

**Worries and Woes: Dealing with  
Anxiety Disorders in School Age Children**

Week 2  
Jack Hirose and Assoc. Webinar

Lynn D. Miller, Ph.D., Lic. Psych.

lynn.miller@ubc.ca

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

**Week 2 Agenda**

- **Specific Phobia**
  - Intensive 1-session approaches
  - Externalizing the Problem
- **Separation Anxiety Disorder**
  - School Refusal
  - Build-a-buddy System
  - Developing Fear Hierarchies

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

**Specific Phobias**

**Excessive** fear of:

* Animals or insects <i>e.g., dogs, spiders</i>	* Natural environment <i>e.g., storms, water</i>
* Specific situations <i>e.g., tunnels, heights</i>	* Other types <i>e.g., vomiting, clowns</i>

- Associated with avoidance of feared object/situation
- Anxiety triggered in presence of feared stimuli or when anticipating the feared stimuli

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

### Particular child conditions

- Child does NOT have to realize is fear is excessive or unreasonable
- Child may not be able to avoid, so will endure situation with intense anxiety or distress
- Duration of fear must be at least 6 months or more

lynn.miller@ubc.ca

---

---

---

---

---

---

---

### What is the model of response?

- Stimuli as trigger (exposure)
- What does the youth think? (Cognitive distortion/distress)  
“I will be bitten, harmed, etc.”
- Anxiety response (physical):  
increased heart rate, shakiness, upset stomach, sweating
- Behavioral response  
run to parent, screaming, crying, freezing

lynn.miller@ubc.ca

---

---

---

---

---

---

---

### SP Maintained by avoidance

- Child afraid of dogs, avoids going to friend’s house who has a dog, negatively reinforced specific phobia. Development compromised.
- Teen who will not go out at dusk due to fear of dark, prohibits normal developmental experiences (socializing with friends) and is also negatively maintained.

lynn.miller@ubc.ca

---

---

---

---

---

---

---

## Prevalence and age of onset

- **2.4 – 3.3%** estimated prevalence
- Females > males
- Age of onset (retrospective) 5-10 years
- Many conditions improve without treatment (80%?), but for a small percentage, phobia endures (10%)

\*\*\*Studies flawed, conclusions tenuous

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Developmental attention bias

- Animal phobias - 7 yrs
- Blood phobia - 9 yrs
- Dental phobia - 12 years
- Claustrophobia - 20 years
  
- *Women?* = animal phobia
- *Men?* = heights
- *People?* = Public speaking

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Top 10 Fears of People

- Spiders
- Snakes
- Heights
- Dark
- Thunder/lightening
- Flying
- Dogs
- Injections
- Social situations (embarrassing)
- Being alone in situation where escape is difficult

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## How are these developed?

### Classical conditioning:

- Associate stimulus with conditioned response (e.g., child becomes afraid of water after slipping out of water wings and going under)

### Learned from others:

- Vicariously observe other's fear response to stimulus, (e.g., child develops water phobia after seeing classmate struggle in water)

### Information/instruction:

- Influential person instructs another person to be afraid (usually inadvertently) (e.g., child develops fear of water after parent warns of drowning)

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Treatment

- Gradual exposure
- Modeling
- Self-control

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Gradual Exposure Skill Dvp: Fear Hierarchies

### STEP 1: Explain why exposure is important

- E.g., fear of dogs

### STEP 2: Develop a **fear hierarchy**

- A list of the least to most fearful situations
- Use a **fear thermometer** (from 0 to 10)

### STEP 3: Start small!

- Start with items low on the hierarchy (2 or 3 on the fear thermometer)

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Thermometer and Exposure Ratings

10 *Full Panic*

9

8 *High Anxiety*

7

6 *Anxious / Aggitated*

5

4 *Minor fears / Worry*

3

2 *Calm*

1

0 *Total Relaxation*

- Introduce the idea that we can feel a LOT or a LITTLE of a feeling
- Scale feelings 1-10
- Get in the habit of asking "What number are you feeling?"

