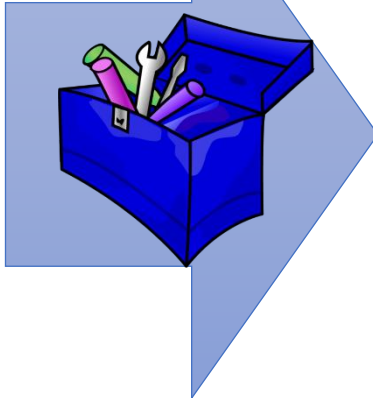


# Resource for Exposures for Anxiety Disordered Youth



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*Full content can also be found at  
[www.bravepracticeforkids.com](http://www.bravepracticeforkids.com)*

# The Resource for Exposures for Anxiety Disordered Youth

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**Details about development and initial evaluation of the READY toolkit can be found here:**

Becker-Haimes, E. M., Franklin, M., Bodie, J., & Beidas, R. S. (2017). Feasibility and acceptability of a toolkit to facilitate clinician use of exposure therapy for youth. *Evidence-based practice in child and adolescent mental health*, 2(3-4), 165-178.

Becker-Haimes, E. M., Wislocki, K., Schriger, S. H., Kratz, H. E., Sanchez, A. L., Clapp, D., & Frank, H. E. (2023, January). Preliminary Implementation Outcomes of a Free Online Toolkit to Support Exposure Therapy Implementation for Youth. In *Child & Youth Care Forum* (pp. 1-18). New York: Springer US.

# NOTE:

This toolkit contains an overview of exposure rationale, theory, and strategies and ideas for the effective implementation of exposure for youth with anxiety disorders. This is **not intended** to be a complete substitute for formal training in the use of exposure therapy for youth anxiety.

This toolkit **does not** contain detailed information about all the strategies that could be incorporated in a cognitive-behavioral intervention for youth. To the extent possible, exposure therapy should be delivered in the context of a full cognitive-behavioral treatment package.

**Ideal users of this toolkit will already have received some training in cognitive-behavioral intervention for youth** through a class, workshop, online training, or supervised experience.

There are many brilliant clinicians who have dedicated their lives to delivering exposure therapy to youth with anxiety. Never be afraid to seek expert consultation from a therapist experienced in the cognitive-behavioral treatment of youth anxiety. There are also a number of organizations that offer various resources for clinicians interested in working with anxious youth (The Anxiety and Depression Association of America; The Consortium for Science-Based Information on Children, Youth and Families).

## \*\*\* Why use this toolkit? \*\*\*

**Exposures are HARD.** Designing and implementing exposures sounds easy in concept, but can be hard in practice. It is hard to know where to start, how to push, and how far to go.

Through this toolkit, we hope to:

- 1) Provide an overview of the rationale, theory for, and effective delivery of exposures
- 2) Highlight some of the nuances, common pitfalls, and things to avoid in the delivery of exposure therapy
- 3) Illustrate advanced exposures that may initially seem uncomfortable for therapists, but ultimately have clinical value – in other words, demonstrate that it is okay for exposures to seem odd or anxiety provoking to most people, and in fact may be the best clinical approach for some anxious youth!
- 4) Provide an array of exposure options (“challenge cards”) for the most common anxiety presentations in youth. We know that ongoing consultation with an expert in youth anxiety treatment to design tailored exposures for individual youth is not always feasible. We hope that this toolkit can serve as a way to stimulate ideas for additional exposure options that are best suited for a specific child or teenager.

## \*\*\* Why use this toolkit? \*\*\*

In this toolkit, we provide sample **challenge cards**, or potential exposures, for some of the most commonly presenting anxiety disorders in youth: separation anxiety disorder, social anxiety disorder, generalized anxiety disorder, specific phobia of the dark, specific phobia of animals or insects, specific phobia of blood injection injury, and specific phobia of vomit. These can be directly translated into your sessions or be used to generate ideas for additional exposures.

Before each set of challenge cards, we also provide some tips and tricks that are specific to each disorder (although many tips may apply across disorders)

The included challenge cards are in the format of individual cards to allow for flexible use. In addition to simply serving as a resource for identifying various types of exposures, the physical challenge cards themselves can be incorporated into treatment. Several ways are described below, but feel free to use your creativity to come up with more!

- 1) For youth for whom building a hierarchy is a challenge, the challenge cards can be cut up and youth can arrange them in order of “least hard” to “most hard”
- 2) The challenge cards could be arranged on a bingo board to play “Brave Bingo”. Youth can then earn a prize for completing 3 challenge tasks in a row. A template has been included in the supplemental materials section. Alternatively, you can select a handful of appropriate level challenges and have youth pick one at random.
- 3) When patients near treatment termination, you can use the “Create your Own Challenge” cards to encourage youth to generate their own ideas for exposure.

# \*\*\* EXPOSURE OVERVIEW \*\*\*

## What is Exposure?

Exposure therapy is essentially as it sounds – gradual and repeated exposure to feared situations. Exposures can take many forms. They can be imaginal (imagined feared outcomes or circumstances), or *in vivo* (take place in real life); they can occur gradually (graduated), or they can take place very quickly and intensely (flooding). Exposures can target situations (situational exposures) or uncomfortable or distressing physical sensations (interoceptive or sensational exposures).

Exposure therapy is based on the idea that anxiety is maintained and worsened through **avoidance** of feared stimuli. We all avoid feared stimuli to some extent because it keeps us safe. For example, most people would avoid touching a snake they were told was poisonous and few would think that this avoidance was maladaptive or pathological in any way. For youth with anxiety, this same level of avoidance occurs for stimuli that are not truly dangerous. By avoiding these objectively safe stimuli, youth never get to teach their bodies and brains that approaching these stimuli is safe. In fact, the avoidance continues to **reinforce** the idea that these stimuli are dangerous and should be avoided.

Avoidance can take many forms, and youth may avoid certain people, places, or feared objects (such as needles). Youth may also avoid experiencing uncomfortable physical sensations, being out of control, making mistakes, or feeling strong negative emotions. The goal of exposure is to break this **cycle of avoidance** by gradually exposing youth to their feared stimuli.

## Does Exposure Work?

Exposure is by far the most successful treatment for anxiety disorders that has been developed to date. Research studies routinely demonstrate that cognitive-behavioral therapy (CBT) that includes a heavy exposure component can lead to improvements equal to or better than those achieved through medications for both youth and adults. More recent studies have suggested that much of the improvement in anxiety symptoms that occurs within CBT intervention takes place after beginning exposure sessions.

## Why Does Exposure Work?

There are several prominent theories as to why exposure works. All of these theories are grounded in learning theory – both classical and operant conditioning. Classical conditioning (think Pavlov's dogs!) occurs when a previously neutral situation elicits a strong response as a result of repeated pairings of the neutral situation with a strong (or scary) situation. Operant conditioning occurs when a behavioral response is strengthened after it is reinforced in some way. We provide more detail about why we think exposures work later in the toolkit.

## \*\*\* EXPOSURE OVERVIEW \*\*\*

### Theoretical Considerations

#### Relevant Theoretical Constructs

**Habituation** - Habituation refers to the idea that the human body cannot withstand high levels of arousal (stress) for extended periods of time and *eventually the arousal/anxiety level will naturally reduce.*

**Self-Efficacy** - Self-efficacy as it relates to exposure refers to the idea that the more youth believe they can handle and cope with situations that are anxiety-provoking, the more likely generalization of skills is to take place. Promoting self-efficacy during and after exposures is therefore encouraged.

**Extinction** - Extinction, or the absence of the anxiety response during a non-threatening situation, is the goal of exposure. Extinction is believed to occur when the expected feared outcome is not reinforced (does not occur).

**Fear Tolerance:** Fear tolerance refers to process of learning that the uncomfortable sensations that occur with anxiety are ultimately harmless and do not need to be avoided.

#### Theories Explaining Why Exposure Works

When youth encounter an anxiety-provoking stimulus, their brain activates memories that lead to the anxious response. The use of exposure, and subsequent habituation, to previously avoided situations creates new memories that don't match with the previous fear memories. These new memories provide corrective information that contrasts with the previous fear memories. Thus, experiencing the fear when presented with a feared stimulus and then subsequent habituation to that fear will be critical for seeing beneficial changes in anxiety symptoms.

Leading theory suggests that these new memories that are learned during exposure exist **alongside** the old memories. Since the old memories are still there, it is possible that the anxiety response may return in the future. The implication of this is that it is more important for youth to learn that they can **tolerate their fear** during exposure, rather than have their fear reduce. There is little experimental support for the **need for habituation to occur during exposures**. Clinical applications of how to maximize this type of learning (termed inhibitory, or "safety" learning) are discussed later (Exposure Overview-The "How To").

