



Thriving Minds Behavioral Health Center

# HELPING THE WORRIED CHILD: PRACTICAL STRATEGIES FOR DEALING WITH ANXIETY IN THE CLASSROOM AND THERAPY ROOM

AIMEE KOTRBA, PH.D.

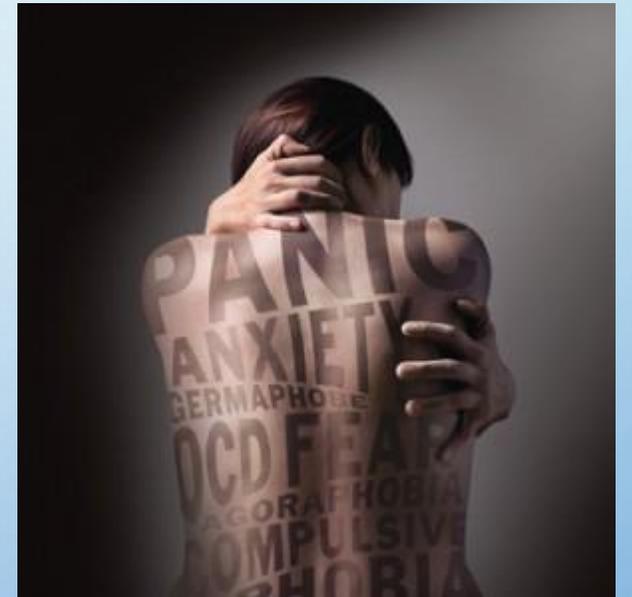
THRIVING MINDS BEHAVIORAL HEALTH, BRIGHTON AND CHELSEA

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# INTRODUCTIONS AND SCHEDULE

- **INTRODUCTIONS**
- **UNDERSTANDING ANXIETY**
- **“FLAVORS” OF ANXIETY**
- **EVALUATING FOR ANXIETY IN THE SCHOOL SETTING**
- **SUCCESSFUL INTERVENTION TECHNIQUES**
- **WHERE TO FIND MORE HELP**



# What is normal anxiety?

## Situation or Trigger:

- First date
- Preparing for an exam
- Performing at a concert
- Giving a speech
- Moving from home
- Climbing a tall ladder

## Anxiety:

Apprehension  
Nervousness  
Tension  
Edginess  
Nausea  
Sweating  
Trembling

- Transient
- Does not significantly interfere with a person's well-being
- Does not prevent a person from achieving their goals



# THE COURSE OF TYPICAL CHILDHOOD FEAR AND ANXIETY

- **INFANTS & TODDLERS: LOUD NOISES, STRANGERS, SEPARATION FROM PARENTS, LARGE OBJECTS**
- **PRESCHOOLERS: MORE GLOBAL, IMAGINARY STIMULI (E.G., GHOSTS, MONSTERS, OTHER SUPERNATURAL BEINGS, THE DARK, NOISES, SLEEPING ALONE, THUNDER, FLOODS)**
- **OLDER CHILDREN: MORE REALISTIC FEARS (E.G., PHYSICAL INJURY, HEALTH, SCHOOL PERFORMANCE, SOCIAL SCENARIOS, DEATH)**
- **TEENAGERS/ADOLESCENTS: SOCIAL AND PERFORMANCE ANXIETY, SCHOOL REFUSAL**

# What is abnormal anxiety?

## Situation or Trigger:

- First date
- Preparing for an exam
- Performing at a concert
- Giving a speech
- Moving from home
- Climbing a tall ladder

## Anxiety

### Symptom Domains:

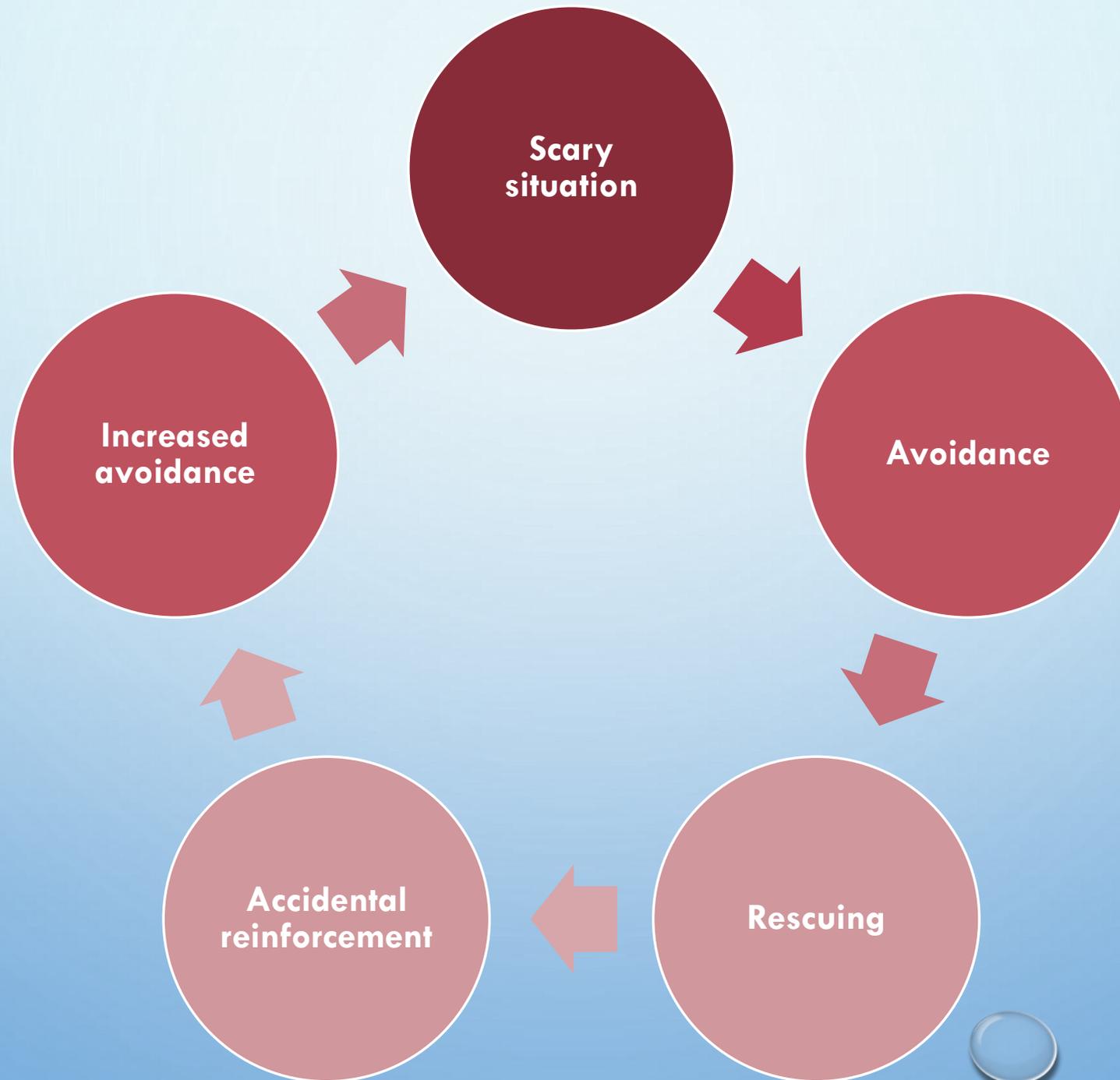
Signaling  
Cognition  
Thinking  
Behaviour  
Physical

- Persistent
- Excessive & Inappropriate
- ↑ Intensity
- Causes Impairment
- Leads to dysfunctional coping:
  - Avoidance
  - Withdrawal



# **WHAT IS AN ANXIETY DISORDER?**

- **WHEN FEAR BECOMES EXCESSIVE, PERSISTENT, CAUSE FOR PSYCHOLOGICAL DISTRESS AND DISRUPTS NORMAL DEVELOPMENT, THEY MAY HAVE AN ANXIETY DISORDER**
- **ANXIETY DISORDERS ARE A CATEGORY OF DISORDERS THAT INCLUDE**
  - **SEPARATION ANXIETY**
  - **SOCIAL ANXIETY**
  - **PANIC DISORDER**
  - **SPECIFIC PHOBIAS**
  - **GENERALIZED ANXIETY DISORDER**
  - **SELECTIVE MUTISM**
- **CLOSELY RELATED DISORDERS INCLUDE OBSESSIVE COMPULSIVE DISORDER (OCD), TRICHOTILLOMANIA, TIC DISORDERS AND POSTTRAUMATIC STRESS DISORDER (PTSD)**



# IDENTIFYING AND RECOGNIZING CLINICAL ANXIETY

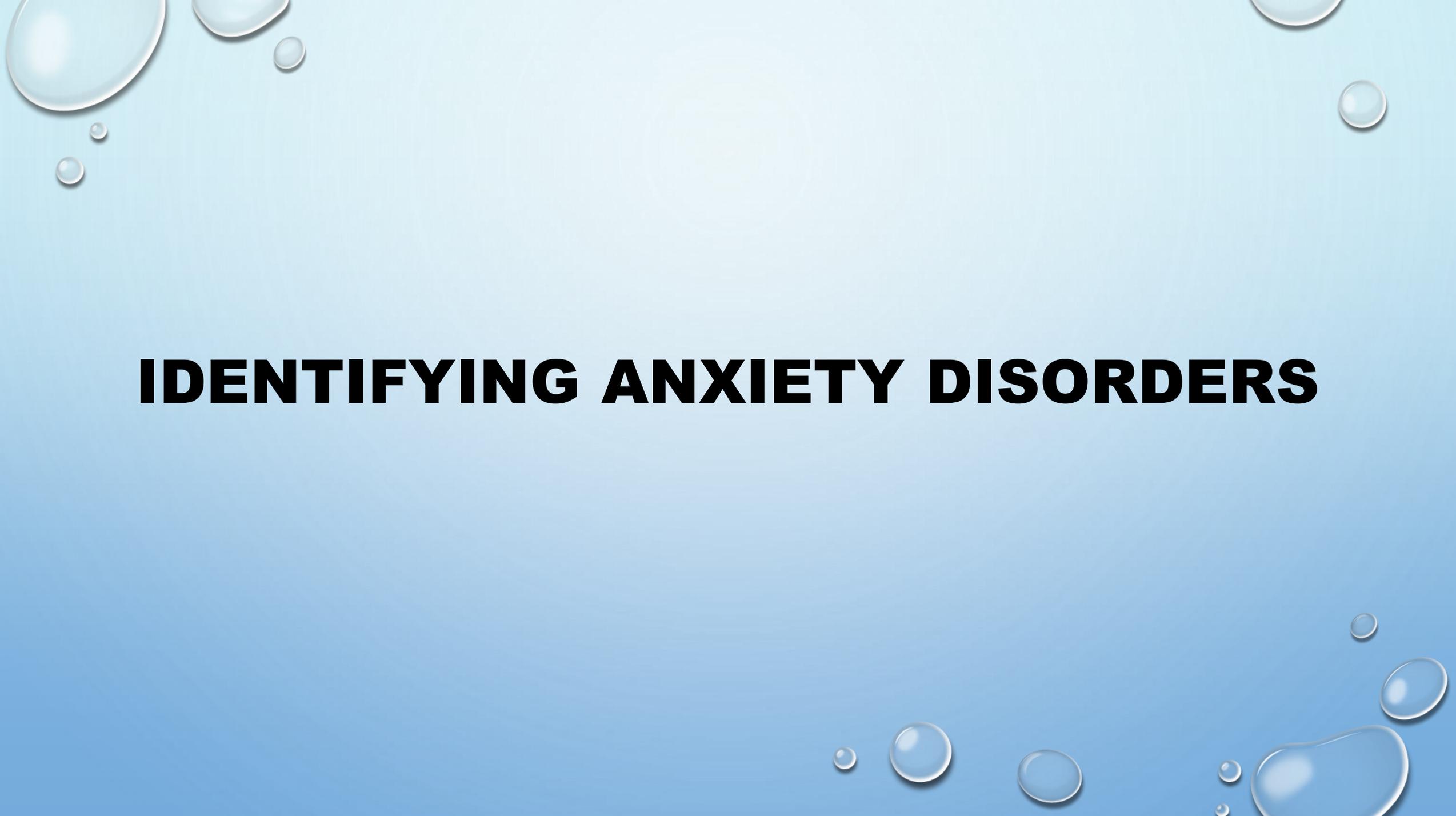
- **GREATEST PREDICTORS OF MOOD DISORDERS, CHRONIC DEPRESSION, AND ALCOHOL ABUSE IN ADULTHOOD**
- **MORE THAN 40 MILLION ADULTS IN THE US (18%) HAVE REPORTED DISABLING ANXIETY THAT NEGATIVELY IMPACTS THEIR LIVES**
- **ANXIETY DISORDERS ARE THE MOST COMMON DISORDERS IN CHILDHOOD AND ADOLESCENCE**
  - **PREVALENCE RATES UP TO 25%**
  - **ANXIETY IS A MAIN CONCERN FOR UP TO 50% OF REFERRALS TO MENTAL HEALTH SERVICES**
  - **MORE FREQUENT IN GIRLS THAN BOYS**



# **UNDERSTANDING “INTERFERENCE”**

- **HOW DO YOU KNOW WHEN ANXIETY IS INTERFERING WITH NORMAL DEVELOPMENT?**
  - **SCHOOL**
  - **SOCIAL INTERACTIONS**
  - **DAILY FUNCTIONING**



The background is a light blue gradient with several realistic water droplets of various sizes scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance.