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Example Hierarchy: Dog Phobia

Situation	Fear
Petting a dog off leash	10
Petting a larger dog on leash	9
Petting a dog on leash	8
Standing beside but not touching a dog on a leash	7
Standing 4 feet away from a dog on a leash	6
Standing 8 feet away from a dog on a leash	5
Standing across the street from a dog on a leash	4
Looking at a dog through the window	3
Looking at a video of a dog	2
Looking at a photo of a dog	1

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

ADABC www.adabc.com

### Climbing my Fear Ladder

What is my goal?

Fear Rating

	/10
	/10
	/10
	/10
	/10
	/10
	/10
	/10
	/10
	/10
	/10

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Let's Practice: Common Fear Ladders

- Swimming
- Elevator
- Loud noises
- Sitting for an exam
- Being left with a babysitter
- Sleeping in own bed in own room
- Gym strip
- Making friends

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Swimming

<b>Splash in bathtub</b>	<b>2</b>
Dangle legs in shallow end (adult swim)	3
Stand up in shallow end pool (adult swim)	5
Walk up to chest in water	6
Hang onto side of pool, pick up feet	7

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Getting started

- Elevator
  - Get in elevator and jump right out
  - Get in elevator and door closes, no movement
  - In elevator, with parent, go one floor
- Loud Noises
  - Push alarm in school office
  - Hold alarm for 3-5 seconds in school office
  - Watch administrator push alarm
  - In classroom, knows when alarm goes off, brief alarm
  - In classroom, knows when alarm goes off, standard timing

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Sitting for an exam

Sit in room where exam administered (alone)	2
Sit in room with friend	3
Sit in room with friend, take practice test	4
Sit in room with others, fill out name on exam, complete exam (no marking)	6

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

<i>Sleepover at classmate's house</i>	10/10
<i>Invite classmate over for a sleep over</i>	9/10
<i>Go to classmate's birthday party</i>	8/10
<i>Arrange to meet classmate at the rink on the weekend</i>	7/10
<i>Call classmate and invite him to a movie</i>	7/10
<i>Invite classmate over for dinner</i>	7/10
<i>Invite classmate over after school</i>	5/10
<i>Ask classmate to eat lunch together at school</i>	3/10
<i>Ask classmates what they did on the weekend</i>	3/10
<i>Call a classmate and ask them about the homework assignment</i>	2/10

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Intensive One-session (OST)

- 3 hour treatment
- Premise: Maintain symptom response
- Benefits:
  - One session (!)
  - Geographic benefit
  - It works!
- Concerns:
  - Schedule
  - Client readiness
  - Avail of real world triggers

\* One-Session Treatment (OST) is a manual, cognitive-behavioral exposure therapy that progresses over the course of a single, 3-hour session and was developed by Ost (1987). Scandinavian Journal of Behavior Therapy, 16, 179-184; 1989, One-session treatment for specific phobias. Behavior research and therapy, 27, 5-7; 1989.

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Exposure with Specific Phobia



lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Modelling procedures

- Fearful or anxious child observes others handle the feared object of situation  
(Via video, live or guided modelling)
- Adult or child models coping behavior, neutral response

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Self-control procedures

- Therapist models appropriate interactions with stimulus while self-instructing to facilitate coping
- Phobic child, who has been observing, completes same behavior while getting verbal instruction from therapist
- Then child performs just as therapist did originally
- Gradually child fades self-instruction to a whisper

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---



## Externalizing the Problem

- Internalizing problems: What is going on in the child's mind?
  - Example: Candle girl at school
- Play therapy technique
- Allows child to use developmentally appropriate method to deliver difficult concepts
- Allows child and family to “see problem” as separate from child

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Case example

- 11 year old male, only child, 2 parent house
- Hockey player
- Specific phobia: choking
- Sudden refusal of solid food
- BCCW complete work-up
- Lost 20 pounds in 6 weeks