# EXPOSURE OVERVIEW -The “How To”

## Steps to Successful Exposure – The Basics

- 1) Explain rationale of exposure to youth in developmentally appropriate language. Make sure to tell youth that you will proceed at their pace, and never force them to do anything (although you might encourage them!).
  - a. It can be scary for youth to think about doing an exposure, and it may be helpful to help them think about it as “exercising their brave muscles” so they get strong. Just like how exercising may feel hard and uncomfortable sometimes, so too will exposures – but that is how you make the scary things easier
- 2) Develop a **hierarchy** of the youth’s feared situations. For youth with multiple feared stimuli (e.g., the dark, going new places, etc.), it might be useful to also to create separate hierarchies for each one, almost like a “hierarchy within a hierarchy”.
- 3) Select a first exposure to try that seems feasible. This first exposure should raise youth anxiety (Subjective Units of Distress, or “SUDS”, often rated on a scale from 1-10) to about a 4/5 out of 10 but should also be something where you expect the youth will succeed. This provides an opportunity for the youth to feel good about their success, and sets them up well to participate in future exposures
  - a. For youth who are hesitant or skeptical about exposure, it can be helpful to do a mock exposure. For example, you can bring in a plastic spider (assuming the youth does not have an extreme spider phobia) and pretend to be really afraid of spiders. Initially, start off by standing far away from the spider and tell the youth your SUDS level periodically and/or describe any physical feelings, thoughts, or urges to escape you may experience. Acknowledge that even though you are scared, you can tell that you are still safe. When you feel “brave enough”, you can progressively take steps forward until you are holding the spider in your hand, and maybe even touching it to your face! You can then repeat this and have the youth try it!
- 4) Before beginning, ask the youth what their feared outcome is, and how likely it is that they think it will come true!
  - a. For youth who are resistant or are too afraid to even try the exposure, help youth use “detective thinking” and evaluate the evidence for the likelihood of the feared outcome coming true. Help them come up with a coping thought they can use to engage in the exposure. Once they begin to buy-in to the idea of exposure, you can reduce this emphasis on cognitive restructuring in advance of the exposures.



# EXPOSURE OVERVIEW -The “How To”

## Steps to Successful Exposure – The Basics, Continued

- 5) Initiate the exposure. Ask youth to periodically provide their SUDS level and/or describe their anxiety sensations to ensure they are present in the moment and not distracting themselves.
  - a. For some exposures, it is really easy to know when the exposure is over (e.g., when the youth is saying hello to a new person). At other times, it may be unclear, especially without a criterion of “SUDS level reducing by half” to end the exposure. In instances where youth anxiety remains high, it may be helpful to have continued conversations about whether the feared outcome has come true until the exposure is over. Many times, length of exposures will be determined by the length of your session time. As much as it is feasible to do so, try to end exposures a few minutes before the end of session to allow for time to discuss how the exposure went and to plan for weekly brave goals.
- 6) Following the exposure, engage youth in a conversation about how it went and what they learned. Did what they feared happen? *If the feared outcome did happen*, were they able to cope and live through it?
- 7) Continue with in-session exposures and strongly encourage out of session brave practice as well. It is not necessary to have youth proceed through the steps of their hierarchy in a linear fashion, but it is important for exposure practice to be **intentional** (rather than “white knuckling” through naturally occurring anxiety provoking situations). Have youth discuss the outcome of home exposures at the beginning of each session. Sample handouts for youth to record the outcomes of their home exposures are in the Supplemental Section of the toolkit.

### ***A note about SUDS ratings...***

We advocate for gathering SUDS ratings from youth before and during exposure for two specific reasons:

- 1) Assess youth *willingness* to engage in an exposure. If a youth rates a task as a 10/10 for their fear rating that may be a clue that that particular exposure may be too difficult at the current time.
- 2) Assess youth *attention* to the exposure. As noted later on, the use of distraction strategies is not encouraged during an exposure. It can be difficult at times to determine if a youth is paying attention and fully engaged with the exposure or if they are distracting themselves. Periodically asking youth for their SUDS ratings and/or asking them describe their body feelings or their feared stimulus serves to ensure that they are fully paying attention to the exposure.

## \*\*\* EXPOSURE OVERVIEW \*\*\*

### Words of Caution

#### What Should I NOT Do During Exposures?

It can be tempting (and seem logical!) to encourage youth to use skills like relaxation or deep breathing when stressed during exposures. However, it is increasingly being recognized that this may hinder the success of the exposure. If we conceptualize the goal of exposure as to enhance safety learning and the idea that youth can cope with their uncomfortable feelings, using relaxation or similar strategies may teach youth that they can ***only cope when they are able to use their relaxation strategies.***

A related construct is **safety behaviors**. Safety behaviors are any behavior that serves a purpose the youth (or parent) perceives to help lessen their anxiety. Safety behaviors have been demonstrated to undermine the success of exposure. For example, let's say a youth who is afraid of traveling by car can only do so with his lucky rabbit's foot. The youth may ride in the car 100 times safely – but if he always has his rabbit foot, he will attribute his safety to the rabbit's foot, rather than the safety of the car. As long as he has his rabbit's foot, he will never teach his body and his brain that the car is safe. However, if the same youth practices riding in a car 100 times safely without his rabbit's foot or other safety object, the youth will likely learn that the car is safe.

Safety behaviors can take many forms. They can be overt and easily identified, such as when a youth cannot go to a friend's house without a cell phone. They can also be more covert and harder to identify. For example, closing eyes or counting internally during an exposure may help youth progress to entering difficult situations, but is unlikely to lead to long term safety learning. Ideally, youth will immediately reduce the use of safety behaviors when beginning exposure – however, gradual phasing out of safety behaviors may be needed for treatment engagement purposes.

## \*\*\* EXPOSURE OVERVIEW \*\*\*

### Words of Caution

#### **When Should I NOT Use Exposure When I am Treating Anxious Youth?**

In general, if a youth presents with a primary anxiety concern, exposure therapy should be considered. In many of the research trials, youth with psychotic disorders, autism spectrum disorders, severe mood disorders, and low intellectual functioning have been excluded. Additionally, some work has suggested that individuals with severe anger may not benefit as strongly from exposure therapy. There have been recent studies suggesting that CBT that includes exposure can be an effective treatment for anxiety that co-occurs with an autism spectrum disorder or chronic medical condition. For youth with anxiety and high levels of suicidality or non-suicidal self –injury, an alternative intervention such as Dialectical Behavior Therapy may be indicated prior to youth engaging with exposures.

Additionally, it is important to recognize therapist anxiety as a factor that may hinder the success of exposure therapy. A key component of successful exposure is **brave modeling** by the therapist. For example, if doing an exposure targeting a fear of heights will elicit strong therapist feelings of anxiety, it may be inappropriate to proceed with the exposure.

## EXPOSURE OVERVIEW –COMMON PITFALLS

### **The Exposure Is Too Hard and/or the Youth Underestimates How Hard the Exposure Will Be For Them**

**Why It Happens:** Sometimes youth think they are ready for something, but then enter the exposure and become overwhelmed. Alternatively, therapists can sometimes push too hard because the exposure seems easy, but is particularly difficult for a specific youth.

**How NOT to Handle It:** If it is clear that the exposure is too hard, avoid pushing the youth to continue. It is important that youth trust that their therapist will work at their pace.

**How to Handle It:** Ideally, you will be able to coach the youth through the exposure by asking them to acknowledge their worries, and encourage them by saying they are learning to tolerate their anxiety and they are safe. If the youth is unable to complete the exposure, it will be important to reframe it so that it does not mean it was a failure. Feel free to take the blame (“it’s my fault for picking something that you were not ready for yet”). Work with the youth to identify a more feasible step, emphasizing that just because they are not yet ready for this challenge, they will be able to get there by continuing to be brave and talk back to their anxiety.

### **You Worry That You Pushed Too Hard and/or the Youth Gets So Upset That You Back Off the Exposure**

**Why It Happens:** It can be very upsetting and stressful when a youth tells you that they are ready for an exposure but becomes very upset once the exposure begins. As a caring therapist, a natural urge is going to be to comfort the youth and make them feel better.

**How NOT to Handle It:** Avoid backing off completely and inadvertently reinforcing youth avoidance. Try to not to provide excessive comfort to the youth and resist the urge to make the youth feel better immediately. Remember – exposures are supposed to be hard and the uncomfortable sensations that accompany their anxiety are in and of themselves harmless! By joining with the youth in providing short term relief, you are actually reinforcing their learning that they cannot handle their anxiety.

**How to Handle It:** Assess why you stopped the exposure – is it possible that *your* discomfort drove the decision to end the exposure? It can be helpful to remind yourself that even though exposures causes anxiety in the short term, in the long term, it is the best way we know for youth to learn to tolerate their anxiety and for their anxiety to decrease.

### **The Youth Refuses To Participate In the Exposure without Being Allowed To Use Their Safety Behavior**

**Why It Happens:** It’s scary for youth to do exposures without their safety behaviors!

**How NOT to Handle It:** Avoid letting them just continue to use their safety behavior.

**How to Handle It:** Repeatedly emphasize the goal of exposure and the importance of learning they are safe without the object/behavior. Gradually reduce use of the safety object over time.

## EXPOSURE OVERVIEW –COMMON PITFALLS

### **The Youth Is Not Motivated To Engage With Exposures**

**Why It Happens:** Exposures are hard. The benefit of exposure is a long-term reward, which can make it harder for youth to feel it is worth it to do these hard and scary things. For families accommodating a lot of youth's anxiety, youth may not be motivated to change their anxiety because they do not experience the negative things associated with their avoidance.

**How NOT to Handle It:** Avoid giving up, coercing and/or bribing youth

**How to Handle It:** Consider incorporating a reward program, where youth can earn small, medium, or large rewards for completing exposures. Rewards should be decided before the exposure begins to avoid use of bribery (which may teach youth they can earn extra rewards for refusing to complete exposures). To address accommodation, work with families to help them gradually reduce their accommodation.

### **The Youth Completes In-Session Exposures But Does Not Do Outside Practice**

**Why It Happens:** This can happen for several potential reasons: 1) the youth lacks motivation to decrease their anxiety (see above), 2) the youth and/or caregivers do not understand the importance of out of session practice, or 3) caregivers are having trouble helping youth with home exposures, perhaps due to their own discomfort or distress.