# **IDENTIFYING ANXIETY DISORDERS**

# **WHAT IS GENERALIZED ANXIETY DISORDER?**

- **OCCURRING MORE DAYS THAN NOT FOR AT LEAST 6 MONTHS, ABOUT A NUMBER OF EVENTS OR ACTIVITIES**
- **DIFFICULT TO CONTROL THE WORRY**
- **WORRY MAY BE ASSOCIATED WITH RESTLESSNESS, FATIGUE, IRRITABILITY, SLEEP DISTURBANCE**
- **MORE THAN ONE DOMAIN OF WORRY (SCHOOL, PERFORMANCE, HEALTH, HEALTH OF FAMILY, WORLD EVENTS, FAMILY ISSUES, ETC.)**
- **CAUSES CLINICALLY SIGNIFICANT DISTRESS OR IMPAIRMENT IN FUNCTIONING (E.G., DIFFICULTY CONCENTRATING, TAKING TOO LONG TO COMPLETE ASSIGNMENTS)**

# WHAT IS PANIC DISORDER?

- **RECURRENT PANIC ATTACKS**
  - **PANIC ATTACK: DISCRETE PERIOD OF INTENSE FEAR OR DISCOMFORT IN WHICH 4 OR MORE OF THE FOLLOWING SYMPTOMS DEVELOP ABRUPTLY AND REACH A PEAK WITHIN 10 MINUTES**
    - **PALPITATIONS, SWEATING, TREMBLING, SHAKING, SHORTNESS OF BREATH, FEELING OF CHOKING, CHEST PAIN OR DISCOMFORT, NAUSEA OR ABDOMINAL DISTRESS, FEELING DIZZY, UNSTEADY, LIGHTHEADED, OR FAINT, FEELINGS OF UNREALITY, FEAR OF LOSING CONTROL OR GOING CRAZY, FEAR OF DYING, CHILLS OR HOT FLUSHES**
- **CONCERN ABOUT HAVING ANOTHER PANIC ATTACK**
- **PANIC ATTACK OCCURS *OUT OF THE BLUE***

I CAN'T  
KEEP CALM  
BECAUSE  
I HAVE  
ANXIETY



# **WHAT IS SOCIAL ANXIETY?**

- **EXTREME FEAR OF BEING SCRUTINIZED AND JUDGED BY OTHERS IN SOCIAL OR PERFORMANCE SITUATIONS**
- **ABOUT 15 MILLION AMERICAN ADULTS**
- **EQUALLY COMMON AMONG MALES AND FEMALES**
- **TYPICAL AGE OF ONSET: 13 YEARS OLD**
- **CAN LEAD TO:**
  - **SCHOOL REFUSAL**
  - **LACK OF SOCIAL OR ROMANTIC RELATIONSHIPS**
  - **DEPRESSION**
  - **SUICIDAL IDEATION**

# WHAT ARE SPECIFIC PHOBIAS?



- **MARKED AND PERSISTENT FEAR THAT IS EXCESSIVE OR UNREASONABLE**
- **EXPOSURE TO THE STIMULUS PROVOKES AN IMMEDIATE FEAR RESPONSE, WHICH MAY PROVOKE A *SITUATIONALLY BOUND PANIC ATTACK***
- **IN CHILDREN AND TEENS, ANXIETY MAY BE EXPRESSED BY CRYING, TANTRUMS, FREEZING, OR CLINGING**



# WHAT IS SEPARATION ANXIETY?

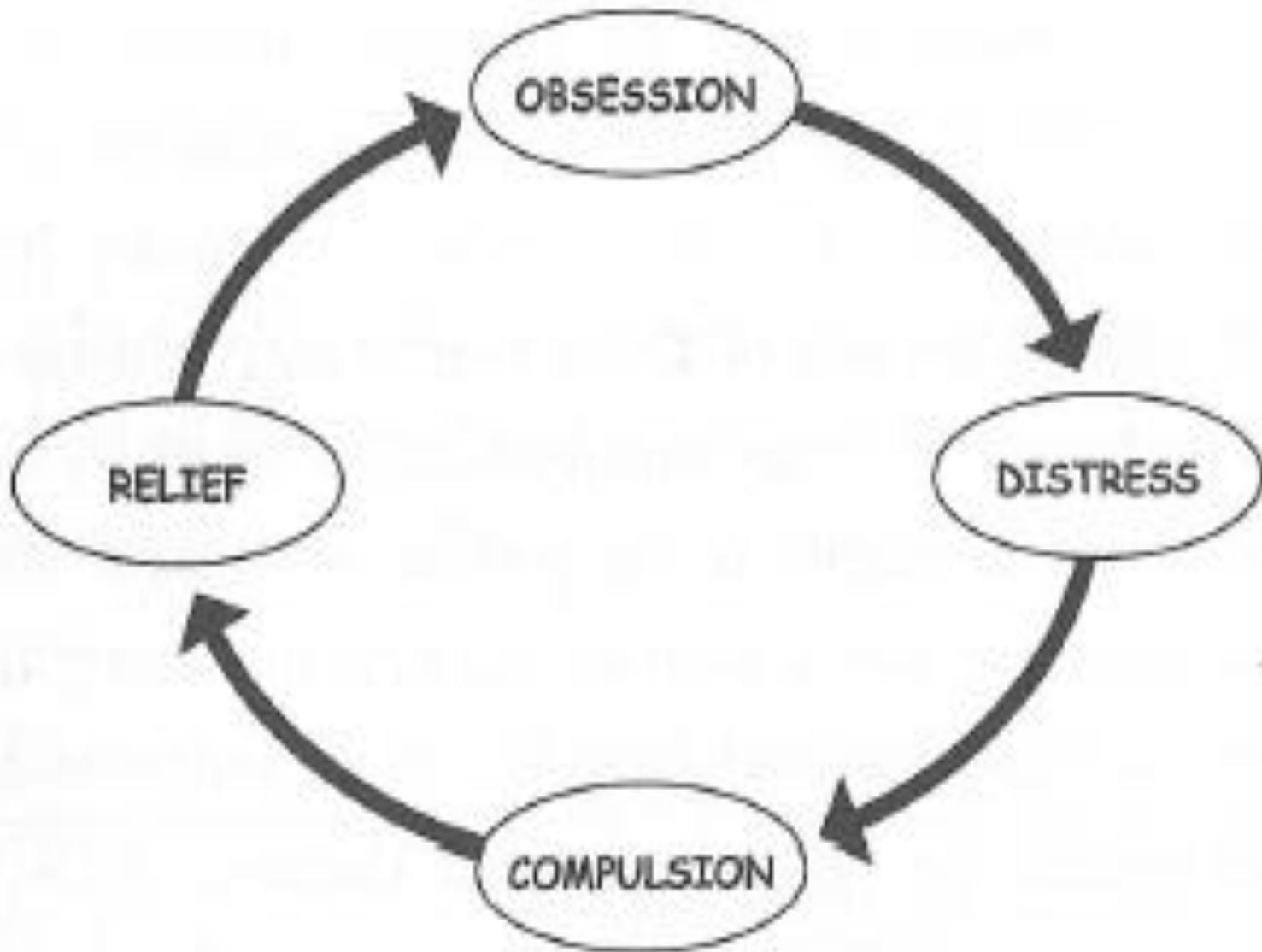
- **TYPICAL DEVELOPMENTAL STAGE FROM 8-18 MONTHS**
- **CHILD IS FEARFUL OF SEPARATING FROM PARENT OR OTHER ATTACHMENT FIGURE**
- **PROBLEM WHEN....**
  - **AFTER DEVELOPMENTAL STAGE**
  - **IMPACTS CHILD'S ABILITY TO ENGAGE IN DAILY FUNCTIONS**
  - **CLINGY, CRYING, WORRIES ABOUT PARENT'S HEALTH/WELLBEING WHILE AWAY FROM THE CHILD**

# WHAT IS SELECTIVE MUTISM?

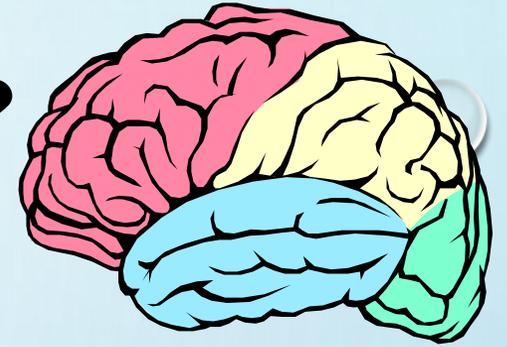
- **SPECIFIC ANXIETY DISORDER**
- **CONSISTENT, ONGOING FAILURE TO SPEAK IN SPECIFIC SOCIAL SITUATIONS, ESPECIALLY SCHOOL**
- **NOT DUE TO A PRIMARY LANGUAGE DISORDER**
- **OTHER DISORDERS (E.G., STUTTERING, AUTISM) HAVE BEEN RULED OUT**
- **APPROXIMATELY 1% OF CHILDREN IN ELEMENTARY SCHOOL SETTINGS**
- **BEHAVIOR IS DELIBERATE SELF-PROTECTION, NOT DELIBERATE OPPOSITIONALITY**

# WHAT IS OBSESSIVE-COMPULSIVE DISORDER?

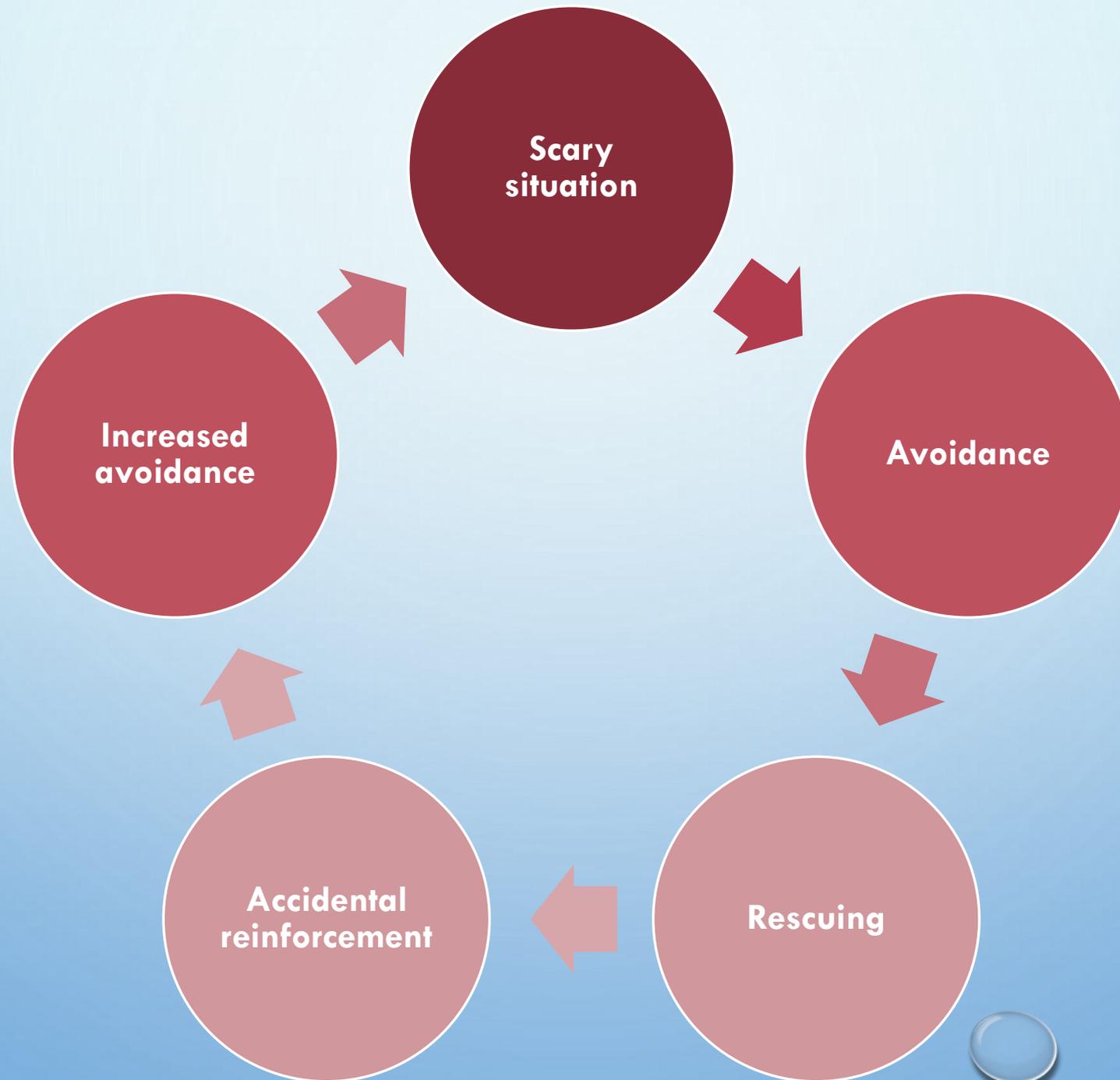
- **OCD IS A RELATED DISORDER, NO LONGER INCLUDED IN THE CATEGORY ANXIETY DISORDERS BY THE APA**
- **CHILD/TEEN EXPERIENCES EITHER OBSESSIONS OR COMPULSIONS**
  - **OBSESSIONS ARE RECURRENT AND PERSISTENT THOUGHTS, IMPULSES OR IMAGES THAT ARE INTRUSIVE AND CAUSE MARKED ANXIETY OR DISTRESS**
  - **PERSON ATTEMPTS TO SUPPRESS SUCH THOUGHTS, OR TO NEUTRALIZE THEM WITH A THOUGHT OR ACTION (COMPULSION)**
  - **COMPULSIONS ARE REPETITIVE BEHAVIORS (HAND WASHING, ORDERING, CHECKING, PRAYING, COUNTING) THAT A PERSON FEELS DRIVEN TO PERFORM IN RESPONSE TO AN OBSESSION**



