

Parents and teachers working with anxious youth: *“Let’s not accommodate”*



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Why should parents and teachers care about anxiety in youth?



- Quiet distress
- Does not remit with time
- Adult anxiety disorders
- Dysthymia/depression in adults
- Substance use/abuse problems in adulthood

Cognitive Factors



- **Automatic thoughts**
- **Cognitive processes (pre-event anticipations)**
- **Cognitive structures**

Cognitive processing targets



- **Cognitive distortions**
 - dysfunctional distortion
 - functional distortion

Pre-event, during an event, post-event

Behavioral view of anxiety



- **Escape** a response stops a negative condition
- **Avoidance** a response prevents a negative condition

Role of parents



- **Role of mothers**

- intrusive involvement
- Solving distress for the child
- Intolerance on anxious arousal (or negative emotions)

- **Role of fathers**

- limited risk-taking play behavior
- Unpredictable and punitive
- explosive

Role for teachers



- For “fun” let’s switch it...what would we have teachers do to make a child more anxious?
- Be overly involved
- Solve distress for the child
- Be intolerant of negative emotions
- Limit risk-taking play behavior
- Be unpredictable and punitive

A “mental attitude” for parents and teachers



- 1. First be educated about anxiety,
then go beyond youth self-report**
- 2. Provide cognitive and interpersonal education**
- 3. Be collaborative in understanding shared experiences**

...on the internet



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Parents and teachers can be “active”



- Provide (a) opportunities to practice, (b) rewards, and (c) homework
- Parental encouragement
(Silk et al, “You can do it,” 2013, *Journal of Anxiety Disorders*, 27, 439-446)
- Be concerned about information processing
- Accept anxious arousal and negative emotions
- Potentially, involve peers

CBT Therapist Strategies: As parents and teachers



- 1. Coping modeling
- 2. Changing self-talk
- 3. Affective education
- 4. Self-evaluation and reward
- 5. Exposure tasks

1. Coping Modeling



- **Mastery model**: demonstrates success (NOT preferred)
 - **Coping model**: has a problem similar to the youth, demonstrates strategies to overcome the problem, then demonstrates success
 - **Verbalizing coping model**: a coping model who talks out loud
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- What a parent can do
 - What a teacher can do

2. Changing self-talk



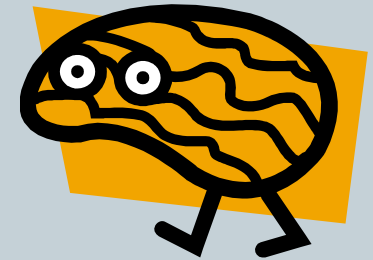
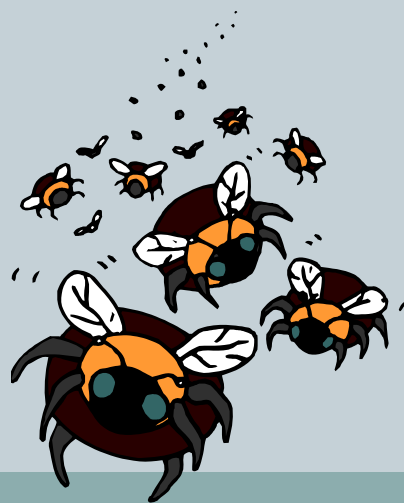
- **Adult sets the tone first (before questions)**
- **Observe others before self**

- **What a parent can do**
- **What a teacher can do**

Give Worry a Name



- Mr. Stuck
- The Worry Monster
- Worry Brain
- Voldemort
- Headgames
- Bossy Brain
- Doubting Bees



Gather evidence by asking questions...



1. Do we know for sure this is going to happen?
2. What else might happen?
3. How many times has it happened before?
4. After collecting the evidence, what are the odds of _____?

Additional questions to consider:

1. Is worrying about this helping?
2. What am I missing out on because I am worrying?
3. What if it does happen?



3. Inform about emotions



- Anxiety is **NORMAL**
- Use various feelings words
- Note how one situation can lead to different feelings, and that feelings are modifiability
- Tolerate negative emotions
- “coach” not “teach” (Podell et al, 2013, Therapist factors and outcomes in CBT for anxiety in youth. Professional Psychology: Research and Practice, 44, 89-98).