**How NOT to Handle It:** Avoid letting it go - Don't give up on the idea of home practice!

**How to Handle It:** Have a discussion about the barriers to exposure with both the youth and the parent. If there is low motivation, look for ways to boost motivation using rewards or pull back parental accommodation so that youth motivation to make change increases. If the intensity of the exposure is what is getting in the way of the home practice, try reducing the intensity of the exposure until the youth has fully bought in to the concept, at which point the intensity can be increased. If parent stress is impacting the success of home exposure, parents can be included more in session. You can ask the parent to lead an exposure while you provide real time coaching and support to the parent.

### **The Youth Engages in Exposure But Denies It Make Them Stressed or Anxious**

**Why It Happens:** There are several reasons why this might happen: 1) the exposure is not hard enough, 2) the youth is engaging in some sort of safety behavior that is preventing them from fully experiencing their anxiety, 3) the youth is "white knuckling" the exposure, and just doing everything they can to finish the exposure, 4) the youth has improved

**How NOT to Handle It:** Don't just ignore it and assume that this means the youth is better.

**How to Handle It:** Assess further. Be on the lookout for safety behaviors or distraction strategies that are preventing youth from fully engaging with and experiencing their anxiety. It is helpful to tell youth directly that *exposures are supposed to be hard. If they're not hard, they're doing them wrong.* If this occurs after other, more successful exposures during which youth did feel anxiety, it may signal that it is appropriate to move on to other treatment goals or begin working on relapse prevention.

# EXPOSURE OVERVIEW

## Enhancing Inhibitory Learning

**Remember: Inhibitory learning means youth learn to tolerate experiencing fear**

*Some key strategies to enhance “inhibitory learning” and make exposures more effective have been noted. While these ideas have been mostly tested with adults, there is new work showing that these ideas also make exposures more effective for youth.*

**Expectancy Violations** – Theory suggests the completion of an exposure occurs when the “expectation” of the feared outcome is violated and does not occur. The goal shifts from remaining in a feared situation until SUDS decrease by half (waiting for habituation) to **learning whether the expected negative outcome occurs**. As a result, encouraging youth to come up with coping thoughts (e.g., “my fear is unlikely to come true) *before* exposures is de-emphasized to maximize the learning process *during* exposure (although coping thoughts may still be helpful for youth who initially refuse to engage in exposure!).

**Deepened Extinction** - After youth have engaged in exposures to various threatening situations, increase the likelihood of extinction by incorporating *multiple* stimuli within the context of a single exposure. For example, after giving a speech and getting negative feedback separately, do them both at the same time!

**Occasional Reinforced Extinction** - Have the youth actually *seek out* the opportunity to experience their feared negative outcomes (such as intentionally seeking out social rejection) to practice “safety learning” and the idea that they can cope in the event of the feared outcome

**Variability** – In contrast to the common approach of steadily moving up a hierarchy of feared situations, research suggests that varying the exposures chosen somewhat randomly from the hierarchy can be more helpful (note:as long as the client is willing!). Related, frequent change in SUDS over the course of session (versus one spike in anxiety which gradually falls throughout the session) is thought to predict better outcomes.

**Multiple Contexts** – As much as possible, conduct exposures with different people, in different settings, and different times of day to maximize generalizability of safety learning.

**Consolidating Extinction Learning** – Before the exposure, ask patient to predict the outcome (e.g., “What are you most worried will happen? How likely does that seem on a scale of 1-10?) Following each exposure, talk with youth about of what happened (e.g., “Did what you were worried about happen? How do you know? What did you learn?)

**Affect Labeling** – Have youth state their emotion out loud (e.g., “I’m feeling afraid right now”) to reduce distraction and avoidance.

For more information, see: Craske et al., 2014

# EXPOSURE OVERVIEW -FAQs

## Frequently Asked Questions

### ***Isn't exposure basically like torturing kids? I'd rather teach them relaxation.***

While the concept of exposure may seem counterintuitive, the process of exposure teaches youth that they can cope with situations that are anxiety provoking. Remember – the goal is NOT to get rid of the anxiety alarms that let them know when they are truly in danger. So asking youth to do things like let a poisonous spider crawl on them or complete an independent task that is developmentally inappropriate and may place them at risk should never be part of exposure therapy. Also, it is important to remember that the physical symptoms caused by the “anxiety alarm” are not in and of themselves harmful. As for relaxation, we want youth to learn that they can cope **on their own**, and learn that their feared situations are truly safe. Relaxation can act as a safety behavior and actually make it **less likely** that youth will get better.

### ***What do I do if the youth says, “I can't!” and refuses to participate in the exposure?***

There's no such thing as “I can't” - only “I'm not ready for that yet”. Set the expectation that outright refusing will not be accepted in response to an exposure. At times, you might be surprised how willing a youth is to engage in an exposure with a little encouragement! If you do experience a complete refusal, try to scale back the exposure. Remind youth that if they want to be “the boss” of their anxiety, it is important not to let the anxiety win. Ask them for something they are willing to do, and work up to the harder stuff.

### ***Why should I have youth do things no one in their daily life would do? Some of these challenge tasks seem really extreme and unnecessary.***

Clinical expertise tells us that it is critical to go “above and beyond” what it is that youth may be avoiding to reduce anxiety to non-clinical levels and achieve both short and long term gains. We find it is helpful to think about it like climbing a mountain, where the midpoint of the mountain is about where “typical activities” might fall. Until you reach the top of the mountain, there is still a risk that you might fall all the way down to the bottom (relapse). By going to the “top of the mountain” and doing exposures above and beyond what may seem necessary, the risk of falling becomes incredibly small. We know this is hard, which is why we have tried to outline examples of “intense” exposures throughout this toolkit that we would consider clinically beneficial for youth who are ready for them

### ***Exposures are hard!***

While this isn't a question, it's a sentiment expressed and felt by many. Exposures are hard! Not only can it be tough to watch a child experience distress, it is difficult at times to come up with exposure ideas that are feasible to complete in the clinic. It is also hard sometimes to know how far to push during an exposure, when to back off, and what to assign for home practice (out of session exposures). But, exposures can also be incredibly rewarding. They are also an opportunity for you to get to be creative!

## \*\*\* EXPOSURE OVERVIEW \*\*\*

### Challenge Cards Explained

Each challenge card consists of at least one exposure idea. Most challenge cards are designed for exposures that can be feasibly implemented in session or be used as a home practice assignment. That being said, some exposures may require certain materials, may need the use of confederates (additional people), or be best conducted outside of session as a home practice assignment only. We have labeled many of the challenge cards to denote any special considerations needed for that particular exposure.

**\*M\***

*Denotes the need for materials to fully implement the exposure. The Supplemental Materials section contains a list of many materials to which it may be helpful to have easy access*

**\*C\***

*Denotes the need for a confederate to be available for the exposure (this is most commonly found in the Social Anxiety section).*

**\*O\***

*Denotes that it may be difficult to implement this exposure within the confines of a clinic session, and that this exposure may best be used as a home practice assignment.*

**“Create your OWN Challenge Task”** cards are also included at the end of the toolkit. These challenge tasks are blank, and can be used to encourage youth to develop their own ideas for exposures and plan for potential future stressors (relapse prevention)

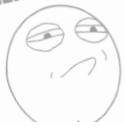
**“ULTIMATE Challenge Task”** cards are also included at the end of the toolkit. These can be used to identify what challenges youth might place at the top of their hierarchy that would take them to the “top of the mountain”. While what an “ultimate challenge” might look like for each youth may vary, examples may be things like leaving a phone at home all day, making a mistake on purpose on a test, inviting an acquaintance to a social activity, going to a pet store and holding a snake, watching a scary movie in a dark clinic room, or getting a flu shot!



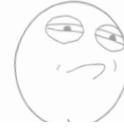
# CHALLENGE TASKS FOR SEPARATION ANXIETY

## Tips & Tricks

CHALLENGE ACCEPTED



CHALLENGE ACCEPTED



### ***Good Assessment is Key!***

- Comprehensive assessment of the nature of worries, pattern of avoidance, and family accommodation behaviors is critical. Research has shown that caregiver accommodation of anxiety, thought to be a maintaining factor of anxiety, is highest for youth with separation anxiety. Families can vary in the extent to which they recognize their own behaviors as accommodation. Identification and education about what is and is not accommodating behavior is important. Additionally, identification of safety behaviors (e.g., sending text messages to check in, reassurance seeking on the safety of their caregiver) is important to allow for phasing out of these behaviors during exposures.

### ***Treatment Rationale***

- Psychoeducation regarding why exposure therapy works is key to getting youth to buy-in to treatment– see “*Exposure Overview*” .
- For youth with separation anxiety, it may be *particularly* critical to also get **caregiver** buy-in for participation.