# HOW DOES ANXIETY DEVELOP?

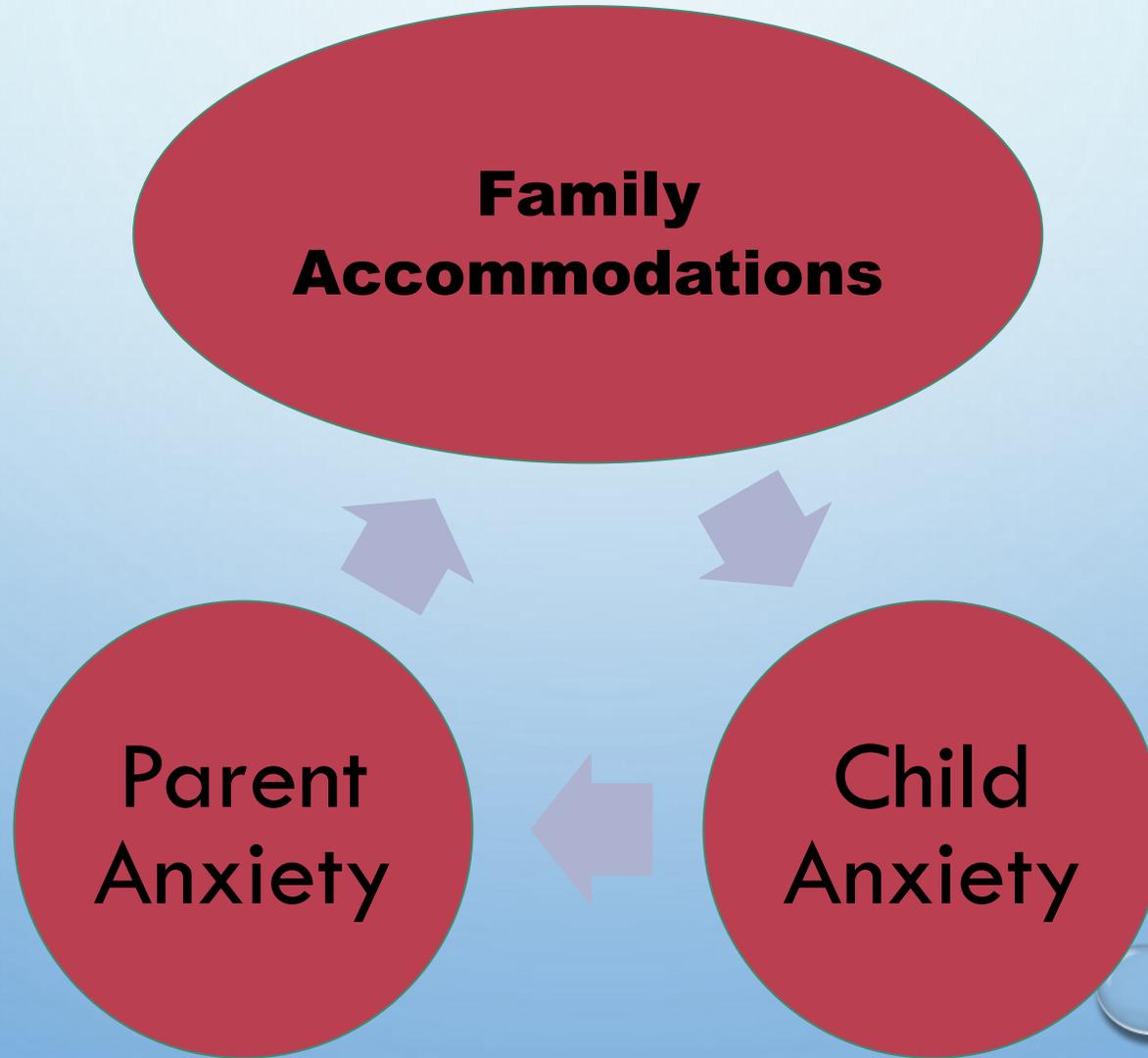


- **NATURE VS. NURTURE?**
- **TWO MAIN COMPONENTS INVOLVED ARE THE AMYGDALA AND THE HIPPOCAMPUS**
  - **AMYGDALA-** EMOTIONAL MEMORIES ARE STORED HERE AND ALERTS BRAIN THAT A THREAT IS PRESENT
  - **HIPPOCAMPUS-** ENCODES SPECIFIC THREATENING EVENTS INTO MEMORIES





# **FAMILY RESCUING/ACCOMMODATING**



She has to \_\_\_\_\_, and she's getting anxious.

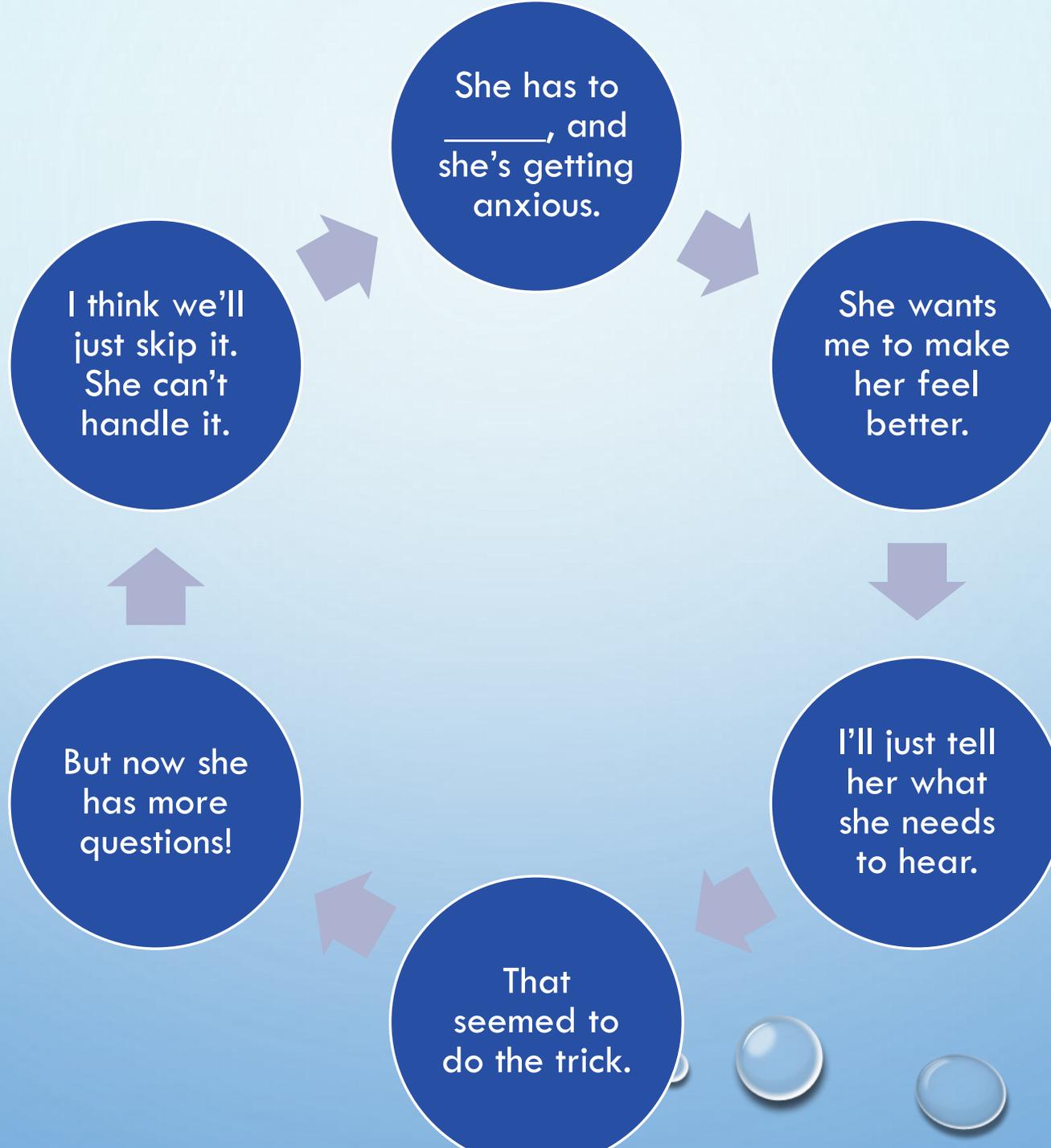
I think we'll just skip it. She can't handle it.

She wants me to make her feel better.

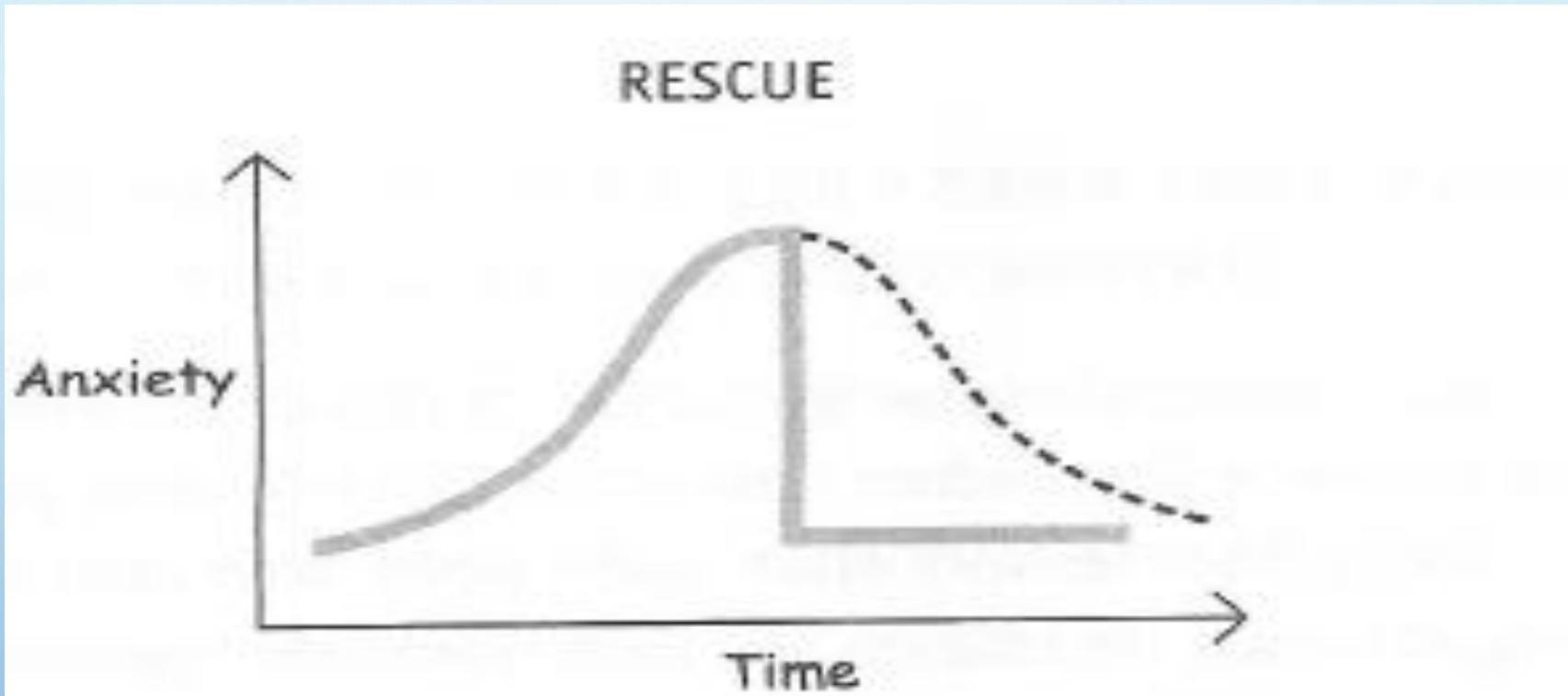
But now she has more questions!

I'll just tell her what she needs to hear.

That seemed to do the trick.



# THE PROBLEM WITH “RESCUING”



## IMPACT:

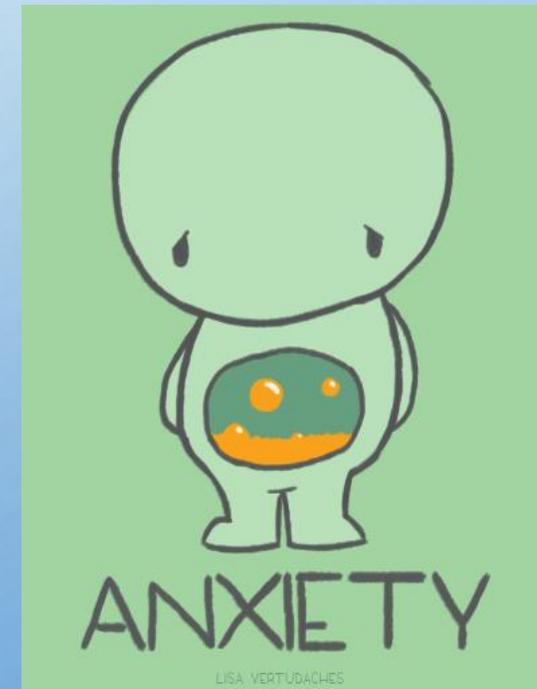
- remembers situation at height of fear
- prevents habituation
- no feeling of mastery
- negative reinforcement for escaping



# **RECOGNIZING ANXIETY IN THE SCHOOL SETTING**

# COMMON SIGNS OF ANXIETY IN SCHOOLS

- **OFTEN WELL-BEHAVED, COMPLIANT CHILDREN**
- **SCHOOL REFUSAL/FREQUENT ABSENCES**
- **STUDENTS ASKING TO LEAVE IN THE MIDDLE OF CLASS**
- **COMPLAINTS OF RACING HEART, STOMACHACHES, HEADACHES**
- **CRYING/PLEADING TO CALL PARENTS**
- **WORRY ABOUT SCHOOL (“WHAT IF” QUESTIONS)**
- **REFUSAL TO SPEAK AT SCHOOL**
- **TEST ANXIETY**
- **INATTENTION, DISTRACTION**
- **DEFIANCE, REFUSAL TO DO WORK OR ENGAGE IN CLASSROOM/EXTRACURRICULAR ACTIVITIES**



# EVALUATING FOR ANXIETY

- **INTERVIEW WITH PARENTS/TEACHER**
- **SELF-REPORT FROM THE CHILD**
- **OBSERVATIONS**
- **QUESTIONNAIRES**
  - **BEHAVIORAL ASSESSMENT SYSTEM FOR CHILDREN (BASC) – PARENT, CHILD, AND TEACHER VERSIONS**
  - **SCREEN FOR CHILD ANXIETY-RELATED DISORDERS (SCARED) – PARENT AND CHILD VERSION**  
[HTTP://WWW.MIDSS.ORG/CONTENT/SCREEN-CHILD-ANXIETY-RELATED-DISORDERS-SCARED](http://www.midss.org/content/screen-child-anxiety-related-disorders-scared)
  - **MULTIDIMENSIONAL ANXIETY SCALE FOR CHILDREN (MASC) – PARENT AND CHILD VERSION**
  - **CHILDREN’S YALE-BROWN OBSESSIVE-COMPULSIVE SCALE (CY-BOCS)**  
[HTTP://WWW.STLOCD.ORG/HANDOUTS/CY-BOC-1-6.PDF](http://www.stlocd.org/handouts/cy-boc-1-6.pdf)
  - **SELECTIVE MUTISM QUESTIONNAIRE (SMQ) – PARENT VERSION**  
[HTTP://GLOBAL.OUP.COM/US/COMPANION.WEBSITES/FDSCONTENT/USCOMPANION/US/PDF/TREATMENTS/FORMS\\_AND\\_WORKSHEETS.PDF](http://global.oup.com/us/companion.websites/fdscontent/uscompanion/us/pdf/treatments/forms_and_worksheets.pdf)

# AREAS TO QUESTION

- **Defining the Problem?**
  - **Trigger?**
    - **Who, what, where, why, & when**
  - **Frequency, Intensity & Duration**
  - **Why now?**
  - **Makes it better/worse?**
  - **What has been tried to deal with problem? +/-**

# **ASSESSING SUICIDALITY**

- **PASSIVE OR ACTIVE SUICIDALITY?**
- **HOW LONG HAVE THESE THOUGHTS LASTED?**
- **WHAT IS THE ATTITUDE TOWARD THESE THOUGHTS?**
- **IS THERE AN IMPORTANT REASON NOT TO KILL THEMSELVES?**
- **HAS THE INDIVIDUAL CHOSEN A METHOD?**
- **IS THE METHOD EASILY AVAILABLE?**
- **HAVE THEY MADE PREPARATIONS?**
- **ARE THERE PREVIOUS SUICIDE ATTEMPTS?**

# **USING ASSESSMENT IN INTERVENTION**

- **PARENTS AND TEACHERS = BETTER REPORTERS OF EXTERNALIZING AND DISRUPTIVE BEHAVIOR PROBLEMS THAN CHILDREN**
- **CHILDREN = BETTER REPORTERS OF THEIR OWN EMOTIONAL DISTRESS**
- **ASSESSMENT IN CBT IS TRANSPARENT – SHARE DATA WITH PATIENTS**
  - **RE-ADMINISTER SYMPTOM MEASURES EACH MONTH**
  - **MAKE A GRAPH OR OTHER RECORD OF SCORES TO COMPARE**

The background is a light blue gradient with several realistic water droplets of various sizes scattered across the top and bottom edges. The text is centered in the middle of the page.