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Intervention

- Developed rapport
- HX of anxiety in grandparents
- Psychoeducation well received, explained fear response
- Instructed parents to withdraw non-nutritious beverages
- Fear hierarchy of previously enjoyed foods  
(jello to yogurt to grilled cheese to McDonalds)

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Outcome

- 8 sessions
- Parental compliance
- Stumbling block of school lunch hour and grandmother after school care
- Eating hamburger and french fries week 7

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Separation Anxiety Disorder

Excessive anxiety when anticipating or experiencing separation from home or loved ones

### Symptoms can include:

- Worry about harm coming to loved ones or separation due to bad event (e.g., kidnapping)
- Persistent reluctance or refusal to go to school, to be alone, to be without adults or loved ones (e.g., at home, when going to sleep)
- Repeated nightmares with themes of separation
- Physical complaints/symptoms when separated or anticipating separation

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Prevalence

- Most frequently occurring mental health concern in pre-adolescent children
  - 4.3% females
  - 2.7% males
  - (Averaged at 3.5% community samples, 4.1% in pediatric primary care samples)
  - Peak age of onset: **7-9 yrs** and **14-16 yrs**
  - School refusal peaks: **5-6 yrs** and **10-11 yrs**
  - Children average or above avg. intelligence

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Cautions

- Children tend to underreport symptoms
- Low concordance between mom, dad, and child report
- **Teachers' unique responses: more likely than parents to identify internalizing symptoms** (Mesman & Koot, 2000)
- Routine pediatric exam (caffeine? substance use? hyperthyroidism?)

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Behavior therapy and school refusal

- At 1 year follow-up:
  - **Behavior therapy**                      **83% in school**
  - Psychiatric hospitalization      31% in school
  - Psychotherapy and tutoring      0% in school  
(AACAP 1997)

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Physical Symptoms

*Distress prior to and during times of separation*

- **stomachaches – incl. vomiting**
- feeling hot/**headaches**
- crying
- inability to speak
- **temper tantrums**
- stubbornness, “entrenched” response
- **aggression**
- fatigue

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Behavioral Symptoms

- Persistent reluctance or refusal to go to school
- To be alone
- To be without adults or loved ones (e.g., at home, when going to sleep)
- Repeated nightmares with themes of separation
- Avoidance
- Remorse after “meltdown”

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Cognitive symptoms

Worry about harm coming to loved ones

Worry about separation due to bad event  
(e.g., kidnapping)

Worry about dying

Worry about illness of others/health

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Treatment Approaches: School Refusal

- Does not attend school at all, and/or
- Goes to school but then leaves
- Goes to school late after unwanted behavior demonstrated
- Has high degree of distress about going to school

*Not due to medical condition, abuse, homelessness, depression, motivation, etc.*

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

### Why avoid school?

- Cannot tolerate separation from caregiver (SAD)
- Avoid objects or situations (teacher, bully, public bathroom, etc) (SP)
- Escape social and/or evaluative situations (SoP)
- Receive attention from parents (2<sup>nd</sup> gain)
- Receive tangible rewards (2<sup>nd</sup> gain)

lynn.miller@ubc.ca

---

---

---

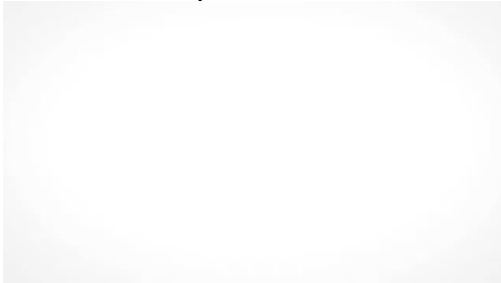
---

---

---

---

### AnxietyBC.com Video



lynn.miller@ubc.ca

---

---

---

---

---

---

---

### Parent Training

- Physical symptoms
  - Target upset tummy (younger)
  - Target headache (older kids, not brain tumor)
  - Target tantrums, meltdowns
    - Check for discipline method: No time out in room

lynn.miller@ubc.ca

---

---

---

---

---

---

---

## Parent training

- Cognitive symptoms
  - Reduce reassurance
    - Limit # of questions
    - Incorporate doubt
      - *I don't know – what do you think will happen?*
      - *If that happens, I know you'll figure out what to do.*
  - Simple commands
    - *When you calm down, I'm happy to talk to you*