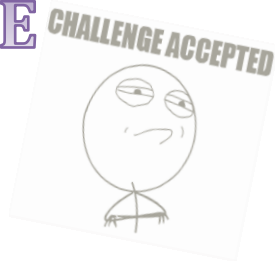
### ***Individualize, Individualize, Individualize!***

- The challenge tasks below are not intended to be followed exactly, but to provide a guide for how different exposures might be conducted. For youth with separation anxiety, it is particularly important to understand youths’ feared outcome, behavioral avoidance patterns, and family accommodation levels in selecting or designing exposures. Depending on the youth’s age and motivation, incorporating a reward program could be particularly helpful

### ***A Note on Parental Anxiety***

- While caregiver anxiety can have negative impacts on youth anxiety in any area, this is particularly true for separation anxiety. For many, it can be helpful to conceptualize separation anxiety as a dyadic disorder. Careful assessment of caregiver anxiety and distress at seeing their own youth become distressed will be critical for determining how much additional support may be needed to support caregivers’ engagement with exposure. It can be helpful to frame youth exposures as exposures for the caregiver as much as for their child. Depending on the extent to which caregiver anxiety is impacting the success of exposure treatment, it may be helpful to refer the caregiver for their own intervention or incorporate a more family-based anxiety approach to your intervention.

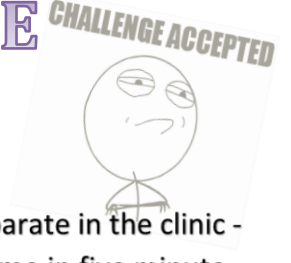
## CHALLENGE TASK!



Doing lots of checking in by phone or text? Try planfully reducing the number of check-ins over time

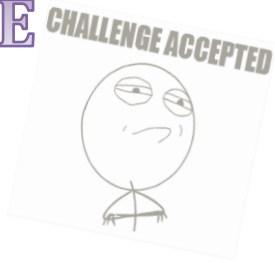
## CHALLENGE TASK!

*\*M\**



If the child refuses to separate in the clinic - Have the child play a game in five minute intervals with caregiver outside the door and let child check in with parent after each game – gradually increase the time away from caregivers!

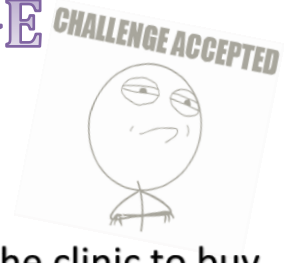
## CHALLENGE TASK!



*\*O\**

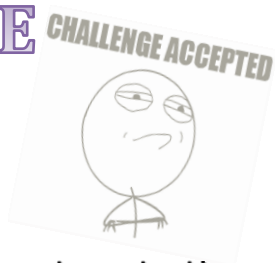
Trouble sleeping alone? Begin phasing out the caregiver's presence in the youth's room at bedtime

## CHALLENGE TASK!



Have parent leave the clinic to buy youth a snack while the youth is in session

## CHALLENGE TASK!



Have parent plan to return to the therapy room 5 minutes past an agreed upon time

## CHALLENGE TASK!

*\*O\**



Arrange a playdate for the youth at a friends house and have caregiver leave during the playdate

*\*Too hard? Have the parent "run a brief errand" and then return*

## CHALLENGE TASK!



Have youth stay in therapy room without their caregiver present and without access to a safety object (e.g., cell phone)

## CHALLENGE TASK!



Have parent go to the waiting room and leave their cell phone in the clinic room

## CHALLENGE TASK!

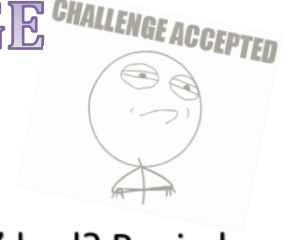
\*0\*



Avoiding going to certain activities or places without a caregiver? Recruit a family friend (a responsible adult) to accompany child instead

## CHALLENGE TASK!

\*0\*



Sleeping in parents' bed? Begin by moving child to the floor, and then gradual practice in their own bed, working up to a full night's sleep

## CHALLENGE TASK!

\*0\*



Buy a small, preferred item while caregiver waits outside the store or in the car

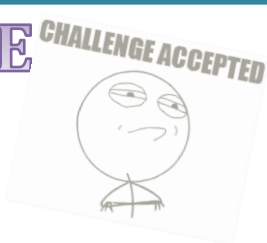
## CHALLENGE TASK!



Go for a brief walk outside the clinic while the caregiver waits inside

## CHALLENGE TASK!

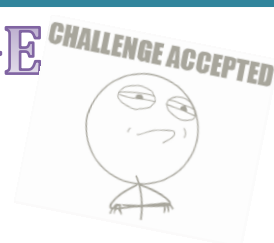
\*0\*



Hard time separating in the house?  
Gradually increase space apart,  
such as being on different floors,  
for increasing amounts of time

## CHALLENGE TASK!

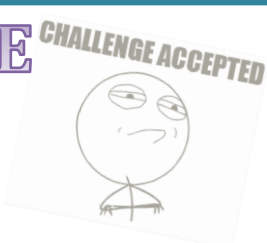
\*0\*



Encourage caregiver to inform  
child they will be “home late” one  
night, without indicating a specific  
time

## CHALLENGE TASK!

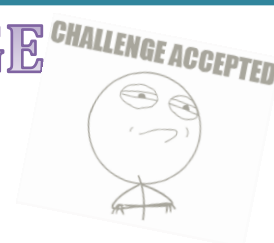
\*0\*



Afraid to ride the bus? Gradually  
work up to taking the bus daily,  
starting one day at a time (or  
maybe by imagining it first)

## CHALLENGE TASK!

\*0\*



Hard to go to extracurricular  
activities alone? Gradually reduce  
the amount of time the caregiver  
is present during the activity

## CHALLENGE TASK!

\*0\*

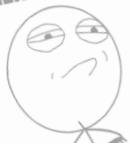


Avoiding going places without a  
caregiver? Have caregiver hide  
small prizes in the scary room and  
have youth go search for them

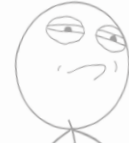
# CHALLENGE TASKS FOR SOCIAL ANXIETY DISORDER

## Tips & Tricks

CHALLENGE ACCEPTED



CHALLENGE ACCEPTED



### ***Good Assessment is Key!***

- Comprehensive assessment of avoidance, feared consequences, and safety behaviors is critical. Safety behaviors can really undermine the success of an exposure – keep an eye out for both overt (e.g., ducking head) and more subtle behaviors (e.g., mental distraction) that can come up! Understanding individuals' feared consequences is helpful for designing exposures to elicit target fears. It is also important to note how socially skilled a youth is to determine whether incorporating social skills training into exposures will be helpful.

### ***Treatment Rationale***

- Psychoeducation regarding why exposure therapy works is key to getting youth to buy-in to treatment– see “*Exposure Overview*”

### ***Individualize, Individualize, Individualize!***

- The challenge tasks below are not intended to be followed exactly, but to provide a guide for how different exposures might be conducted
- Tailoring exposures to individuals' fear is the goal! Afraid people will say something mean? Bring in someone to say mean things and practice coping!

### ***A Note on Rumination...***

- One potential roadblock is continued worry about performance after an exposure is completed. Continued observation for whether youth continue to engage in negative thinking following completion of an exposure is important to ensure exposure success. Mindfulness strategies/encouraging a focus on “being in the present moment” can be helpful for youth to use during and after an exposure (see samples of mindfulness exercises).

### ***A Note on Social Skills...***

- Youth with social anxiety will vary in the degree to which they also exhibit social skills deficits. It may be important to equip youth with some focused social skills practice, such as entry and exit skills and how to effectively maintain conversations. This can easily be incorporated into social exposures on an as needed basis. Repeated practice with the same social exposures, along with therapist in vivo coaching, may become critically important for these youth to build social skill through exposure.

### ***Continued Emphasis on Coping with Feared Outcome***

- No one can promise a life free of embarrassment or always feeling socially competent– Emphasis on coping in the face of negative consequences is the goal!

## CHALLENGE TASK!

**\*M\***



Step 1: Pick out the silliest hat you can find

Step 2: Put the hat on and go run some errands!

*\*Can't find a silly hat? Try wearing a pair of sweatpants on your head!*

## CHALLENGE TASK!

**\*O\***

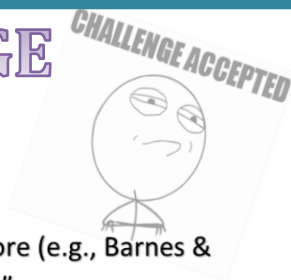


Step 1: Go to a mall, convenience store, or other place where there might be lots of people

Step 2: Tell 5-10 strangers you are doing a survey about people's favorite ice cream flavors (or other age appropriate topic) and record their responses

## CHALLENGE TASK!

**\*O\***



Step 1: Go to a local bookstore (e.g., Barnes & Noble) that has a "help desk"

Step 2: Ask the desk person for a book recommendation

*\*Be prepared to answer questions about your interests and books you like to ensure you get a good recommendation!*

## CHALLENGE TASK!

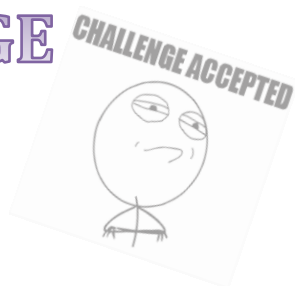
**\*M\***



Step 1: Go to a preferred food or toy store and pick out a small item

Step 2: Pay for the item using only coins

## CHALLENGE TASK!



Ask someone in your building for directions to the nearest train station

## CHALLENGE TASK!

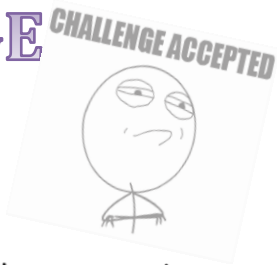
**\*O\***



Order by yourself in a restaurant

## CHALLENGE TASK!

\*M\*  
\*C\*



Step 1: Pick out a few silly tongue twisters  
Step 2: Find 3 people to read them to, as quickly as you can

*\*Resource: [http://www.fun-with-words.com/tongue\\_twisters.html](http://www.fun-with-words.com/tongue_twisters.html)*

## CHALLENGE TASK!



Call a friend to invite them for a playdate

## CHALLENGE TASK!

\*M\*



Read a poem about poop or some other bodily function to 3-4 people

*\*Resource: <http://www.poopiepoems.com/>*

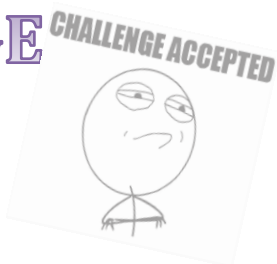
## CHALLENGE TASK!