# **TREATMENT OF ANXIETY**

**Family  
Intervention**

**Medication**

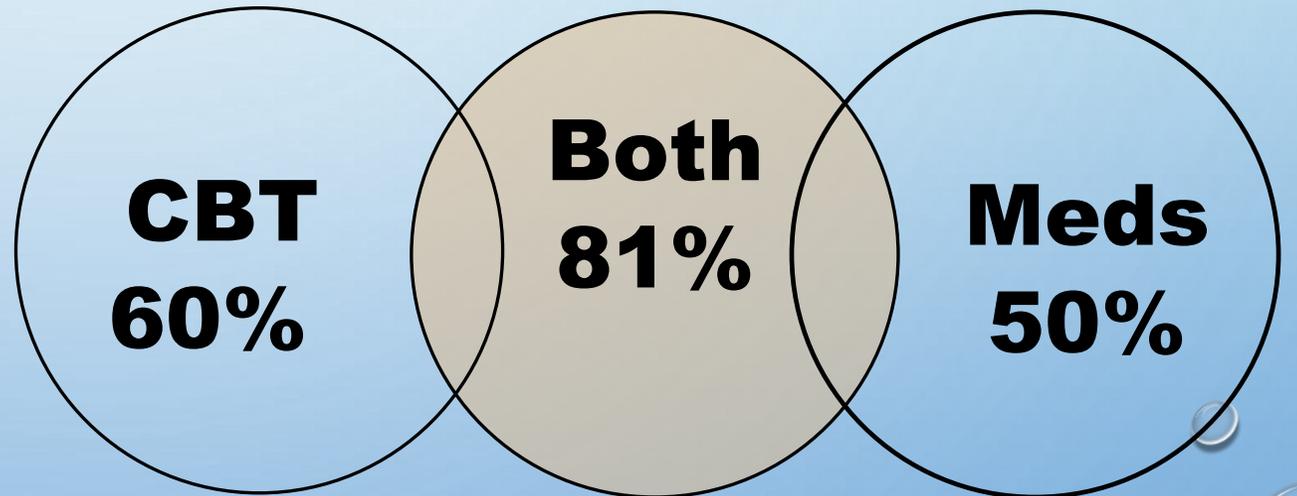
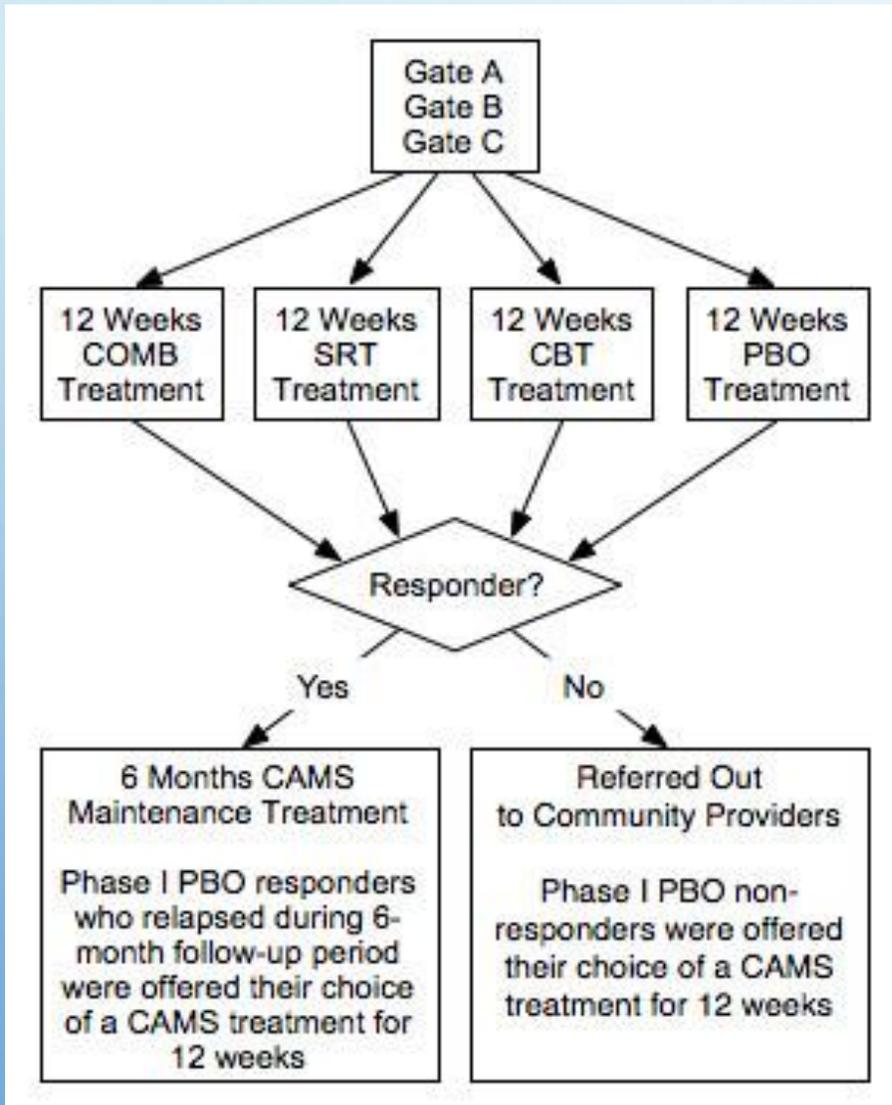
**Cognitive  
Behavioral  
Therapy**

**Cognitive  
Restructuring**

**Coping Skills**

**Targeted  
Exposure**

# WHY COGNITIVE BEHAVIORAL THERAPY?



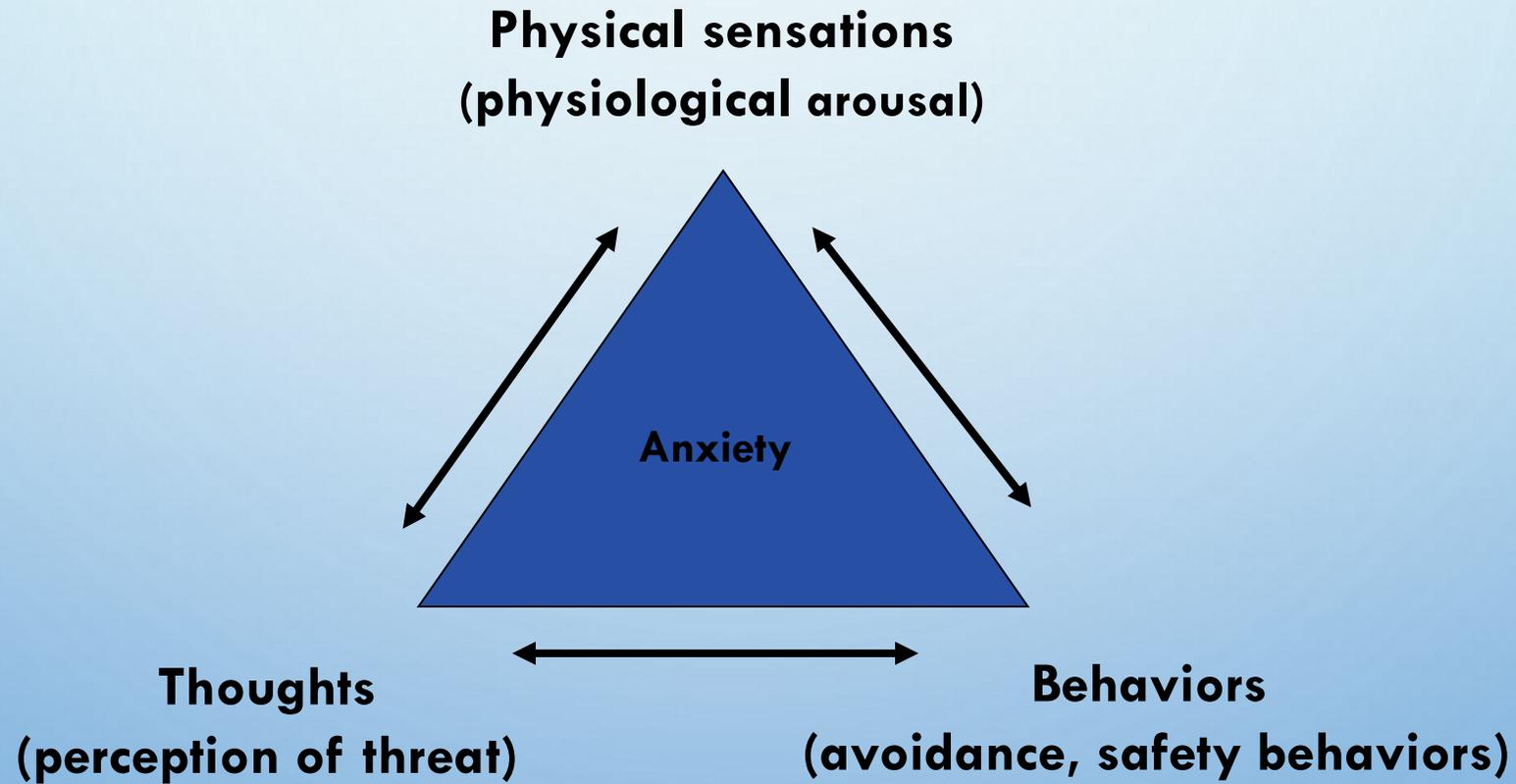
**Compton, S.,  
2010**

# MEDICATION

- **ADDRESSES BIOLOGICAL COMPONENTS OF ANXIETY AND DEPRESSION**
- **TO BE USED AS “WATER WINGS” IF NECESSARY**
- **SSRIS HAVE BEEN FOUND TO BE SAFE FOR CHILDREN AND ADOLESCENTS**
- **HELPS WITH THE PHYSICAL COMPONENTS OF ANXIETY**