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Parent Training

- Behavioral symptoms
  - Staying at home not an option
    - Warn may be in parking lot of school
  - Avoidance is opportunity for an approach task

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Build a Buddy

- Socially engineer friendships
  - Play dates
- \*\* Recent study found intimate friendships more important than being popular (J. Allen, UVA, 2017)

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

### Co-sleeping Hierarchy

EXAMPLE ITEMS (practiced until anxiety was as close to 0/10 as possible)	ANXIETY 0 to 10
Sleeping on parents' bedroom floor	1/10
On floor, closer to door	3/10
Out in hallway on pallet	4/10
In own room, light on	8/10
In own room, light off, door open	9/10
In own room, light off, door closed	10/10

---

---

---

---

---

---

---

---

### School Exposure Plan (K/Gr 1)

EXAMPLE ITEMS (practiced until anxiety was as close to 0/10 as possible)	ANXIETY 0 to 10
Driving to school weekend days, getting out on own	2/10
Driving to school M-F, no kids, out on own	3/10
Dad drop off @ school, Admin greets	4/10
Dad drops off, friend takes	5/10
Mom drops, friend takes	7/10
Mom drops, goes in alone	10/10

---

---

---

---

---

---

---

---

### School Avoidance Hierarchy (gr. 4)

EXAMPLE ITEMS (practiced until anxiety was as close to 0/10 as possible)	ANXIETY 0 to 10
Walking from home to end of block	1/10
Walking to school playground	3/10
Not asking Mom for reassurance	4/10
Walking to school, touching main door	5/10
Going inside school	8/10
Staying in school for morning in office	9/10

---

---

---

---

---

---

---

---

## School Avoidance: HS

Situation	Fear Rating
Attend all day every day	10
Attend half day every day	9
Attend ½ day, remainder in media room	8.5
Attend preferred class (recess, lunch)	8.5
Walk through school with friend	8
Walk through school with parent, no kids	7
Walk to school, hang out with friend	6
Walk to school, no kids	5
Drive to school, go to main office for homework	4
Drive to school, get out, no kids present	3
Drive to school, stay in car	lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Hierarchy: Going to School

Contextual factors

- Who needs to be included?
- Rewards/incentives
- Saving “face” response
- What’s going on when not at school?

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Exposure tips

- Use friends
- Reward with attention from parents (e.g., Mom will come into classroom when child can be calm)
- Go at child’s own pace
- Repeat step until child says is “boring”

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---



## Other *In Vivo* exposures

- Gradually attending more and more of school day (preferred blocks?)
- Other activities at school, off-hours
- Trips into community with good friend, extended family
- Day camps (activity focused)
- Sleepovers at own house
- Public transportation

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Potential pitfalls

- School attitude
- 2<sup>nd</sup> gain – Grandma’s is great! Pair not going to school with boredom and isolation
- Weekends, longer holidays
- Parents: divide and conquer

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

## Case Study Example: Separation w/ School Refusal

- CBT Steps:**
- **Psychoeducation**
  - **Managing Body Symptoms (Relaxation)**
  - **Healthy Thinking (Cognitive Restructuring)**
  - **Building Tolerance (Exposure)**
  - **Relapse Prevention**