Introduce yourself to a new person in the building. Ask them their name and what they like to do for fun.

## CHALLENGE TASK!

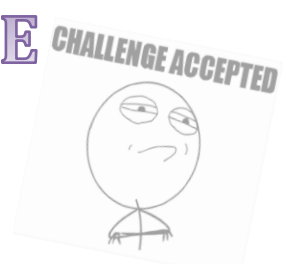
\*C\*



Prepare a one minute presentation on a topic of your choice to give to a few people

## CHALLENGE TASK!

\*O\*



Raise your hand in class when you're not sure of the answer  
*Bonus – answer wrong on purpose*

## CHALLENGE TASK!

\*M\*  
\*C\*



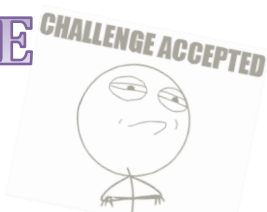
Pick random topics (e.g., pizza, worms, the flu) out of an envelope or hat and speak about them for 1 minute each to 3-4 people

## CHALLENGE TASK!



Say hello to someone new – make sure there is eye contact!

## CHALLENGE TASK!



Watch videos of people doing embarrassing things or being embarrassed

*\*Resources:*

<http://fearbuster.com/100-days-of-rejection-therapy/>

<https://www.youtube.com/watch?v=iaQbC5bgh2s>

<https://www.youtube.com/watch?v=-qHEBABE6PU>

## CHALLENGE TASK!

\*M\*



Drop a giant bag of coins in a hallway, lobby, or waiting area and then pick them all up – bonus points if there are lots of people around!

## CHALLENGE TASK!



Open a closed door in the clinic without knocking!

## CHALLENGE TASK!

\*C\*



Read a poem to a stranger.  
*\*Ramp it up! Make at least 3 mistakes on purpose*



## CHALLENGE TASK!



Afraid of hurting other people's feelings by asking something they can't answer? Ask someone a hard question they probably won't know, like "how many miles are between Las Vegas and the North Pole?"

## CHALLENGE TASK!



Sing Happy Birthday as loudly as you can in the middle of the lobby!

## CHALLENGE TASK!

\*0\*



Order a cup of coffee or small object from a store.

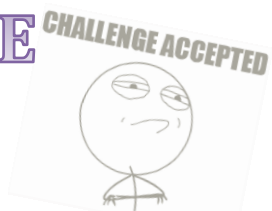
*\*Ramp it up! Tell the store clerk you would like to return it for something different*

## CHALLENGE TASK!



Ask several people what time it is  
*\*Ramp it up! Ask others for the time while wearing a watch or carrying a phone that shows the time*

## CHALLENGE TASK!



Find a door that pulls open – and try to push it open repeatedly

*\*Bonus points for continuing to push even if someone is behind you trying to get through the door!*

## CHALLENGE TASK!



Call a pizza restaurant and ask what is on the menu  
*Or Order a pizza and then get to eat it after!*

## CHALLENGE TASK!

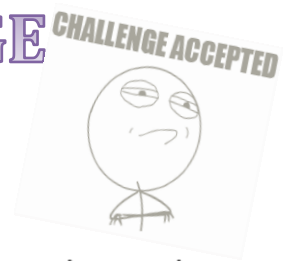
\*O\*



Ride public transportation (if old enough)

*\*Ramp it up! Sit down next to someone and introduce yourself to them*

## CHALLENGE TASK!



Place an order for takeout by phone

*\*Ramp it up! Say you changed your mind and don't want it anymore*

## CHALLENGE TASK!

\*M\*

\*C\*



Not a fan of eating in front of others?  
Pick a tasty snack and practice eating in front of someone you would normally avoid eating in front of

## CHALLENGE TASK!

\*O\*



Ask the teacher for help after class

## CHALLENGE TASK!



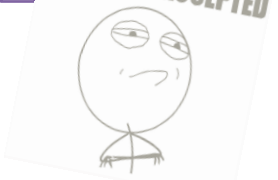
Send a text message to a friend,  
*\*Ramp it up! Text them immediately afterwards that it was an accidental text*

## CHALLENGE TASK!



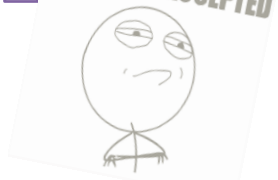
Spill water on your shirt or pants and then ask someone for directions to the nearest laundromat

**CHALLENGE TASK!** *\*M\** *\*C\** **CHALLENGE ACCEPTED**



Not a fan of eating in front of others?  
 Eat your snack in front of the clinic staff  
*\*Ramp it up! Go out to eat something yummy at a crowded restaurant*

**CHALLENGE TASK!** **CHALLENGE ACCEPTED**




Wear glasses on your head and ask someone if they have seen your glasses  
 /While holding your phone, ask a stranger if they have seen your phone

**CHALLENGE TASK!** *\*C\** **CHALLENGE ACCEPTED**




Engage a new person in conversation – focus on practicing how to best start a conversation, keep the conversation going, and how to gracefully exit the conversation

**CHALLENGE TASK!** *\*O\** **CHALLENGE ACCEPTED**



Have a neutral conversation with a stranger in the elevator or similar location such as the grocery store line – practice initiating the brief conversation and then exiting the conversation

**CHALLENGE TASK!** *\*O\** **CHALLENGE ACCEPTED**



Sit with people you don't know well in the cafeteria

**CHALLENGE TASK!** **CHALLENGE ACCEPTED**

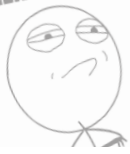


For older youth – post a picture on social media that might not be “cool” or “perfect”

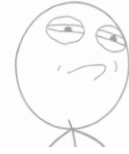
# CHALLENGE TASKS FOR GENERALIZED ANXIETY DISORDER

## Tips & Tricks

CHALLENGE ACCEPTED



CHALLENGE ACCEPTED



### ***Good Assessment is Key!***

- Understanding the nature of youth's worry is critical. It may be helpful to search for themes within the underlying worry, such as a need for perfectionism, poor tolerance of uncertainty, need for control, or a catastrophic thinking pattern.

### ***Treatment Rationale***

- Psychoeducation regarding why exposure therapy works is key to getting youth to buy-in to treatment– see “*Exposure Overview*”

### ***Individualize, Individualize, Individualize!***

- The challenge tasks below are not intended to be followed exactly, but to provide a guide for how different exposures might be conducted
- Youth with GAD by definition will exhibit more generalized worries that can cover a number of different topics. Identifying “themes” of worry can help tailor selection of exposures.

### ***But I can't recreate things like war or ebola in my client's hometown!***

- For many youth with GAD, it is not feasible to recreate their exact feared scenario and then expose them to it in reality. Depending on the situation, it may be helpful to utilize imaginal exposures. Additionally, (or in conjunction), a focus on tolerating uncertainty may be helpful.

### ***What if my client has theoretically possible worries? They really could get the Zika virus or there really could be a terrorist attack at their airport!***

- For youth with GAD who have “realistic” worries that could possibly happen, it is worth considering with them the *probability* that the worry will come true – and designing repeated exposures for longer and longer lengths of time for youth to learn that the feared outcome is likely to not occur. This information can then be used as a cognitive “talking back” strategy for youth to use when worrying.

### ***A Note on Relaxation, Distraction, Acceptance, and Mindfulness***

- It is helpful to conceptualize the youth's worry as a *behavior*. It can be helpful to incorporate mindfulness and acceptance– or a focus on the present moment – to help youth turn their attention away from their worry to their environment and surroundings (perhaps after using a coping thought!). It may be helpful to encourage youth to accept that some things will always be uncertain. They may need to be mindful of whether anxiety is “pulling the strings” and influencing how they make decisions or if they themselves are truly in charge.

## CHALLENGE TASK!



Go for a walk with no destination - Flip a coin each time you reach a place where you could go in multiple directions to decide whether to go right or left

## CHALLENGE TASK!



Write out a “script” of what could happen if the worry came true: practice reading and re-reading this scenario

## CHALLENGE TASK!



Set alarms on a phone to go off at random intervals during session and continue with other discussions. When the alarms go off, try to repeat the last sentence that was said

## CHALLENGE TASK!



Ask a parent to return to session in 15 minutes (but secretly have them plan to take 20 minutes)

## CHALLENGE TASK!



Often asking for reassurance to make sure something is right? Try to complete that task with minimal to no reassurance questions

## CHALLENGE TASK!

**\*M\***



Have youth complete a mock math quiz. Grade it, but do not provide feedback and do not provide information about their performance

## CHALLENGE TASK!



Read news articles on current “scary” topics in the news (e.g., viruses, terrorism)

## CHALLENGE TASK!

**\*O\***



Go to a restaurant and order a meal you have never tried before

## CHALLENGE TASK!



Spell your name wrong on purpose

## CHALLENGE TASK!



Break a small rule (e.g., take someone’s pencil out of their office without asking)

## CHALLENGE TASK!

**\*M\***



Complete a mock homework assignment in session. Mark up the assignment with red pen and “Xs” for incorrect answers and continue to look at the page.