4. Self-evaluation and reward



- Strive to reduce the frequency and standards for self-reward
- Schedule mastery and pleasant events
- Reward for effort, and no punishment

5. Exposure tasks



- Data suggest this is an active component
- Graduated exposure tasks with preparation and processing
- Why not exposure without psychoeducation first?
- Social exposure tasks

- Accommodation?

What has been found?

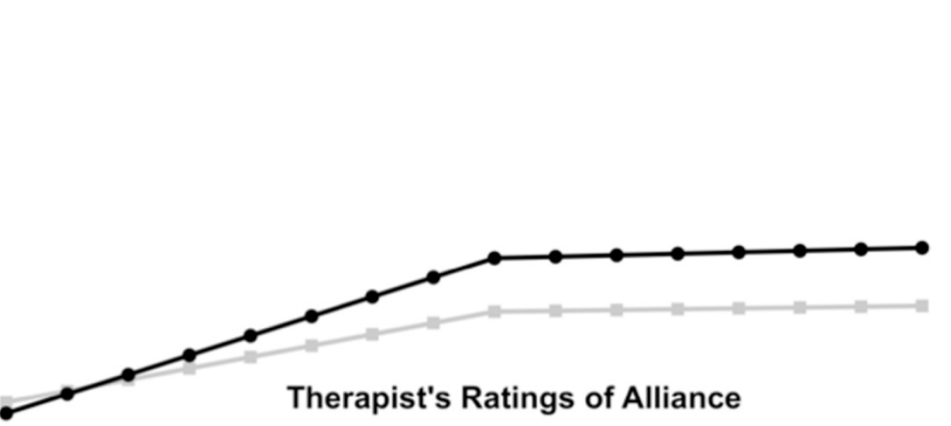


- **Exposure tasks and the therapeutic relationship: Ruptures?**

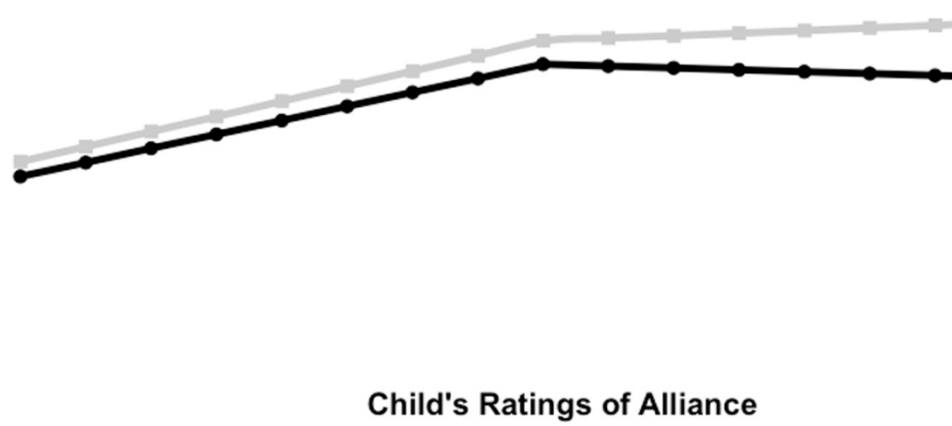
Therapeutic relationship (alliance) from the child, mother, father, and therapist perspectives

FCBT vs FESA (Kendall et al, 2009)

