

Creative CBT Interventions for Children with Anxiety

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Many children are referred to therapy to help them cope with anxiety. They may feel apprehensive about the therapeutic process and be reluctant to talk directly about their fears and worries. Activities that are creative and play-based can engage children and help them learn skills to manage anxiety. The purpose of this article is to provide clinicians with creative CBT techniques for children with anxiety symptoms and disorders.

COGNITIVE-BEHAVIORAL THERAPY

Cognitive-Behavioral Therapy (CBT) is the most empirically supported treatment for treating childhood anxiety. In CBT, “the clinician teaches the child adaptive coping skills and provides practice opportunities to develop a sense of mastery over anxiety symptoms or situations that are associated with distress and impairment” (Connolly, & Bernstein, 2007). The interventions contained herein address the key components of CBT for childhood anxiety, namely, psychoeducation, somatic management skills training, cognitive restructuring, exposure, and relapse prevention.

THE RATIONALE FOR THE USE OF A PLAYFUL CBT APPROACH

Creative, play-based activities, presented within the context of an empathically attuned therapeutic relationship, engage children and enhance the effectiveness of CBT. Play has a critical role in CBT with children, as it provides an accessible, developmentally appropriate context for children to participate in therapy (Knell & Dasari, 2011; Podell et al., 2009; Shelby & Berk, 2009). Blending structured play techniques with CBT allows for effective implementation of CBT while retaining its theoretical underpinnings.

Pleasurable, playful activities are “known to lower levels of stress chemicals, enabling children to deal more successfully with stressful situations” (Plummer, 2012, p. 30). When children are engaged in games and playful activities, they are not only having fun but they are also relaxing and learning new skills. Furthermore, “in order to obviate the possibility that CBT is dull and boring to children, it is incumbent upon cognitive behavioral therapists to develop creative and engaging ways to deliver these skills to children” (Friedberg et al., 2000, p. 190). Developmentally appropriate and fun CBT activities are effective as children understand them, enjoy them, and are more motivated to participate in sessions.

INTERVENTIONS

Psychoeducation

Psychoeducation serves central key functions in CBT. The main purpose is to inform children and their parents about anxiety, sources of anxiety, symptoms of and common reactions to anxiety, and treatment approaches. This knowledge normalizes the client’s experience of anxiety and empowers them to deal with anxiety in an optimal way.

When clients learn factual information about anxiety, misinformation is dispelled, and children and parents learn that others have faced similar challenges. As well, providing information on the effectiveness of CBT gives clients a sense of hope.

The Crumpled Paper Throw game (Lowenstein, 2016) is an active and engaging approach to psychoeducation, and thus it maintains children's interest and helps them to absorb the material. The practitioner explains the game as follows:

“Crumple a piece of paper into a ball, stand behind the tape line, and throw the paper ball toward the hoop I will make with my arms. If you get the crumpled paper through the hoop, you earn 1 point. If you miss, I will ask you a question. You get 2 points for each question you answer correctly. If your answer is incorrect, I will read the answer to the question, and then you will have the chance to answer again and earn 2 points. At the end of the game, trade in points for prizes: 1–10 points = 1 prize; 11 or more points = 2 prizes.”

The questions define anxiety, physiological responses to anxiety, and the process and benefits of CBT. Examples of questions include:

Question: *What is anxiety?*

Answer: *Anxiety is a feeling of worry or nervousness. Everyone gets anxious or worried sometimes. When kids worry a lot, it can be hard for them to feel happy and enjoy certain activities. Kids need help for anxiety when they worry much of the time, and when their fears or worries stop them from having fun or from doing normal activities.*

Question: *True or Not True: Some anxiety can be helpful.*

Answer: *True. Anxiety can actually be helpful because it can protect people from real danger. For example, if you're crossing the street and a car comes fast toward you, anxiety would alert you to this danger so you can get out of the car's way.*

Question: *What does anxiety feel like in the body?*

Answer: *When you feel anxious or worried, you might get a sore tummy or have diarrhea. Your body might get hot and sweaty. You might feel dizzy or shaky, or even feel like you're going to throw up or faint. Your heart might pound really fast and you might have a hard time breathing. Therapy can help you learn ways to handle anxiety so your body doesn't feel so bad.*