## CHALLENGE TASK!

**\*M\***



Write a red “F” at the top of a homework assignment and focus attention on the “F”

## CHALLENGE TASK!



Watch videos of people making public mistakes (and recovering), like forgetting the words to the national anthem

*\*Resource:*

<https://www.youtube.com/watch?v=m9QDqAsAKUI>

## CHALLENGE TASK!



Skip an item on a homework assignment and turn it in anyway  
*Make sure to talk afterward about how it went!*

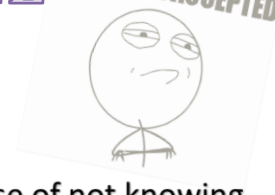
## CHALLENGE TASK!



*For older youth*

Send an email or text message without checking it over beforehand

## CHALLENGE TASK!



Avoiding places because of not knowing what could happen there (e.g., public spaces, malls, etc)? Try gradually increasing the amount of time you can tolerate there!

*\*Too hard? Start with by imagining it!*

## CHALLENGE TASK!

*\*C\**



Give a speech and make a mistake on purpose

*\*Ramp it up! Video the speech and watch it playback and/or share with others between sessions*

## CHALLENGE TASK!



Show up somewhere (even therapy!) 5-15 minutes late without calling in advance

## CHALLENGE TASK!



Switch off telling lines (or words!) of a story only one sentence at a time  
*\*Too hard? Try it first with a well-known story like The Three Little Pigs*

## CHALLENGE TASK!



**\*M\***

Lose a game like cards or Connect-4 on purpose

## CHALLENGE TASK!



**\*M\***

Put a blindfold on. Have the child guide you around the room verbally – then switch roles!

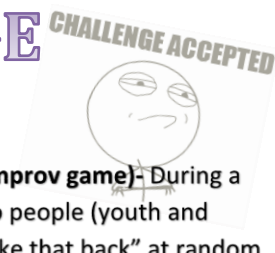
## CHALLENGE TASK!



**\*O\***

Checking things multiple times before turning them in or calling them finished? Try checking fewer times –and eventually not checking at all!

## CHALLENGE TASK!



**\*C\***

Play **“Take that back!”** (an improv game)- During a conversation between two people (youth and confederate), therapist yells “take that back” at random. Whoever last spoke has to re-say the last thing they said in a new way. *\*It might help to provide a pretend scene, like “shopping in a mall”, to get started. The more different the youth can “re-say” their line, the better! Don’t be afraid to coach! The goal is for youth to “stay in the moment”. It may be helpful to have the child be the first to say “take that back” and have the therapist initially model the game.*

## CHALLENGE TASK!

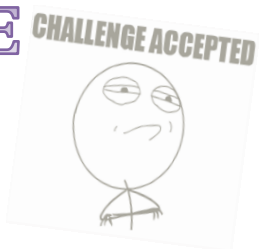


Write out your homework with very sloppy handwriting



# CHALLENGE TASK!

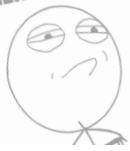
**\*M\***



Play a game and halfway through  
change the rules and play a  
different way

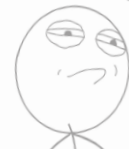
# CHALLENGE TASKS FOR SPECIFIC PHOBIA

CHALLENGE ACCEPTED



## General Tips & Tricks

CHALLENGE ACCEPTED



### **Good Assessment is Key!**

- Comprehensive assessment of the nature of the fear and associated impairment is important for determining whether specific phobia should be a treatment target. Many people are afraid of heights or snakes, but rarely are placed in situations with these stimuli on an infrequent basis and do not think about these fears on a daily basis. Thus, there is little functional impairment and need for treatment. Related, understanding developmentally normal fear progression (e.g., fear of the dark) is important to avoid overpathologizing normal fear reactions.

### **Treatment Rationale**

- Psychoeducation regarding why exposure therapy works is key to getting youth to buy-in to treatment– see “*Exposure Overview*”

### **Individualize, Individualize, Individualize!**

- The challenge tasks below are not intended to be followed exactly, but to provide a guide for how different exposures might be conducted
- It may be surprising what one person would place at the top of their hierarchy versus someone else. Make sure to carefully assess each individual’s hierarchy to determine the selection and pace of exposures
- For youth who are reluctant to engage with exposures for their other anxieties and also have some sub-clinical symptoms of a specific phobia, initial, successful exposures to the phobic stimulus may help with buy-in from youth.

### **For Insect/Snake phobias**

- In addition to exposure to various stimuli of insects or snakes, it can be helpful to also do exposures to the types of *movements* these creatures make. For example, you can scuttle your hand like a spider, slither a hose like a snake, or find a video simulation of a cockroach crawling. It might also be helpful to separate out a *disgust* reaction from an *anxiety* reaction and have youth separately verbalize fear ratings and disgust ratings.

### **A Note About These Challenge Cards**

- In contrast to the other challenge cards in this toolkit, the challenge cards that follow are exposures that are designed primarily to be conducted *in-session* (although many could also be assigned as home practice exposures). It may not be feasible to bring in dogs or snakes into the clinic to conduct in-session practice. In designing home exposures, clinical judgment can be used to determine what appropriate practice assignments could be that would target each youths’ specific profile of functional impairment and avoidance. If feasible for the family, this could involve things like a fun trip to the zoo with a stop at a feared exhibit or practicing crossing the street where the neighbor’s dog lives!

## SPECIFIC PHOBIA – DARK

## CHALLENGE TASK!

**\*M\***



Wear a blindfold in a room  
that is lit

## CHALLENGE TASK!



Turn the lights off in the therapy  
room for 30 seconds.

*\*Ramp it up! Increase the amount  
of time with the lights off!*

## CHALLENGE TASK!



Complete a whole therapy session  
lit by flashlight

*Too hard? Try it with caregivers in the  
room first, and then move toward being  
alone!*

## CHALLENGE TASK!



Spend time in a dark room  
alone (no caregivers or  
therapist)

## CHALLENGE TASK!

**\*M\***



Wear a blindfold while in a  
room with the lights off

## CHALLENGE TASK!



Simulate the bedtime routine in the  
office – have caregiver say good night,  
turn lights off, and leave the room and  
stay alone as long as possible!

## CHALLENGE TASK!



Tell a scary story with the lights off

## CHALLENGE TASK!



Watch a scary video in the dark – make sure not to cover your eyes!

## CHALLENGE TASK!



Use the restroom without turning on the lights or by flashlight

## SPECIFIC PHOBIA – ANIMAL OR INSECT

# CHALLENGE TASK!

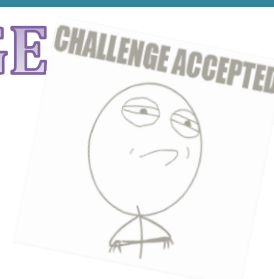
\*M\*



Look at cartoon pictures of the animal/bug

# CHALLENGE TASK!

\*M\*



Look at pictures of the animal/bug from a distance

# CHALLENGE TASK!

\*M\*



Look at pictures of the animal/bug up close and describe it in detail

# CHALLENGE TASK!

\*M\*



Play around with a plastic bug/animal

# CHALLENGE TASK!

\*M\*



Watch a video(s) of the animal/bug  
*Too hard? Try watching the video in small bits at a time!*

# CHALLENGE TASK!



Listen to someone tell stories about their positive experiences with the animal/bug

## CHALLENGE TASK!



Go outside to search for the animal/bug

## CHALLENGE TASK!



Imagine getting up close with the animal/bug and tell the story out loud

## CHALLENGE TASK!

\*0\*



Take a trip to your nearest pet store and check out the animal/bug!

*\*Ramp it up! Ask to hold or pet it!*

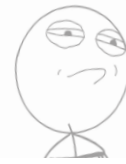
# CHALLENGE TASKS FOR BLOOD INJECTION INJURY PHOBIA

## Tips & Tricks

CHALLENGE ACCEPTED



CHALLENGE ACCEPTED



### ***Good Assessment is Key!***

- Comprehensive assessment of the nature of the fear and understanding one's response in the face of that fear is important for BII Phobia. In particular, it is critical to assess whether one feels faint, dizzy, or has passed out in the presence of needles or blood – if they do, that means including applied tension exercises in conjunction with exposures to keep blood pressure up and prevent fainting during the exposure will be important.

### ***Treatment Rationale***

- Psychoeducation regarding why exposure therapy works is key to getting youth to buy-in to treatment– see “*Exposure Overview*”.

### ***Individualize, Individualize, Individualize!***

- The challenge tasks below are not intended to be followed exactly, but to provide a guide for how different exposures might be conducted
- Identifying the fear underlying one's phobia (e.g., contamination versus pain) is important for ensuring exposures are accurately targeting youth feared outcomes

### ***For Those That Faint, Get Dizzy, or Pass Out-***

- One unique feature associated with the treatment of BII Phobia is that some youth may pass out when confronted with the feared stimulus - Success of an exposure may be minimal if the youth passes out immediately! The use of **applied tension exercises** becomes critical in these instances (see handout titled “how to use applied tension exercises”) and it is recommended that youth master these strategies before exposures begin.