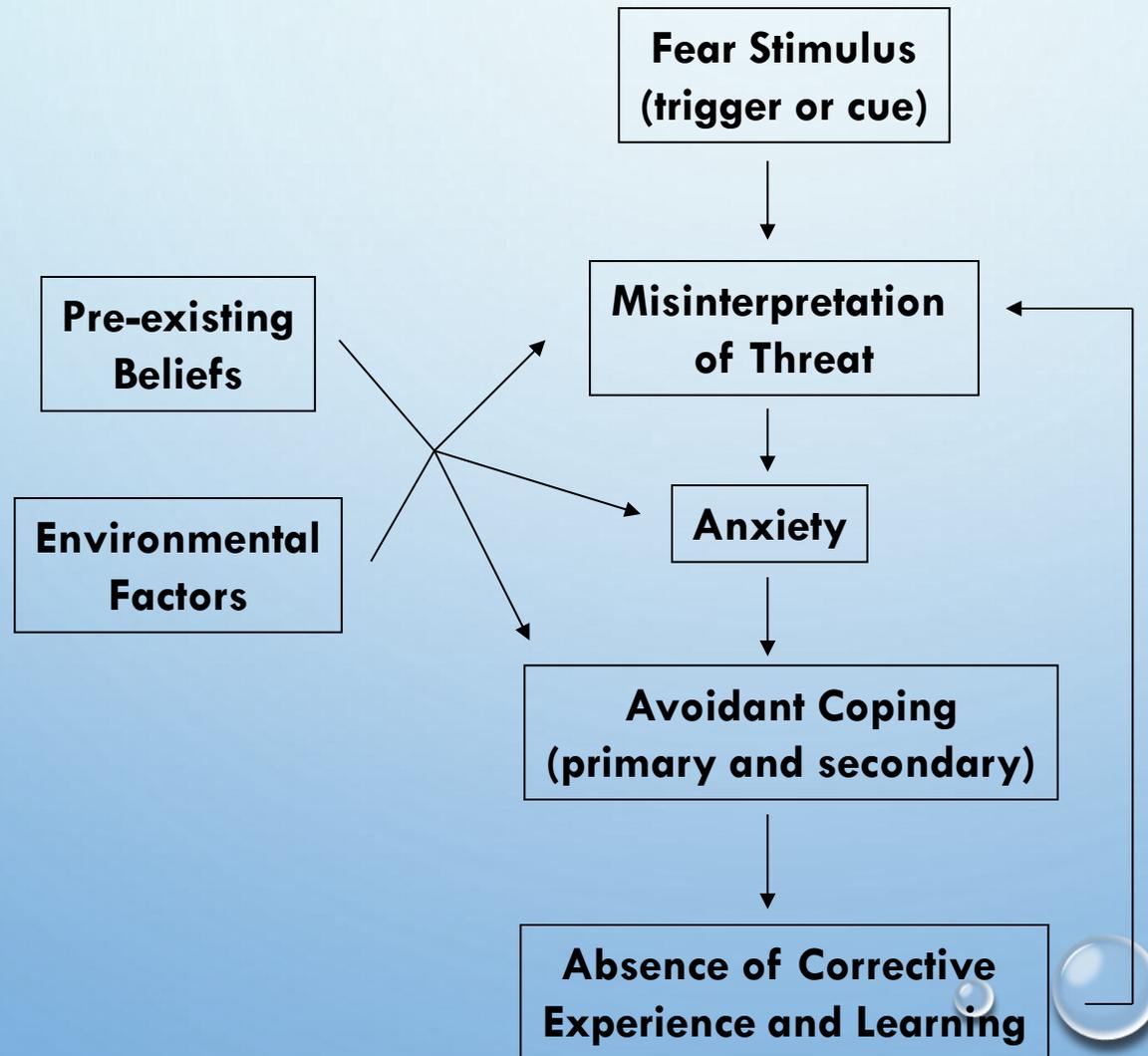
# BASIC CBT MODEL OF ANXIETY



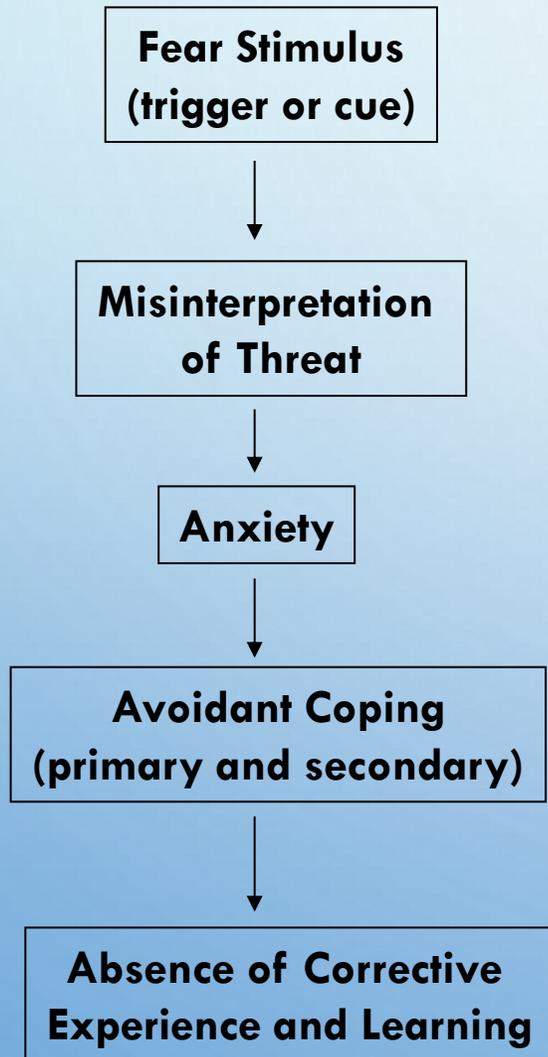
# **KID-FRIENDLY CBT EXPLANATION**

- 1. YOUR THOUGHTS, FEELINGS, ACTIONS, AND BODY SYMPTOMS ARE ALL RELATED.**
- 2. WE ALL TRY TO FIGURE OUT OUR WORLD AND HAVE GUESSES ABOUT WHY THINGS HAPPEN.**
- 3. SOMETIMES THOSE GUESSES ARE WRONG.**
- 4. WHEN THE GUESSES ARE RIGHT, WE WILL PROBLEM-SOLVE THEM TOGETHER.**
- 5. WHEN THE GUESSES ARE WRONG, WE WILL LEARN TO FORM BETTER GUESSES.**
- 6. “EXPERIMENTS” AND “ADVENTURES” WILL BE USED TO TEST OUR GUESSES.**

# Integrated CBT Model of Anxiety Disorders



# SEPARATION ANXIETY DISORDER



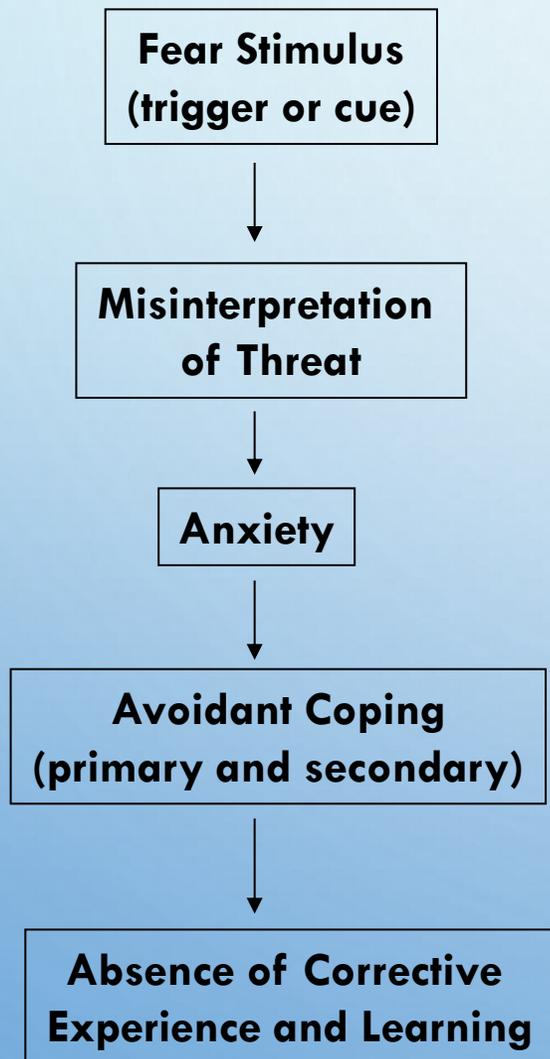
- Separating from parent at school.
- Going to a friend's house for a sleep-over.

- My mom/dad might die.
- Something bad might happen to my mom/dad.

- Panic symptoms, crying

- Primary avoidance: Refuse to leave house/car; call home to be picked up
- Secondary avoidance: Separates but only if can call parent repeatedly to seek reassurance that he/she is okay; has to carry cell phone at all times

# SOCIAL PHOBIA



- Having to give a presentation in front of the class.
- Needing to ask a question in a store.

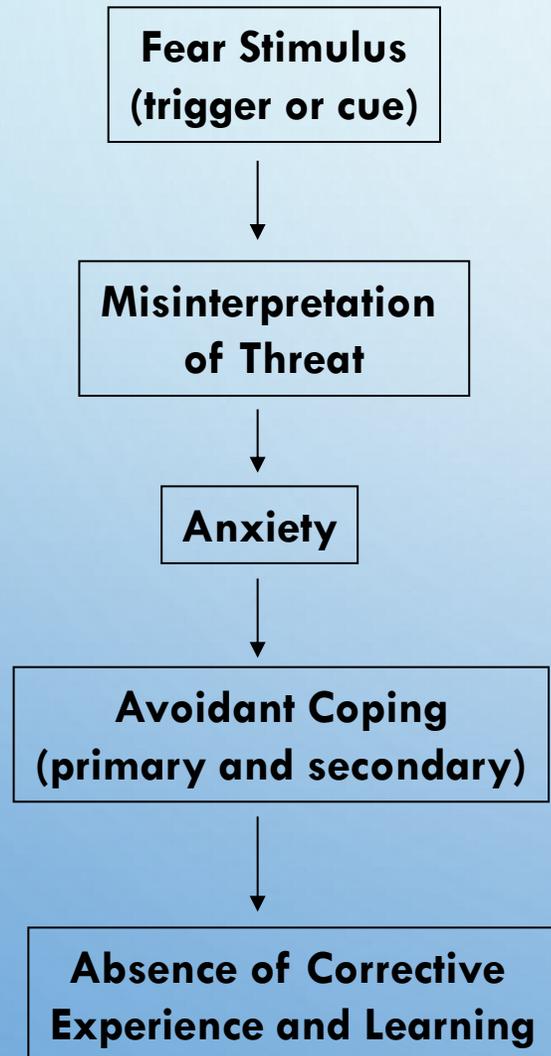
- I will sound stupid. My mind will go blank.
- I will be an inconvenience. He will be annoyed.

- Increased heart rate, sweating, lightheaded

- Primary avoidance: Skip class; avoid asking the question

- Secondary avoidance: Look down at notes during the entire presentation; talk quickly; over-prepare for presentation; overly apologetic when asking question

# PANIC DISORDER



- Exercising and heart rate starts to increase.

- I am going to have a heart attack.

- I am going to pass out.

- Panic symptoms (increased heart rate, shallow breathing, sweating, dizziness)

- Primary avoidance: Stop exercising; leave the gym

- Secondary avoidance: Repeatedly check heart rate; call doctor office; go to urgent care center; seek reassurance from friend; carry water and cell phone at all times at gym

# GOOD NEWS...

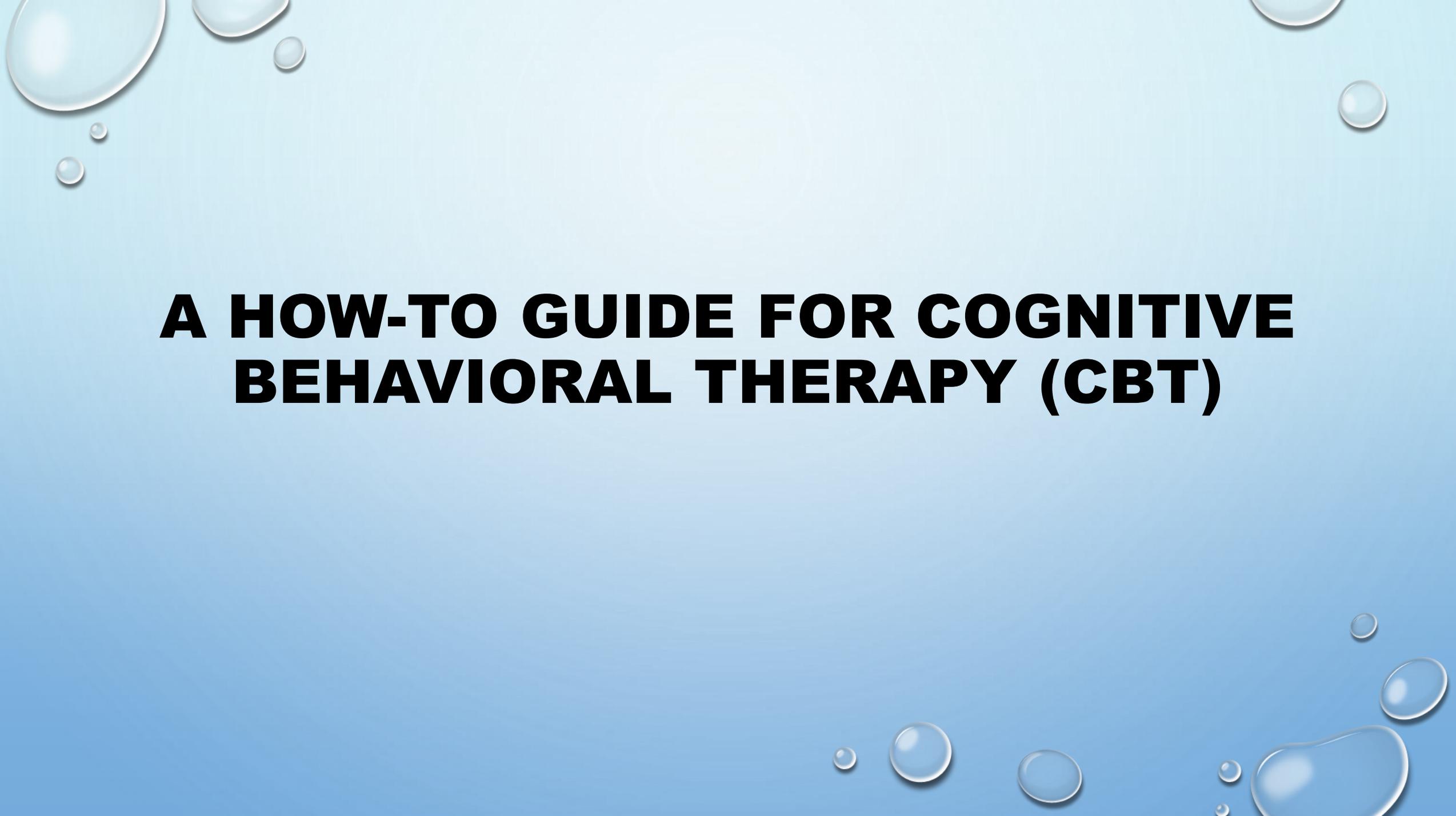
**WE HAVE VERY EFFECTIVE CBT INTERVENTIONS FOR THE PROCESSES COMMON TO THE ANXIETY DISORDERS!**

<b>Process/problem</b>	<b>Intervention</b>
○ <b>Misperception of threat</b>	○ <b>Cognitive restructuring</b>
○ <b>Physiological reactivity</b>	○ <b>Relaxation skills</b>
○ <b>Avoidance behaviors</b>	○ <b>Exposure**</b>
○ <b>Safety behaviors</b>	○ <b>Response prevention</b>
○ <b>Reinforcement of anxiety by environment</b>	○ <b>Contingency management</b>

# **USING CBT IN SCHOOLS**

- **LENDS ITSELF WELL BECAUSE TIME-LIMITED, PRESENT-ORIENTED, AND SOLUTION-FOCUSED**
- **SCHOOL IS A “NATURAL LABORATORY” AND “SAFE”, PURE SETTING FOR STUDENTS TO EXPERIMENT**
- **CAN BE CONDUCTED IN GROUPS**