Question: *What is cognitive behavioral therapy (CBT)?*

Answer: *Cognitive behavioral therapy, or CBT for short, is a type of therapy to help people with anxiety. In CBT, kids learn special skills to help them cope with worries and fears. CBT has proven to be the best way to help kids deal with anxiety.*

Question: *What is gradual exposure?*

Answer: *Gradual exposure is part of CBT. Gradual exposure involves facing a fear a little at a time until the fear is not so scary anymore. Don't worry: We will only start this part of therapy when you are ready. We will make a plan together so you feel okay with it. After a while, your anxiety will lessen and you will feel calmer and better.*

Question: *True or Not True: The goal of therapy is to make anxiety go away.*

Answer: *Not True. Remember, some anxiety is normal and helpful, so we need a certain amount of anxiety. The goal of therapy is to help kids handle fears and worries so anxiety does not stop them from having fun or from doing normal activities.*

Parents play the game along with the child so they can learn together. Presumably, clients will not know the answers to many of the questions. However, they have the opportunity to learn the answers when the practitioner reads them aloud and can then earn points for providing the correct response. This approach encourages children to listen attentively when correct answers are read aloud, and facilitates learning and integration of the material.

Optional questions can be added to the game that define specific anxiety disorders (e.g., What is Selective Mutism? What is a Phobia?). Movement exercises are integrated into the game to make it more active and engaging, and to teach relaxation skills (e.g., Do the shoulder scrunch by scrunching your shoulders up to your ears, then relaxing them and moving them around five times).

An important aspect of game play is “points of departure” in which psychological issues raised during the game are explored and discussed. The therapist must manage and guide discussion back and forth between the safety of the game and the realistic discussion of issues through points of departure (Schaefer & Reid, 2001). For example, in relation to the question: *True or Not True: Some anxiety can be helpful*, the therapist can self-disclose a time that anxiety was helpful, then ask the client to share an example.

Somatic Management Skills Training

Relaxation training helps anxious children develop awareness and control over their own physiological and muscular responses to anxiety. One of the most commonly used and effective relaxation skills is diaphragmatic breathing. Children who are highly anxious are often resistant to relaxation. This may be due to a pessimistic mental assessment (e.g., “This won’t work”) or extreme feelings of fear that prevent them from relaxing (Cohen, 2013). Teaching children to relax using playful techniques is often an effective way to break through the resistive barrier.

An engaging intervention that can be used to teach diaphragmatic breathing is the Cookie Breathing Game (Lowenstein, 2016). Children are instructed as follows: “Put your hand on your tummy, where your belly button is. Slowly breathe in through your nose for three seconds and feel your tummy move out. Slowly breathe out through your mouth for four seconds, and feel your tummy move in. Make sure your shoulders and chest are relaxed and still. Only your tummy should be moving in and out. To help you learn this special way of breathing, imagine a yummy batch of cookies that just came out of the oven. As you breathe in, smell those yummy cookies! But they’re hot, so you have to blow on them to cool them down. As you breathe out, blow on the cookies to cool them down.”

A game is then played to help the child practice. The child rolls the dice and does Cookie Breathing two times when an even number is rolled. The child gets a point when an odd number is rolled. The child gets a cookie once four points are earned.

Cognitive Restructuring

Children with anxiety have negative, irrational, or unhelpful thoughts and beliefs, which lead to heightened feelings of anxiety. Helping clients to understand the connection between thoughts, feelings, and behaviors and to replace unhelpful, anxious self-talk with helpful, calming self-talk, are key goals in CBT.

Learning cognitive coping can be an abstract and dull task for children. Helpful Thoughts (Lowenstein, 2016) is an intervention that enables practitioners to use a developmentally sensitive and experiential method to connect cognitions, affect, and behaviors. Further, it is a non-threatening way of helping children challenge and correct their maladaptive assumptions. A step-by-step demonstration of the Helpful Thoughts activity can be found on the author's YouTube channel (<http://www.youtube.com/user/lowensteinliana>). The practitioner can watch this YouTube video along with their clients. Teaching CBT skills to children via YouTube videos offers considerable intuitive appeal. Most children are familiar with YouTube and are likely to find this method of instruction quite captivating. Moreover, using a YouTube video involving another child to teach CBT skills incorporates the principles inherent to observational learning and offers the opportunity for a child to model the skills (Friedberg et al., 2000).