### ***Ew, Gross!***

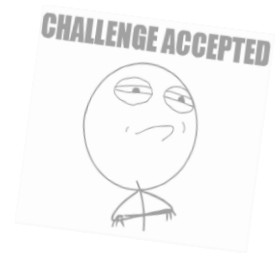
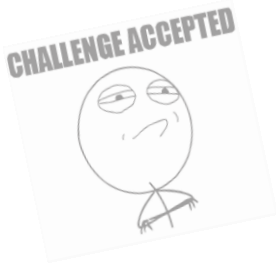
- High levels of disgust can accompany fear of needles, blood, and injuries. It can be helpful to ask youth for disgust ratings in conjunction with fear ratings during exposures.

### ***A Note on Relaxation, Distraction, and Mindfulness***

- The nature of impairment associated with BII Phobia can vary widely between someone who needs only a routine vaccination once a year versus a diabetic who must inject themselves with insulin daily. Typically, avoiding use of relaxation during an exposure is recommended, so that youth learn that they can cope in the face of high discomfort. However, for youth who only need to get through routine medical procedures (e.g., a yearly flu shot), use of distraction or relaxation strategies may be useful for them to use when receiving a shot.

# BLOOD INJECTION INJURY PHOBIA

## Tips & Tricks APPLIED TENSION EXERCISES



To address the fact that some individuals with BII phobia may feel lightheaded, dizzy, or faint in the presence of the feared stimuli, applied tension exercises are recommended to maintain youth blood pressure and prevent fainting.

Due to the risk of injury associated with fainting from a standing position, it may be helpful to practice exercises and initial exposures with youth sitting or lying down to prevent injury.

Applied tension exercises should be practiced regularly with youth and exposures should not begin until they have mastered the technique.

### **How To Do Applied Tension Exercises**

1. Have youth find a comfortable place to sit or lie down.
2. Have youth tense their muscles in their legs, arms, and body for 15-20 seconds until they begin to feel a warm feeling in their upper body/head.
3. Briefly have them relax their muscles to neutral for 20-30 seconds –try not to have them *fully* relax!
4. Repeat this 3-5 times.

Youth should practice this daily for at least a week before beginning exposures to BII stimuli.

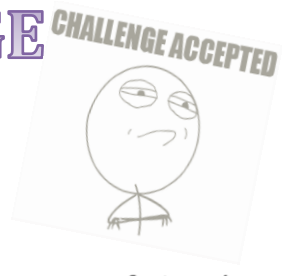


## CHALLENGE TASK!



Read/Tell short stories about children receiving shots, needles, or hurting their legs

## CHALLENGE TASK!



Practice looking at a range of visual stimuli from cartoon images of needles to more gory, bloody images  
See accompanying "BII Exposure Media Files" for some resources

## CHALLENGE TASK!

\*M\*



Wrap a thick rubberband (like a tourniquet) around the arm and tap the vein

## CHALLENGE TASK!

\*C\*



Ask someone to share their story of how they got a shot and how much it hurt

## CHALLENGE TASK!

\*C\*



Ask someone to tell their story about getting blood drawn in great detail

## CHALLENGE TASK!

\*O\*



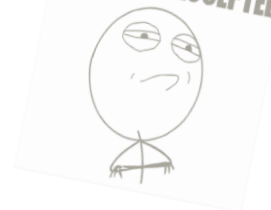
Get blood pressure taken at a local pharmacy or Wal-Mart

## CHALLENGE TASK!



Watch videos of someone receiving a vaccination or flu shot  
 See accompanying "BII Exposure Media Files" for some resources

## CHALLENGE TASK!



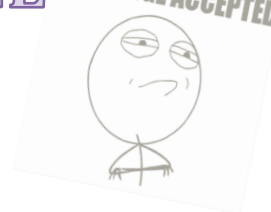
Watch videos of someone getting their blood drawn  
 See accompanying "BII Exposure Media Files" for some resources

## CHALLENGE TASK!



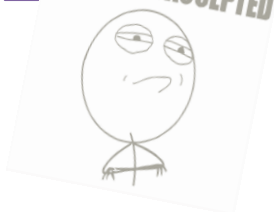
Spend 15 minutes discussing needles and things you might find in a doctor's office

## CHALLENGE TASK!



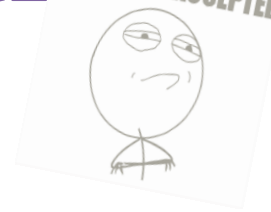
Draw a picture of a needle

## CHALLENGE TASK!



Draw a picture of self getting a needle from a doctor

## CHALLENGE TASK!



Watch videos of someone getting their blood drawn  
 See accompanying "BII Exposure Media Files" for some resources

## CHALLENGE TASK!

\*O\*



Sibling or parent needs to go to the doctor? Tag along and watch someone get a shot in person!

## CHALLENGE TASK!

\*O\*



Flu season? Work up to getting a flu shot, vaccination, or necessary blood draw!

## CHALLENGE TASK!

\*M\*



Spill red nail polish on some paper and pretend it's blood

## CHALLENGE TASK!

\*M\*



Use a sewing needle to give a stuffed animal a shot

## CHALLENGE TASK!

\*M\*

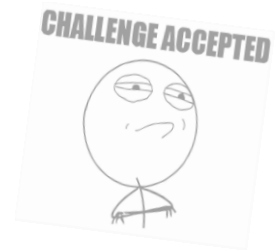
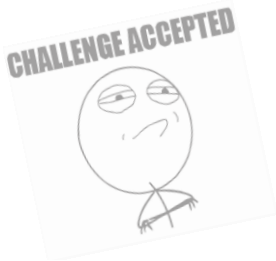


Use an alcohol wipe on your arm as if you are going to get a shot

# CHALLENGE TASKS FOR VOMIT

## PHOBIA

### Tips & Tricks



#### ***Good Assessment is Key!***

- Comprehensive assessment of avoidance and safety behaviors is critical -Safety behaviors can really undermine the success of an exposure – keep an eye out for both overt (e.g., carrying hand sanitizer, mints) and more subtle behaviors (internal distraction during exposures, closing eyes/turning away from stimuli) that can come up!

#### ***Treatment Rationale***

- Psychoeducation regarding why exposure therapy works is key to getting youth to buy-in to treatment– see “*Exposure Overview*”

#### ***Individualize, Individualize, Individualize!***

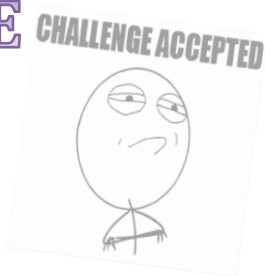
- The challenge tasks below are not intended to be followed exactly, but to provide a guide for how different exposures might be conducted.
- Tailoring exposures to individual fears is the goal! What is the greatest fear? Afraid of continuous, never ending vomit? Ask a doctor how often this happens! Afraid of being stuck in a car after vomiting? Bring some fake vomit in the car!
- For some, fear may be accompanied by disgust. Encouraging youth to separately identify and verbalize fear reactions *and* disgust reactions can be very helpful

#### ***Continued Emphasis on Coping with Feared Outcome***

- No one can promise a vomit-free life forever! What’s most important is learning that coping is possible.

## CHALLENGE TASK!

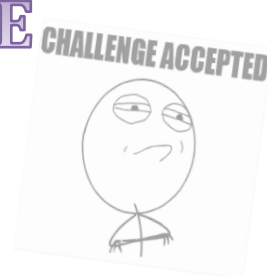
\*M\*



Look at cartoon pictures of vomit

## CHALLENGE TASK!

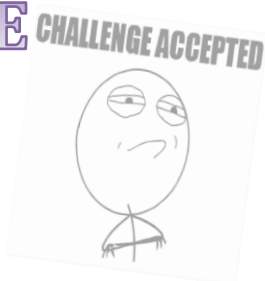
\*M\*



Look at pictures of real vomit (e.g., in the street, in the toilet)

## CHALLENGE TASK!

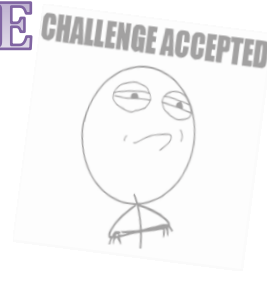
\*M\*



Look at pictures of people actively vomiting

## CHALLENGE TASK!

\*M\*



Listen to an audio of retching and gagging noises

## CHALLENGE TASK!

Read a story about someone's experience with vomiting

*\*Note, pre-screen stories for alcohol involvement! \*Resource:*

<http://www.toxiccustard.com/features/vomit/>

## CHALLENGE TASK!

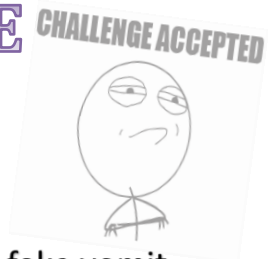
Watch videos of people vomiting

*\*Resources:* <http://www.emetophobiaresource.org/10--videos-all-levels.html>  
<http://milkgallon.tripod.com>

*\*if necessary, can differentiate between actors vomiting in movies and people in real life*

## CHALLENGE TASK!

**\*M\***

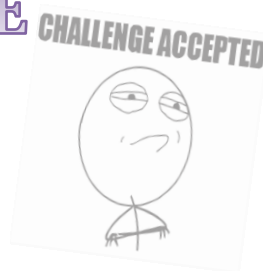


Sit in a room with fake vomit

*\*Recipe:*

- ½ cup sour milk (left on counter 1-2 days)
- 1 tin of vegetable/chunky soup
- ½ cup parmesan cheese
- ¼ cup vinegar