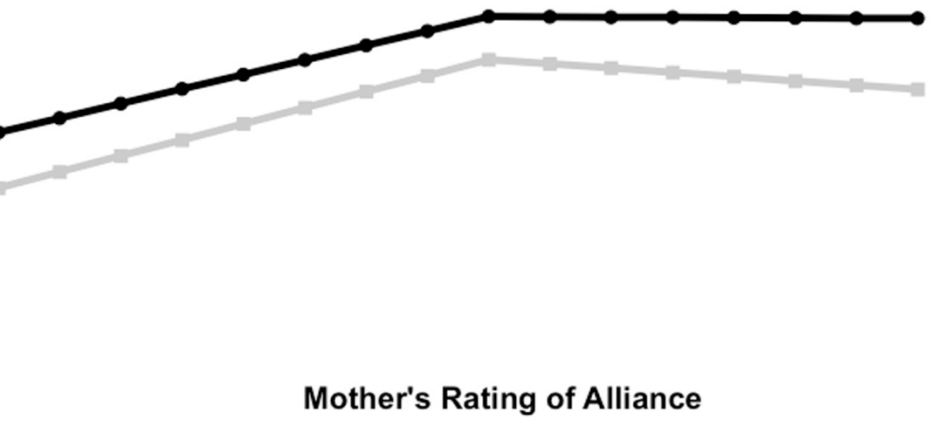
■ FESA ● FCBT



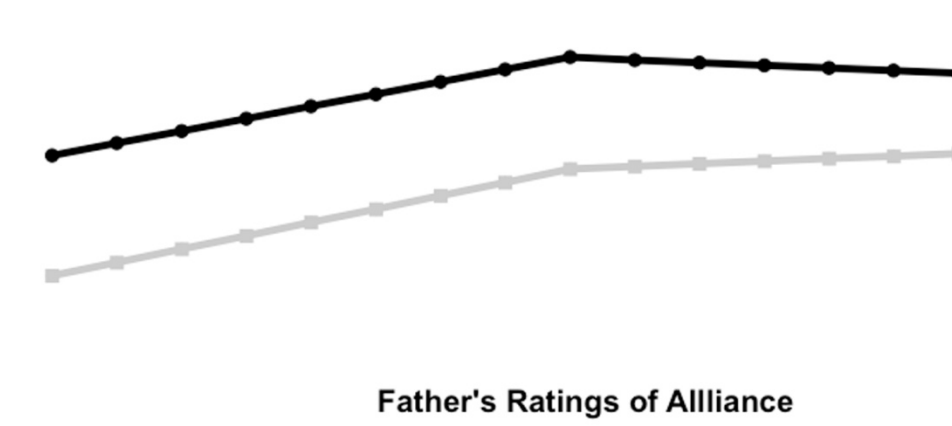
Therapist's Ratings of Alliance



Child's Ratings of Alliance



Mother's Rating of Alliance



Father's Ratings of Alliance

Regarding parents and teachers: What has been found?



- **Diagnostic improvement (as reported by parents)**
- **Teacher report (differential “hits” and measures vs nomination)**
- **Normative comparisons**

Regarding parents in sessions: What has been found?



- **Child or family?**

ICBT = child CBT

FCBT = child CBT with parents in sessions

FESA = family education, support, and attention

ICBT and FCBT > FESA

Kendall, P. C., Hudson, J., Gosch, E., Flannery-Schroeder, E., & Suveg, C. (2008). Cognitive-behavioral therapy for anxiety disordered youth: A randomized clinical trial evaluating child and family modalities. Journal of Consulting and Clinical Psychology, 76, 282-297.

Parent changes and child outcomes: What has been found?



- ❑ **Parent Anxiety Management**
(parents change their own anxiety)
 - ❑ **Transfer of Control**
(parents cede control to the child)
 - ❑ **Communication Skills**
(improve clarity of parent-child communication)
 - ❑ **Contingency Management**
(parents learn how to use reward and ignoring, etc)
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- ❑ **TOC and CM significantly predicted beneficial child change on several measures**

(Khanna & Kendall, 2009)

Regarding parents: What has been found?



“Spillover effects?” Are there parent benefits of child treatment? Child-focused anxiety treatments can result in improvements in non-targeted parent symptoms and family functioning, particularly when the youth respond favorably to the treatment!

(Keeton et al, 2013, Depression and Anxiety, 30, 865-872).

Child-focused CBT for anxiety evidences ~60-65% favorable treatment response, often maintained 3, 7, and even more years post-treatment. However, those youth who return to a parent with an anxiety disorder, though they responded to treatment comparably well, have less favorable follow ups.

And so...



Evidence is clear that specific parenting behaviors (e.g., accommodation) are associated with higher anxiety in youth, and it is likely that the same is true for teacher behaviors.

A child's anxiety requires accommodation and such accommodation can result in conflict, just as conflict can increase child anxiety.

What can parents and teachers do?



With love and support,

“Let’s not accommodate”