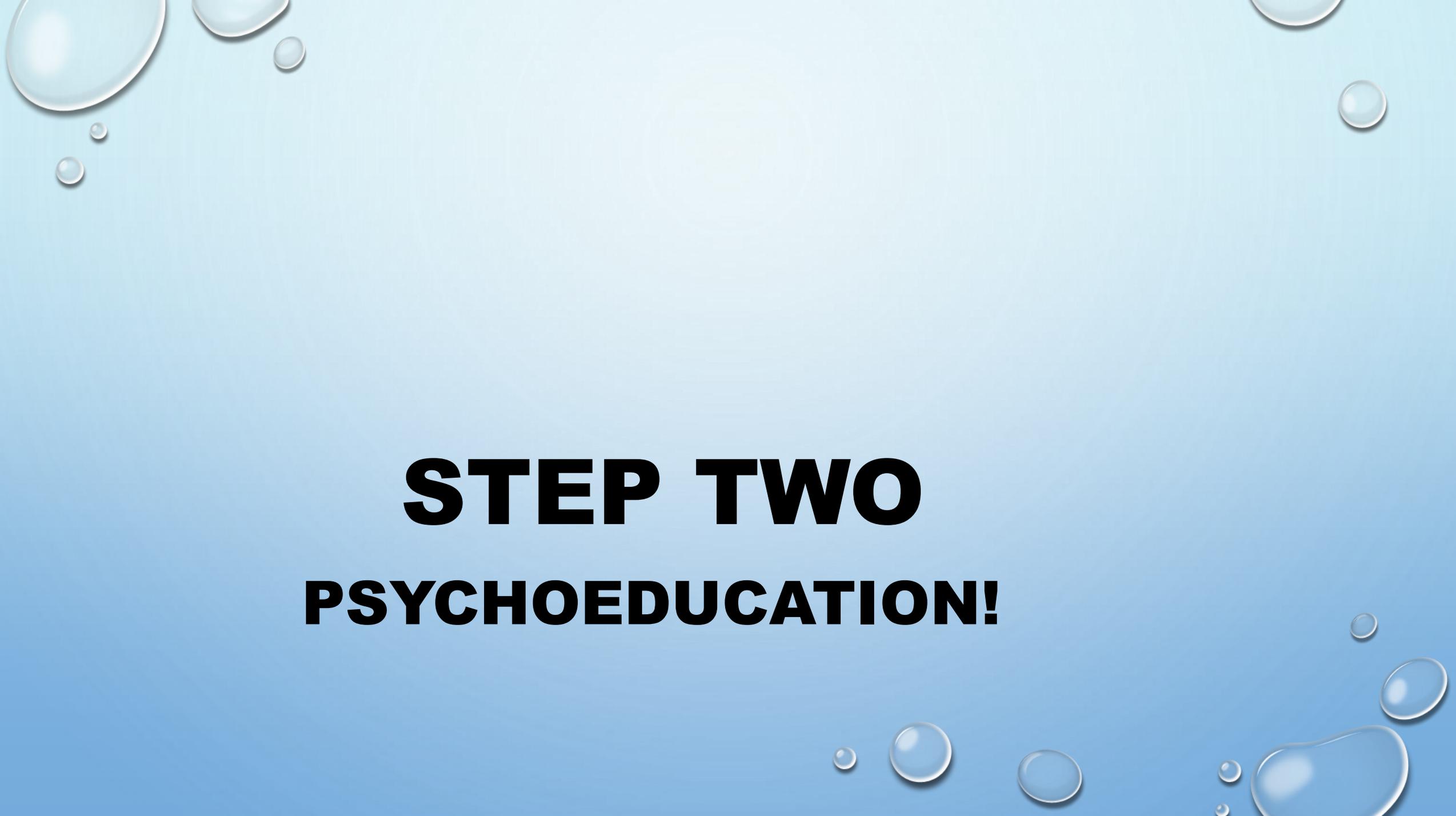
# **A HOW-TO GUIDE FOR COGNITIVE BEHAVIORAL THERAPY (CBT)**

# **MASTER PLAN FOR TREATING ANXIETY!**

- **STEP ONE – EMPATHIZE WITH WHAT THE CHILD IS FEELING**
- **STEP TWO – RELABEL THE PROBLEM (PSYCHOEDUCATION)**
- **STEP THREE – RETHINK AND SHRINK THE WORRY**
- **STEP FOUR – BRAVE PRACTICES**

# **STEP ONE**

**EMPATHIZE!**

The background is a light blue gradient with several realistic water droplets of various sizes scattered in the corners. The droplets have highlights and shadows, giving them a 3D appearance.

# **STEP TWO**

## **PSYCHOEDUCATION!**

# PSYCHO-EDUCATION

- **OVERESTIMATION OF THREAT + UNDERESTIMATION OF ABILITY TO COPE = ANXIOUS RESPONSE**
- **NORMALIZE ANXIETY – GOOD, HELPFUL**
- ***HARMLESS* – WORST IS YUCKY BUT WON'T KILL YOU**
- **GET COMFORTABLE WITH DISCOMFORT!**
- **OUR GOAL IS NOT TO GET RID OF ANXIETY!**
- **PUT CHILD IN CHARGE OF THEIR OWN ANXIETY**

**TALKING BACK TO THE WORRIES:**

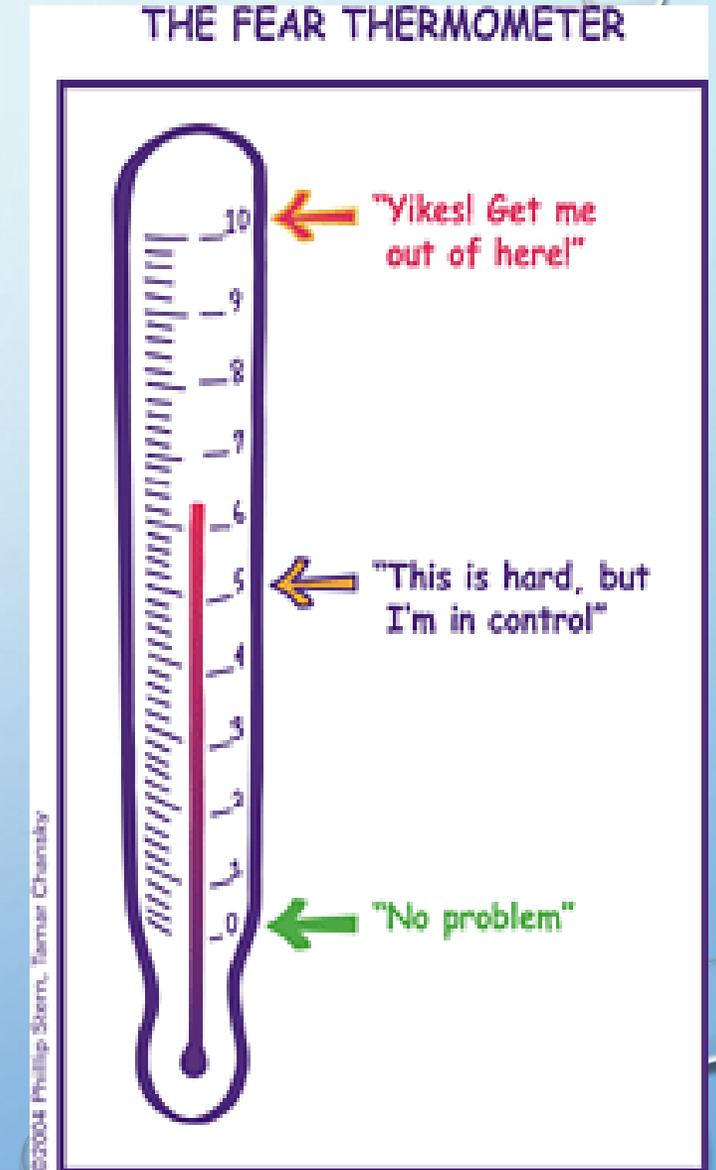
**USE PUPPETS, ROLE PLAYS, SCRIPTS, COMICS**

# **TRAINING CHILDREN ON EMOTIONS**

- **HOW FEELINGS AFFECT PHYSICAL REACTIONS**
- **RATING SCALES FOR FEELINGS**
  - **GIVES CHILD WAY OF DISCUSSING FEELING SEVERITY**
  - **DEMONSTRATES CHANGES/IMPROVEMENTS LATER IN EMOTIONAL CONTROL**
- **FEELINGS CHARADES, DRAWN BODIES WITH PHYSICAL REACTIONS IDENTIFIED**
- **TIMES WHEN FEELINGS ARE HELPFUL**
  - **EVOLUTIONARY REASON**
  - **EXAMPLES WHEN FEELINGS HELP US**

# FEAR THERMOMETER

- **DEVELOP AND TEACH TO CHILD**
- **BASE ON CHILD'S ABILITY**
- **SOME CHILDREN WILL OVER- OR UNDER-ESTIMATE**



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# **STEP THREE**

## **RETHINK THE WORRY**

# **THE “C” IN CBT - COGNITIVE**

- **NOT JUST THINKING POSITIVELY – DOESN'T WORK!**
- **RETHINK AND SHRINK THE WORRY**
- **CHALLENGING COGNITIVE DISTORTIONS**
  - **TEACH CHILD/ADOLESCENT HOW TO DO IT AND ENCOURAGE THEM TO CHALLENGE**
  - **DISASTROUS DISTORTIONS – DON'T BELIEVE EVERYTHING YOU THINK!**
    - **EXAMPLE: DISCOUNTING THE POSITIVE, MIND READING**

# **COGNITIVE SELF-MONITORING**

- **TYPICALLY INVOLVES THOUGHT DIARIES THAT ARE USED TO IDENTIFY CHILDREN'S "HOT" THOUGHTS**
- **CONNECT COGNITIONS WITH FEELINGS AND SITUATIONS/CONTEXTS**
- **REMEMBER POWER OF SUGGESTION**

## What's Buggin' You? Diary



Date	Situation	Feeling	What bug buzzed through your head?

**From Cognitive Therapy Techniques for Children and Adolescents by RD Friedberg**

# **COGNITIVE RESTRUCTURING**

- **REDUCE FEAR COMPONENT OF WORRIES**
  - **MAKE IT INTO A SILLY SONG**
  - **STICK TONGUE OUT AT FEAR BUGS**
  - **BRUSH THE WORRIES OFF YOUR SHOULDER**
  - **TELL YOURSELF THOSE WORRIES AREN'T WORTH YOUR TIME**
  - **WORRIES AREN'T A VOICE TO TRUST**
- **REMEMBER THAT ANXIETY ALWAYS PASSES ON IT'S OWN**

# **SMART BRAIN VS WORRY BRAIN**

## **SMART BRAIN**

- **ACCURATE THINKING**
- **REMINDS YOU OF SKILLS AND STRENGTHS**
- **STORES KNOWLEDGE**
- **HELPS KEEP YOU FOCUSED ON WHAT YOU CAN DO**
- **HELPS YOU DO THINGS EVEN WHEN THEY ARE HARD**

## **WORRY BRAIN**

- **JUMPS TO CONCLUSIONS**
- **UNDERESTIMATES ABILITIES**
- **EXAGGERATES RISKS**
- **RACES AHEAD**
- **CATASTROPHIZES**
- **GENERATES NEGATIVE THOUGHTS**

# STRATEGIES....

<b>Thought</b>	<b>Evidence For</b>	<b>Evidence Against</b>
<b>I'm going to look stupid in front of everyone.</b>	<b>I feel like I will! I don't have my talk memorized.</b>	<b>I haven't messed up in the past. I've always gotten a good grade on presentations before.</b>
<b>My friends don't really like me.</b>	<b>Laurie ignored me in the hall today.</b>	<b>She always calls me and wants to hang out. She seemed upset about something; maybe she didn't see me.</b>
<b>I'm not going to do well at soccer today.</b>	<b>I have messed up in the past.</b>	<b>When I've messed up, no one has been mad at me.</b>

# HELPFUL THOUGHTS

- **HOW SURE ARE YOU THAT THE DISASTER WILL HAPPEN?**
- **WHAT IS ANOTHER EXPLANATION FOR YOUR FEELING THAT THE DISASTER WILL HAPPEN NOW?**
- **IF THE DISASTER HAPPENED IN THE PAST, WHAT DID YOU DO ABOUT IT?**
- **WHAT WOULD YOU TELL YOUR FRIEND TO DO IN THE SAME SITUATION?**
- **WHAT WOULD YOUR PARENTS TELL YOU TO DO?**
- **WHAT COULD YOUR PLAN FOR THE DISASTER BE?**
- **IF YOU HAVE A PLAN, HOW BAD COULD THE DISASTER BE?**

# **WORRY TIME**

- **SCHEDULING “WORRY TIME”**

- **COME UP WITH A CONSISTENT TIME DURING THE DAY THAT CAN BE SPENT WORRYING**
- **10 MINUTES OR SO**
- **CHILD CAN SIT WITH PARENT OR TEACHER AND TALK ABOUT WORRIES**
- **THIS TIME SHOULD BE SPENT WITH PARENTS FOCUSING ONLY ON CHILD’S WORRIES**
- **DURING THE REST OF THE DAY, WORRIES ARE OFF LIMITS!!**
  - **IF CHILD NEEDS TO, CAN WRITE A WORRY DOWN AND PUT IT IN A SHOEBOX TO LOCK AWAY.**

The background is a light blue gradient with several realistic water droplets of various sizes scattered across the top and bottom edges. The text is centered in the middle of the page.

# **STEP FOUR**

**PRACTICE BEING BRAVE! (TARGETED  
EXPOSURE)**

# **THE “B” IN CBT - BEHAVIORAL**

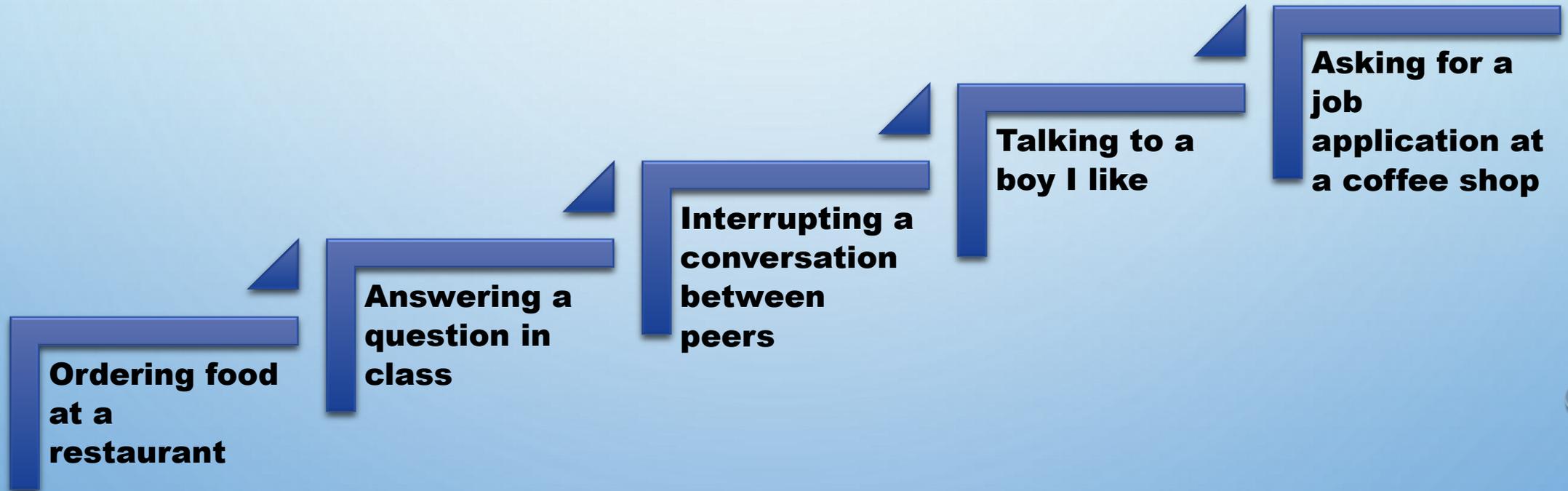
- **EXPOSURE – FACING THE FEAR**
  - **TELLING ANXIETY TO “BRING IT ON!”**
  - **PUMPING SELF UP, EXCITING SELF TO SOCIALIZE**
  - **GRADUALLY, A STEP-BY-STEP PROCESS**
    - **DEVELOP A HIERARCHY**
  - **MAY NEED TRAINING AND PRACTICE BEFORE**
  - **NEURONS THAT FIRE TOGETHER, WIRE TOGETHER**
    - **ANXIETY BUT ACTING BRAVELY**

**YOU WILL NEED TO MAKE THE CHILD  
UNCOMFORTABLE – BRACE YOURSELF!!**

# **PRACTICE BEING BRAVE!**

**Teach child/adolescent to rate their anxiety or the  
“difficulty level”**

**1 (easy) – 10 (very hard/anxiety provoking)**



# **BEHAVIORAL TECHNIQUES**

- **PROGRESSIVE MUSCLE RELAXATION**
- **DEEP BREATHING**
- **MODELING BY ADULTS**
- **SOCIAL SKILLS TRAINING**
- **PLEASANT EVENTS SCHEDULING**
- **CONTINGENCY MANAGEMENT**



The background is a light blue gradient with several realistic water droplets of various sizes scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance.