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

### Case example: School refusal

- 9 year old male
- History of school refusal beginning in kindergarten
- Currently taking SSRI
- Father currently medicated for agoraphobia/ PD
- Very social, class leadership
- Mother works nights

lynn.miller@ubc.ca

---

---

---

---

---

---

---

### Case...continued

- Psychoeducation
  - How to identify own symptoms of anxiety?
    - Picture of body and discussion of body response
    - Self-monitoring to get familiar with personal symptoms and triggers
    - Normalize anxiety problem
    - Review how CBT works, helps kids to do things they want to do

lynn.miller@ubc.ca

---

---

---

---

---

---

---

### Case .....continued

- Managing body symptoms
  - Controlled breathing (entire family)
  - Model of top athletes for performance anxiety
  - Practice relaxation techniques

lynn.miller@ubc.ca

---

---

---

---

---

---

---

### Case.....continued

- Healthy thinking
  - Externalize problem as worry monster
  - Tested accuracy of beliefs that mother might not return
  - Taught self-talk for ignoring symptoms and coaching self to be brave

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

### Case.....

- Building tolerance
  - Create Fear Ladder
  - Worked with boy to break down each situation into manageable chunks
  - Started with least feared item and moved up over time
  - Did most exposure first time with me, then family and dog
  - Many daily practice sessions

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

### Case.....

- Obstacles
  - Teacher noncompliance
  - Quickly tied attendance to “special events”
  - Mondays
  - Holidays
  - Parents reluctant to maintain practice behaviors
  - Parents on/off relationship
  - Family deaths

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

Case.....

- Outcome
  - Anxious during exposure and fatigue
  - Brother (age 11) acting out
  - Reached top of hierarchy by week 4
  - Joined baseball team
  - Increased participation in “special events”
  - Full attendance after spring break
  - Able to use CBT with peer with similar concern

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

2 cases of Secondary students (SAD)

- Female, 14, ballerina
  - School refusal, social anxiety developing?
  - Sister also anxious, athlete
- Male, 16, special needs
  - Mother at home to keep son in school
  - Drives car in limited geog. area
  - Older sister in care
  - Has developed panic attacks

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

Girl’s tx plan

- Stayed at home on wooden chair, 8:30 – 3 (3 days)
- Practiced breathing and dvp cognitive cards
- Went to school, didn’t participate in class
- Shopping outings with friends, not mom
- Overnights at her house (1 friend)
- Several girls overnight at her house
- Camping trip – 4 nights

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

### Cognitive Coping Cards

**Portable** reminders of helpful thoughts (“self talk”)

*I can do some breathing now to relax*

*I'm in charge. NOT my anxiety!*

*What's my evidence for this thought?*

*Is there another way I can think about this?*

*That's just my anxiety talking: I don't need to listen!*

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

### Boy's treatment plan

- Parents leave home (walking), 5 min., no ?s
- Parents drive in neighborhood, calling 20 min.
- Mom leaves home during school day @ pre-determined time
- Mom leaves home during day, unknown time in am/pm
- Boy stays home long weekend, parents in Whistler

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

### Beware!!!

- Moms out in hallway
  - Get out as quickly as possible, use as a reward
- Kids with cell phones
  - No! Notes from Mom, no luvvies! Use cognitive cards
- School mates asking where child has been?
  - "I have stomach problems"
- Homework reluctance
  - Email updates, set time, location, day
- Rewards backfiring
  - Low value rewards
- School camping trips
  - Start many weeks prior, sleepovers with family, then friends

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

**Other problems...**  
**School Refusal**

- Use gradual exposure
- Do NOT reward missing school
  - ✗ No TV, snacks, candies
  - ✗ No sleeping in late
- Make time at home boring! (instruct parents)
  - ✓ Have the child sit at the kitchen table, doing schoolwork
- ✓ Be flexible when youth returns - encourage favorite classes, partner
- ✓ Need "face saving" reason has missed school (and practice!)

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---

**Summary**

- Specific Phobia
  
- Separation Anxiety

lynn.miller@ubc.ca

---

---

---

---

---

---

---

---