson.

March, S., Spence, S., & Donovan, C. (2009) The efficacy of an internet-based Cognitive-Behavioural Therapy intervention for Child Anxiety Disorders, *Journal of Paediatric Psychology*, 34: 474-487.

Spence, S. H., Donovan, C. L., March, S., Gamble, A., Anderson, R., Prosser, S, et al. (2008). Online CBT in the treatment of child and adolescent anxiety disorders: Issues in the development of BRAVE-ONLINE and two case illustrations. *Behavioural & Cognitive Psychotherapy*, 36(4), 411-430.



Spence, S. H., Holmes, J. M., March, S., & Lipp, O. V. (2006). The feasibility and outcome of clinic plus Internet delivery of cognitive-behavior therapy for childhood anxiety. *Journal of Consulting and Clinical Psychology, 74*(3), 614-621

Thirlwall K, Cooper PJ, Karalus J, Voysey M, Willetts L, Creswell C. (2013). The treatment of child anxiety disorders via guided parent-delivered CBT: A randomised controlled trial. *British Journal of Psychiatry,*