# **STEP FIVE**

**REINFORCE EFFORTS TO BE  
COURAGEOUS!**

# IMPLEMENTING SUCCESSFUL REWARD SYSTEMS



- **REWARD SYSTEMS**
  - **OPERATIONALIZE GOALS**
  - **DETERMINE TOKENS**
  - **DEVELOP REWARD LIST**
- **REWARD SYSTEM VS. RESPONSE COST SYSTEM**
- **POSSIBLE PITFALLS:**
  - **INCONSISTENCY**
  - **POOR DESCRIPTION OF GOALS**
  - **GETTING REWARDS WITHOUT MEETING GOALS**
  - **CHILD DOESN'T HAVE SKILLS TO OBTAIN GOALS**
  - **LONG TIME INTERVALS**
  - **ADULTS NOT "PAYING"**
  - **REWARDS AREN'T REALLY REWARDING**

**WHAT DO I DO IF THE CHILD HAS  
\_\_\_\_\_ DIAGNOSIS??**

# **STRATEGIES FOR SOCIAL ANXIETY**

- **SCRIPTING FOR SOCIAL PHOBIA**
  - **MAKE THE “STEPS” OF A CONVERSATION CONCRETE**
  - **DEVELOP SCRIPTS WITH CHILD FOR COMMON INTERACTIONS**
  - **PRACTICE IN ROLE PLAY SITUATIONS**
- **PRACTICES FOR SOCIAL PHOBIA**
  - **FOR YOUNGER CHILDREN: SMILE AT A FRIEND, SAY HELLO TO YOUR TEACHER, ASK A CHILD TO PLAY A GAME WITH YOU, ANSWER THE PHONE AT HOME, PLACE AN ORDER AT A RESTAURANT**
  - **FOR OLDER CHILDREN: CALL A STORE TO FIND OUT THEIR HOURS, ORDER A PIZZA, ANSWER THE PHONE, ASK FOR DIRECTIONS, RAISE YOUR HAND AND ANSWER A QUESTION IN CLASS, COMPLIMENT A CLASSMATE ON SOMETHING**

# **STRATEGIES FOR SOCIAL ANXIETY CONT...**

- **TALK ABOUT THE “WHAT-IF’S” AND WORST-CASE SCENARIOS**
  - **HOW REALISTIC IS THAT TO ACTUALLY OCCUR?**
  - **HAS THAT EVER HAPPENED TO THEM OR SOMEONE THEY KNOW BEFORE**
  - **COULD THEY SURVIVE IT?**
  - **HOW BAD WOULD IT BE ON THEIR THERMOMETER?**
- **ASSERTIVENESS TRAINING**

# **STRATEGIES FOR SPECIFIC PHOBIA, SELECTIVE MUTISM, AND SEPARATION ANXIETY**

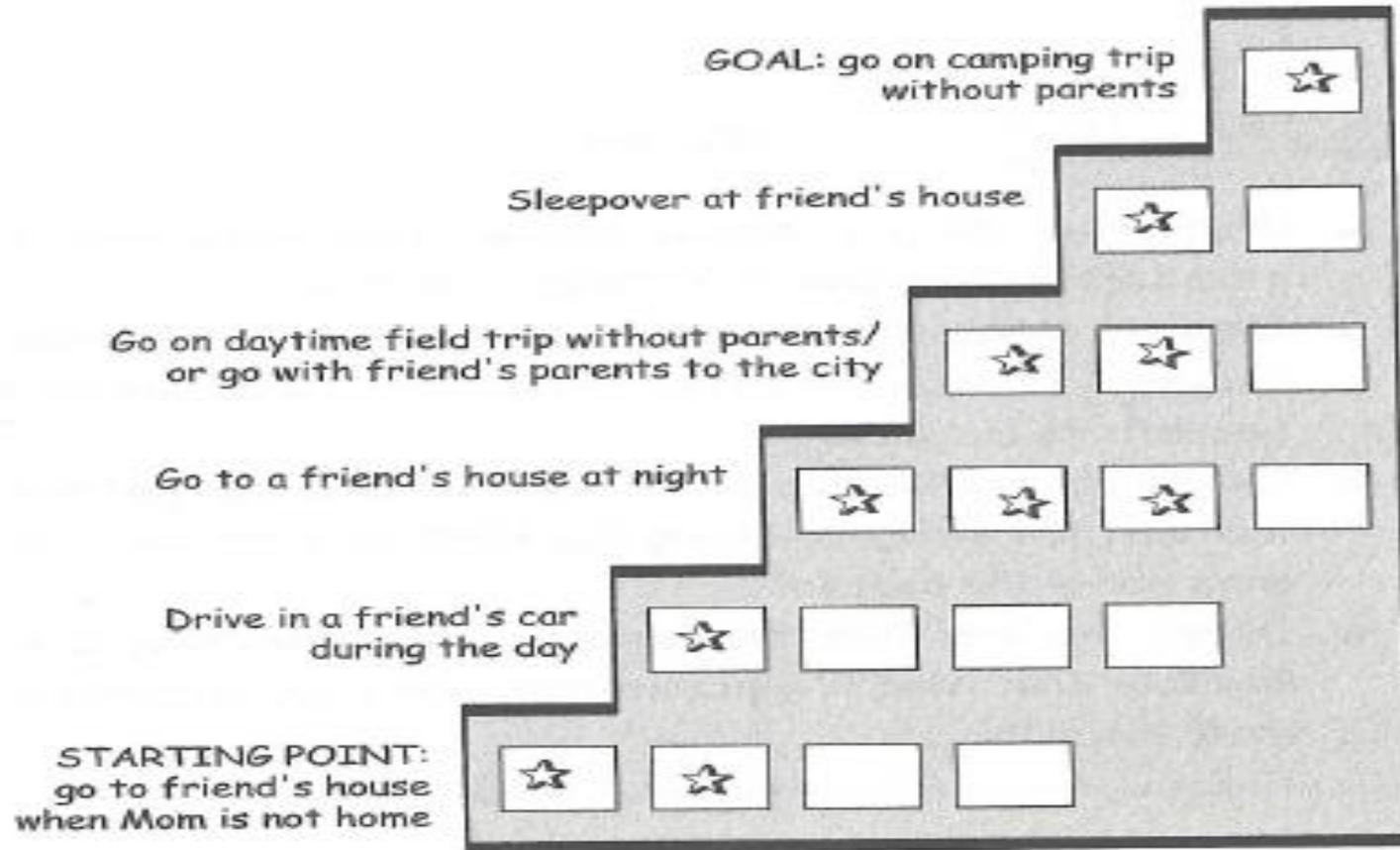
- **GRADUAL EXPOSURE IN MANAGEABLE CHUNKS**
- **USE FEAR THERMOMETER AS A GUIDE**
- **WORK FROM EASIEST TO HARDEST**
- **SUCCESS BEGETS SUCCESS**
- **IMAGINARY VS. IN-VIVO**
- **INTEGRATE REWARD SYSTEMS**



# SEPARATION ANXIETY: SMALL STEPS TOWARD SUCCESS!

## STAIRS OF LEARNING

I know it, now I'm gonna show it!



Borrowed  
from Chansky,  
2014

# STRATEGIES FOR OCD

- **EXPOSURE/RESPONSE PREVENTION**
- **TEACH TO OBSERVE OBSESSIONS AND COMPULSIONS**
- **RELABEL AS OCD**
- **RESIST COMPULSIONS**
  - **DELAY**
  - **SHORTEN**
  - **PATTERN CHANGE**
  - **DO THE OPPOSITE**
  - **PATTERN CHANGE**
- **REINFORCE EFFORTS**



# **STRATEGIES FOR OCD**

- **LEARN TO TOLERATE (RIDE THE WAVE OF ANXIETY)**
- **FACE THE SYMPTOMS – DON'T RUN FROM THEM**
- **ACCEPT WHAT YOUR BODY IS DOING – DON'T RUN FROM IT**
- **ALLOW TIME TO PASS**

# **STRATEGIES FOR PANIC DISORDER**

- **PSYCHOEDUCATION**
  - **NATURAL BODILY RESPONSE THAT SIMPLY OCCURS OUT OF CONTEXT**
  - **THIS MAKES YOU ATTRIBUTE DANGER TO THE SYMPTOMS (SOMETHING IS WRONG WITH YOU; YOU ARE GOING TO DIE)**
  - **THIS ACTUALLY *INCREASES* YOUR SYMPTOMS!**
- **TEACH CHILD/ADOLESCENT THAT BODILY SYMPTOMS DON'T RESULT IN CATASTROPHE**
- **PRACTICE INDUCING BODILY SYMPTOMS**
  - **HYPERVENTILATE**
  - **BREATHE THROUGH A COCKTAIL STRAW IN YOUR NOSE**
  - **WALK UP AND DOWN STAIRS RAPIDLY**
  - **SPIN**

# **STRATEGIES FOR PANIC DISORDER CONT....**

- **ASK STUDENT TO PAY ATTENTION TO THEIR BODY AND WRITE DOWN:**
  - **THE PHYSICAL SYMPTOMS THEY'RE HAVING (E.G., DIZZY, FEELING HOT, ETC.)**
  - **GRAPH HOW LONG IT TAKES FOR THE PHYSICAL FEELINGS TO DECREASE (E.G., USING A TIMER)**
- **FOR STUDENTS WITH REPEATED ATTACKS, ASK THEM HOW IT'S TURNED OUT BEFORE; HELP THEM ARTICULATE THIS IF YOU KNOW WHAT'S HAPPENED BEFORE**
  - **"LAST TIME YOU FELT REALLY SCARED, BUT IT GOT A LOT BETTER AFTER 5 MINUTES. I WONDER WHAT WILL HAPPEN THIS TIME?"**
- **DO NOT OFFER BREAKS FROM WORK, BUT ALSO DO NOT PUT EXTRA PRESSURE ON THEM TO FINISH QUICKLY**
- **IT'S TEMPTING TO ENCOURAGE DEEP BREATHING EXERCISES, BUT IF A CHILD IS TRULY EXPERIENCING A PANIC ATTACK, THERE IS SCIENTIFIC EVIDENCE THAT THIS MAY ACTUALLY WORSEN PANIC.**

# **STRATEGIES FOR SCHOOL REFUSAL**

- **IF POSSIBLE, HAVE STUDENT PARTICIPATE IN BUILDING THEIR MORNING ROUTINE:**
  - **HAVE STUDENT MEET PEER/BUDDY IN THE DROP-OFF AREA**
  - **IF AREA WHERE STUDENTS CONGREGATE BEFORE GOING TO CLASSROOM IS TOO OVERWHELMING, BRAINSTORM MORE PRIVATE ALTERNATIVES**
  - **ASSIGN A SPECIAL (ENJOYABLE) TASK FOR WHEN THEY FIRST ARRIVE TO CLASSROOM**
- **MANAGING DROP-OFF TIMES**
  - **HAVE STUDENT SEPARATE FROM PARENT AS EARLY AS POSSIBLE**
  - **CAR DROP-OFF LINES WORK BEST**
  - **IF PARENT MUST COME INTO SCHOOL, HAVE CHILD TRANSITION TO AN ADULT HE LIKES/HAS A SPECIAL BOND WITH**
  - **MAKE TRANSITION AWAY FROM PARENT AS QUICK AS POSSIBLE**

# **STRATEGIES FOR TEST ANXIETY**

- **IMPORTANCE OF GOOD SLEEP AND NUTRITION IN DAYS LEADING UP TO TEST**
- **REVIEW GOOD TEST-TAKING SKILLS BEFOREHAND:**
  - **READ DIRECTIONS CAREFULLY**
  - **WRITE DOWN IMPORTANT POINTS FIRST BEFORE STARTING LENGTHY WRITING ASSIGNMENT**
- **PRACTICE DEEP- OR MINDFUL BREATHING PRIOR TO BEGINNING EXAM (CAN BE CLASSROOM-WIDE FUN ACTIVITY)**
- **IF STUDENT FREEZES DURING THE EXAM, ENCOURAGE THEM TO:**
  - **SKIP THAT ITEM/SECTION AND LATER COME BACK TO IT; RUMINATION IS THE ENEMY HERE!**

The background is a light blue gradient with several realistic water droplets of various sizes scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance.