Exposure

Gradual exposure is a cognitive behavioral intervention designed to gradually overcome dysfunctional avoidance and thereby allow the child to regain optimal functioning. Exposure is a critical component in CBT for anxious children. Facing fears is a difficult experience for children and as such, many clients are reluctant to proceed with this phase of therapy. The key to engaging children in the exposure process is to build client readiness by channeling “the *desire* to get well into the *action* to get well” (Wagner, 2005, p. 104).

The Picture It Poster (Lowenstein, 2016) presents exposure in a developmentally appropriate manner. The first part of the activity focuses on building client readiness and motivation to face fears. This is accomplished by explaining, in child-friendly terms, the rationale and benefits of exposure, and initiating a reward system. The second part of the activity guides the child to develop a series of graduated exposures. The child, parent, and therapist collaborate to develop exposure exercises. This empowers the child to take charge of overcoming fears. The child creates a poster with drawings of the exposure exercises. This makes the exposure plan more concrete and manageable. The practitioner offers input to ensure each step on the exposure plan is specific and doable, and that the steps are ordered in an appropriately graded manner.

The parents must be provided with ample guidance on ways they can support the child during the implementation of the exposure plan. There are many helpful resources available for parents such as Chansky, 2014; Pincus, 2012; and Wagner, 2005.

Relapse Prevention

Relapse prevention is a key focus in the final sessions of therapy. An important goal is to prepare children and their parents to expect anxiety from time to time, and to emphasize

that continued practice and use of skills learned in therapy can assist in dealing with setbacks. Relapse prevention also entails presenting children with challenging scenarios that they might encounter in the future and helping them to problem-solve appropriate ways of managing potential fears or worries. The Coping with Anxiety Envelope game (Lowenstein, 2016) was created with these goals in mind. The therapist places scenarios in envelopes and instructs the child as follows: “Roll the dice. If you roll an odd number you get 1 point. If you roll an even number pick an envelope, open it, and answer the question. You get 2 points for each question you answer correctly. At the end of the game, trade in points for prizes: 1–10 points = 1 prize; 11 or more points = 2 prizes.” The scenarios can be tailored to the client’s age and circumstances. Examples include:

You wake up from a nightmare and feel panicked. Circle the best way to cope with this:

- (a) You should think to yourself, “I can’t handle this!”*
- (b) You should run to your parent’s bedroom crying.*
- (c) You should do deep breathing until you feel calm. You should also regularly practice the relaxation strategies learned in therapy so you remember them and can use them when you need to calm your anxiety.*

You worked hard in therapy to overcome your fear of bees. You’re outside playing and you get stung by a bee. Now you’re afraid to go outside. Circle the best way to cope with this:

- (a) You should think to yourself, “Therapy was a total failure!”*
- (b) You should do some of the steps on your Picture It Poster to gradually face this fear again and get yourself back on track.*
- (c) You should never go outside again.*

The game keeps the child engaged in the process, facilitates problem-solving, and encourages the continued use of skills learned in therapy.

THE IMPORTANCE OF PROCESS

There are a variety of therapeutic techniques from which to choose when treating anxious children. Techniques are selected depending on the child’s developmental capacities, interests, and treatment needs. Regardless of the techniques used, they will not be effective unless the therapist and client have established a positive and supportive working alliance. Moreover, therapists must pay special attention to the process underlying each technique. Attending to the process of CBT with anxious children “is essential and ensures that the theoretical model and the core principles that underpin it are at the forefront of the Clinician’s thinking” (Stallard, 2005, p. 2). Selecting techniques appropriately, maintaining a strong working alliance, and focusing on the process will help the therapist utilize techniques in a theoretically and clinically sound manner, and prevent a simplistic, haphazard approach.

CONCLUSION

This article described a number of child-friendly CBT techniques for anxious children. The use of playful activities can facilitate therapeutic rapport, solidify concepts, and augment children's engagement in CBT. Clinicians are always seeking ways to work more effectively with children. Using engaging, developmentally appropriate techniques increases the accessibility of CBT while maintaining the theoretical integrity and effectiveness of the model.

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