# **GENERAL TIPS FOR TEACHERS AND SCHOOL-BASED PROFESSIONALS**

# HELPING CHILDREN WITH ANXIETY

- **VALIDATE THE CHILD'S FEELINGS AND HELP THEM TO IDENTIFY IT AS ANXIETY.**
  - **"YOU ARE FEELING UNCOMFORTABLE RIGHT NOW, ARE YOU WORRIED ABOUT SOMETHING?"**
  - **"IT'S NORMAL TO FEEL ANXIOUS BEFORE A TEST OR SPEAKING IN FRONT OF THE CLASS."**
- **DO NOT REASSURE AN ANXIOUS CHILD.**
  - **"YOU'LL BE FINE."**
  - **"YOU ALWAYS DO WELL ON A TEST."**
  - **"YOU DON'T HAVE ANYTHING TO WORRY ABOUT."**
  - **"THE DAY WILL BE OVER BEFORE YOU KNOW IT."**

# HELPING CHILDREN WITH ANXIETY

- **INSTEAD OF REASSURING - HELP THE CHILD TOLERATE HIS/HER UNCOMFORTABLE FEELINGS AND CONVEY CONFIDENCE IN THEIR BRAVERY. (GOAL IS NOT TO GET RID OF ANXIETY, BUT TO BECOME “COMFORTABLE WITH DISCOMFORT”)**
  - **“I KNOW YOU’RE FEELING PRETTY BAD RIGHT NOW BUT I WONDER IF YOU CAN SIT AT YOUR SEAT WHILE YOU’RE FEELING BAD AND I’LL CHECK IN WITH YOU IN A FEW MINUTES.”**
  - **“THE TEST IS MAKING YOU FEEL VERY WORRIED. I’M WONDERING HOW MANY OF YOU CAN WORK EVEN THOUGH YOU’RE FEELING WORRIED.”**
- **DISSOCIATE THE CHILD FROM THE ANXIETY – GIVE IT A NAME, DISTINGUISH IT AS SEPARATE FROM THE CHILD SO THE CHILD CAN BECOME ANNOYED, FIGHT BACK.**

# **HELPING CHILDREN WITH ANXIETY**

- **BE A CHEERLEADER FOR THEM AS THEY TOLERATE THEIR ANXIOUS FEELINGS.**
  - **“I AM SO PROUD OF YOU FOR FINISHING YOUR WORK EVEN THOUGH YOU WERE FEELING ANXIOUS!”**
  - **“YOU DID A GREAT JOB OF STAYING IN SCHOOL TODAY EVEN THOUGH YOU WERE WORRIED ABOUT THE TEST!”**
  - **“I REALLY APPRECIATE HOW HARD YOU MUST HAVE WORKED TO NOT ASK ME QUESTIONS ALL DAY EVEN THOUGH YOU MIGHT HAVE BEEN WORRIED ABOUT DOING YOUR WORK CORRECTLY.”**
- **REWARD VERY ANXIOUS CHILDREN WITH SMALL REWARDS OR PRIVILEGES. TRY TO REWARD THE ATTEMPT AT ANXIETY CONTROL, NOT THE OUTCOME.**

# HELPING CHILDREN WITH ANXIETY

- **CHALLENGE HIM/HER TO GO FOR LONGER PERIODS OF TIME OR TO DO SOMETHING THAT WILL MAKE THEM FEEL WORSE (AFTER THEY BEGIN TO FEEL EMPOWERED).**
  - **“YOU WORKED REALLY HARD AT STAYING IN THE CLASS FOR THE LAST FIFTEEN MINUTES EVEN THOUGH YOU WANTED TO GO TO THE NURSE’S OFFICE. CAN YOU WORK HARD FOR ANOTHER FIFTEEN MINUTES?”**
  - **“YOU COMPLETED THAT PORTION OF THE TEST EVEN THOUGH YOU FELT ANXIOUS. I’M WONDERING IF YOU CAN FEEL ANXIOUS AND DO THE NEXT PART OF THE TEST.”**
- **HELP THEM TO SEE THAT WHEN THEY DO SOMETHING EVEN THOUGH THEY FEEL ANXIOUS, THEIR ANXIETY EVENTUALLY QUIETS DOWN.**

# **STRATEGIES FOR DEALING WITH ANXIOUS STUDENTS**

- **ACCOMMODATE STUDENT'S LATE ARRIVAL AND PROVIDE EXTRA TIME FOR CHANGING ACTIVITIES**
- **RECOGNIZE THAT OFTEN ANXIETY THAT CAUSES DISREGARDING OF DIRECTIONS, RATHER THAN AN INTENTIONAL DESIRE TO BE OPPOSITIONAL.**
- **DEVELOP A "SAFE" PLACE WHERE THE YOUTH CAN GO TO RELIEVE ANXIETY DURING STRESSFUL TIMES OR PROVIDE CALMING ACTIVITIES.**
- **ENCOURAGE THE DEVELOPMENT OF RELAXATION TECHNIQUES THAT CAN WORK IN THE SCHOOL SETTING.**



# **IF SUICIDALITY IS A CONCERN...**

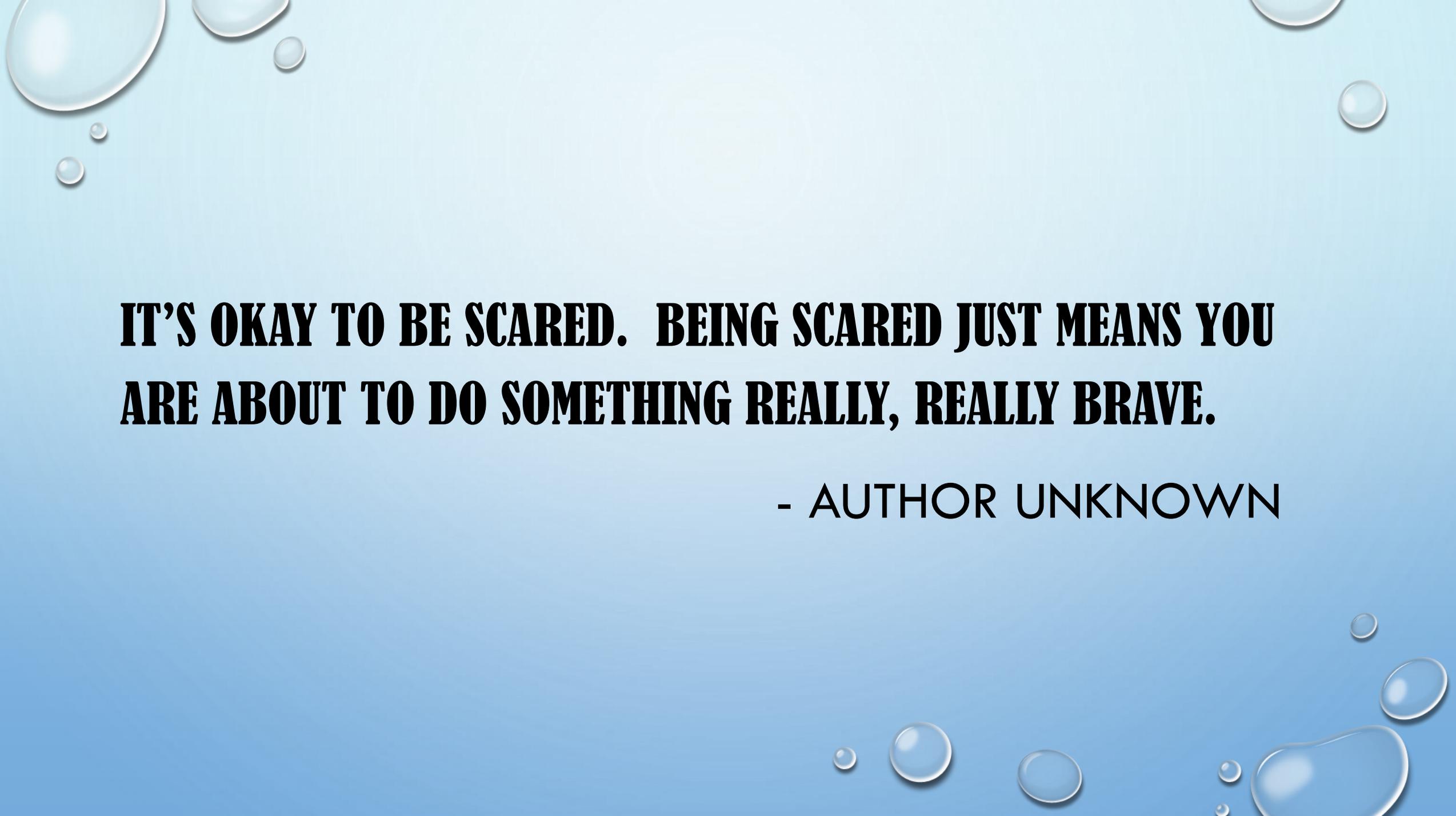
- **DON'T BE AFRAID TO ASK.**
- **ENCOURAGE PARENTS TO MONITOR SOCIAL MEDIA.**
- **EXAMINE PROS AND CONS; MAXIMIZE DETERRENTS**
- **NEGOTIATE AGREEMENT TO “PUT SUICIDE ON HOLD” UNTIL OTHER ALTERNATIVES HAVE BEEN TESTED**
- **DISMANTLE ANY PREPARATIONS**
- **MAKE GUIDELINES FOR EMERGENCY CONTACTS**
- **IF HIGHLY SUICIDAL, SEND CHILD TO ER FOR FURTHER ASSESSMENT**

# **WHEN IS IT TIME TO REFER FOR PROFESSIONAL HELP?**

- **IF YOU INITIATE THE PREVIOUSLY MENTIONED STRATEGIES, AND THE CHILD OR TEEN CONTINUES TO EXPERIENCE:**
    - **EXCESSIVE ANXIETY, WORRY, DISTRESS IN THE CLASSROOM**
    - **ATTENDANCE/TARDINESS PROBLEMS**
    - **DECLINE IN ACADEMIC PERFORMANCE DUE TO TEST ANXIETY**
    - **ISOLATION FROM PEERS**
    - **NEEDS ONE-TO-ONE CLINICAL ASSISTANCE IN FACING THEIR FEARS**
- SEEK OUT COGNITIVE BEHAVIORAL THERAPY (CBT)**

# **HOW TO TALK TO PARENTS ABOUT GETTING THEIR CHILD PROFESSIONAL HELP**

- **START OUT SPEAKING ABOUT THE CHILD'S STRENGTHS**
- **THEN, MENTION THAT YOU HAVE NOTICED PERSISTENT DIFFICULTY WITH: X, Y, AND Z**
- **LET THEM KNOW YOU'VE TRIED VARIOUS STRATEGIES WITH LIMITED SUCCESS**
- **CONVEY CONFIDENCE THAT WITH PROFESSIONAL HELP, CHILDREN WITH ANXIETY PROBLEMS GET BETTER!**
- **MOST IMPORTANT: MAINTAIN A DIALOGUE WITH PARENTS**
  - **WHEN YOU START TO NOTICE INCREASED ANXIETY, GENTLY MENTION YOUR CONCERNS**
  - **DISCUSS STRATEGIES YOU'RE TRYING IN THE CLASSROOM**
  - **BY THE TIME YOU MAKE A REFERRAL FOR PROFESSIONAL HELP, IT SHOULDN'T COME AS A BIG SURPRISE**



**IT'S OKAY TO BE SCARED. BEING SCARED JUST MEANS YOU  
ARE ABOUT TO DO SOMETHING REALLY, REALLY BRAVE.**

- AUTHOR UNKNOWN



Thriving Minds Behavioral Health Center

## SELECTIVE MUTISM

AN ASSESSMENT AND INTERVENTION GUIDE  
FOR THERAPISTS, EDUCATORS & PARENTS



AIMEE KOTRBA, PHD

# INTENSIVE TREATMENTS FOR SELECTIVE MUTISM SCHOOL CONSULTATIONS SCHOOL AND PROFESSIONAL CONSULTATIONS

[WWW.THRIVINGMINDSBEHAVIORALHEALTH.  
COM](http://WWW.THRIVINGMINDSBEHAVIORALHEALTH.COM)

**(810) 225-3417**

# **BOOKS FOR KIDS**

- **BLINK, BLINK, CLOP, CLOP: WHY DO WE DO THINGS WE CAN'T STOP? AN OCD STORYBOOK, BY E. KATIA MORITZ, PHD 2001.**
- **UP AND DOWN THE WORRY HILL: A CHILDREN'S BOOK ABOUT OBSESSIVE-COMPULSIVE DISORDER AND IT'S TREATMENT, BY AUREEN P. WAGNER PHD 2004.**
- **WHAT TO DO WHEN YOUR BRAIN GETS STUCK: A KID'S GUIDE TO OVERCOMING OCD BY DAWN HUEBNER, PHD, 2007.**
- **WHAT TO DO WHEN YOU WORRY TOO MUCH: A KID'S GUIDE TO OVERCOMING ANXIETY BY DAWN HUEBNER, PHD, 2006.**
- **WHAT TO DO WHEN BAD HABITS TAKE HOLD BY DAWN HUEBNER**
- **WHAT TO DO WHEN YOU DREAD YOUR BED**
- **PLAYING WITH ANXIETY – CASEY'S GUIDE FOR TEENS AND KIDS (FREE E-BOOK)**

# **BOOKS ON ANXIETY**

- **YOUR ANXIOUS CHILD: HOW PARENTS AND TEACHERS CAN RELIEVE ANXIETY IN CHILDREN, BY JOHN DACEY AND LISA FIORE.**
- **KEYS TO PARENTING YOUR ANXIOUS CHILD, BY KATHARINA MANASSIS.**
- **FREEING YOUR CHILD FROM ANXIETY BY TAMAR CHANSKY**
- **STOPPING THE PAIN: A WORKBOOK FOR TEENS WHO CUT AND SELF-INJURE BY LAWRENCE E SHAPIRO PHD, 2008.**
- **ANXIOUS KIDS, ANXIOUS PARENTS BY REID WILSON**

# RESOURCES FOR EDUCATORS

- **ANXIETY BC**

[WWW.ANXIETYBC.COM](http://www.anxietybc.com)

- **NATIONAL INSTITUTE OF MENTAL HEALTH**

[HTTP://WWW.NIMH.NIH.GOV/HEALTHINFORMATION/ANXIETYMENU.CFM](http://www.nimh.nih.gov/healthinformation/anxietymenu.cfm)

- **ANXIETY DISORDERS ASSOCIATION OF AMERICA**

[HTTP://WWW.ADAA.ORG/](http://www.adaa.org/)

- **NYU CHILD STUDY CENTER**

[HTTP://WWW.ABOUTOURKIDS.ORG/ABOUTOUR/ARTICLES/SUB\\_ABUSE.HTML](http://www.aboutourkids.org/aboutour/articles/sub_abuse.html)

# **EXISTING CBT MANUALS/WORKBOOKS**

- **THINK GOOD, FEEL GOOD**
- **COPING CAT**
- **“TREATMENTS THAT WORK” SERIES**

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- **[WATTS, A](#), [DEEGAN, D](#), [CAWTHORPE](#). (2015). PREVALENCE AND TREATMENT OF ANXIETY DISORDERS IN CHILDREN AND ADOLESCENTS. [EUROPEAN PSYCHIATRY, VOLUME 30, SUPPLEMENT 1, PAGES 172](#)**