## CHALLENGE TASK!



Practice making dry heaving  
or retching noises

## CHALLENGE TASK!

**\*M\***



Pour fake vomit in a toilet or  
trashcan and describe what it  
looks like in detail

*\*If possible, progress to dry heaving  
over the fake vomit*

## CHALLENGE TASK!

**\*C\***

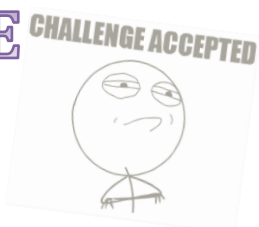


Worried about getting sick? Bring in  
*\*someone\** recovering from a stomach  
flu, and have them hang out in the  
therapy room

*\*If possible, progress to asking person to share  
experience with vomiting*

## CHALLENGE TASK!

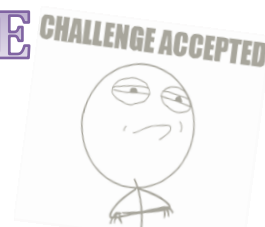
**\*M\***



Spit up warm soup into the  
toilet/trashcan

*\*If possible, progress to spitting out soup  
while making retching/dry heaving noises*

## CHALLENGE TASK!



Drink a whole water bottle really fast  
and then do jumping jacks! Pay careful  
attention to the feelings experienced  
during and after jumping

## CHALLENGE CHALLENGE ACCEPTED

### \*M\* TASK!



Avoiding foods? Bring in a few non-preferred/avoided snacks and pick one to try

## CHALLENGE CHALLENGE ACCEPTED

### \*C\* TASK!



Worried a *\*sick person\** touched something? Try touching something they just touched and see what happens! Or check out a local doctor's office, waiting area, or public bus stop which all have lots of germs!

## CHALLENGE CHALLENGE ACCEPTED

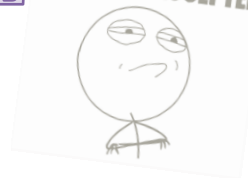
### \*O\* TASK!



Going somewhere only with a safety item (e.g., mints, gum, ginger-ale)? Try going for a little bit at a time without the safety behavior

## CHALLENGE CHALLENGE ACCEPTED

### \*M\* TASK!



Eat a piece of cheese (or other avoided food) without knowing the expiration date or how long it had been in the fridge

## CHALLENGE CHALLENGE ACCEPTED

### \*M\* TASK!



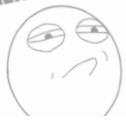
Make your own fake vomit:

*\*Recipe:*

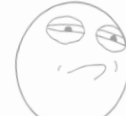
- $\frac{1}{2}$  cup sour milk (left on counter 1-2 days)
- 1 tin of vegetable/chunky soup
- $\frac{1}{2}$  cup parmesan cheese
- $\frac{1}{4}$  cup vinegar

# CHALLENGE TASKS FOR PANIC DISORDER Tips & Tricks

CHALLENGE ACCEPTED



CHALLENGE ACCEPTED



## ***Good Assessment is Key!***

- Comprehensive assessment of the client's panic symptoms and the worries youth experience about having a panic attack is important.
- The goal of exposure for panic attacks is to help the youth learn that they can tolerate and cope with the uncomfortable sensations associated with panic and to reduce avoidance of triggers associated with panic attacks.
- While we often think of panic attacks occurring in the context of panic **disorder**, youth may experience panic attacks in the context of other disorders as well. Exposures listed in this module may be helpful for youth with panic attacks, regardless of whether they meet full criteria for panic disorder.

## ***Treatment Rationale***

- Psychoeducation regarding why exposure therapy works is key to getting youth to buy-in to treatment– see “*Exposure Overview*.”
- For panic attacks, it can be particularly important to get youth and caregivers to buy into the idea that learning to **tolerate body sensations** associated with panic can reduce the negative impact of panic attacks – see “*Interoceptive Exposures*”

## ***Individualize, Individualize, Individualize!***

- The challenge tasks below are not intended to be followed exactly, but to provide a guide for how exposures for panic disorder symptoms might be conducted.
- Identify fears related to the panic – is there a fear of having the panic attack in public or that harm will come from the panic symptoms? Are there triggers? Or is the panic unpredictable and unexpected?
- Identify individual panic attack symptoms\* - not everyone experiences panic attacks in the same way! **\*Note that the symptoms of panic attacks can parallel that of a medical condition. A medical provider should rule out underlying conditions prior to treatment for panic disorder.**

## ***A Note on Safety Behaviors***

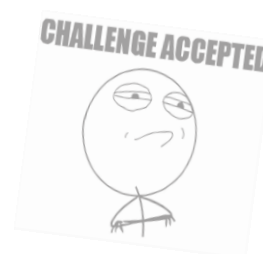
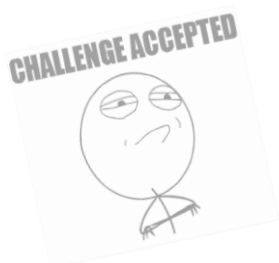
- Youth may engage in a number of safety and avoidance behaviors they perceive to lessen or prevent the risk of experiencing a panic attack. Common examples include: carrying medications/water, avoiding exercise, insisting on carrying a phone, sitting near exits, and avoiding public places. To the extent it is clinically feasible to do so, safety behaviors should be phased out over treatment through exposure exercises.



# PANIC DISORDER

## Tips & Tricks

### INTEROCEPTIVE EXPOSURES



**Interoceptive exposures** involve purposefully feeling and experiencing the bodily sensations that are similar to the symptoms youth experience before or during a panic attack

The **goal** of interoceptive exercises is to break the association between the physical **symptoms** of panic (e.g., fast heartbeat, shortness of breath) with the **anxiety** that accompanies these symptoms during a panic attack. By fully experiencing the physical discomforting sensations **without trying to avoid** them, youth can learn that the sensation is both: 1) not ultimately harmful, and 2) not always going to cause a panic attack.

As much as possible, interoceptive exercises should mimic the true symptoms of the youth's panic symptoms. It is often helpful to have youth rate both how **distressing** the interoceptive exercises are and how **similar to their panic attacks** the symptoms are. Those exercises that are the most similar to their panic attacks should be the ones selected for repeated practice. *For example: youth experiencing shortness of breath during panic attacks will likely benefit from practicing hyperventilating on purpose. Youth who often feel overheated or flushed might benefit from exercises designed to help them feel overheated (e.g., doing jumping jacks in a heavy sweater).*

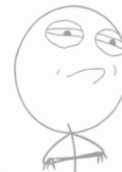
After youth successfully complete interoceptive exposures, it is often helpful to extend this practice to include feared situations or situations the youth is avoiding. For example, if the youth is avoiding open spaces for fear of having a panic attack, it can be helpful to have the youth first complete an exposure exercise to face their fear of open spaces (e.g., visit a football field) and then combine that practice with an interoceptive exposure (e.g., intentionally hyperventilate in the middle of an open football field).

## FREQUENTLY ASKED QUESTIONS ABOUT INTEROCEPTIVE EXPOSURES

CHALLENGE ACCEPTED



CHALLENGE ACCEPTED



### **Don't interoceptive exposures violate the principle of "Do No Harm"?**

Provoking distress during exposures can feel uncomfortable for clinicians. While the youth may perceive the potential for physical therapy, an exposure should never intentionally cause physical harm. Know that you are helping the child in the long-run by increasing tolerance of natural bodily sensations and teaching the youth that the panic symptoms in and of themselves are not harmful.

### **How long should each interoceptive exposure last?**

This may vary for each youth, but typically, each exercise should last between 30-90 seconds. Often youth may need to work up to completing exercises for longer periods of time. If an exercise is not distressing or similar to the youth's symptoms, that might signal that the exercise can be extended to a longer length of time.

### **What do I do if the exposure triggers a panic attack in my office?**

What a great opportunity to provide real-time coaching to your client in how to manage a panic attack! It can be tempting to try to help the youth stop their panic attack – however, this can often be unsuccessful. It can often be more helpful to sit nearby the youth as a source of support. Remind the youth that even though this may feel like the worst case scenario, they are safe and that they can handle the panic attack symptoms – and that they have gotten through panic attacks before!

After the panic attack subsides, spend time processing the experience with the client. Provide positive praise for coping strategies the client used and point out that they were able to get through the panic attack. Spend some time comparing what they expected to happen with what actually happened. Process their willingness to continue to engage in exposure practice and provide psychoeducation around exposure rationale as needed.

### **What do I do if the youth says the interoceptive exposure is too challenging?**

As with all exposures, youth may resist participating and say the exposure is too hard. It is often helpful to start with interoceptive exposures that are less challenging with which youth can have success – this can help increase youth buy-in. You can then work your way up to more challenging exercises. One often helpful strategy for more challenging exercises is to gradually increase the *length* of the exercise (e.g., start with 15 seconds and work your way up to 60-120 seconds).

*Interoceptive*  
**CHALLENGE**  
**TASK!**



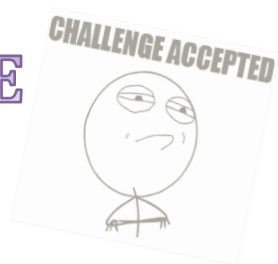
Spin in an office chair (or in a circle while standing)

*Interoceptive*  
**CHALLENGE**  
**\*M\* TASK!**



Wear glasses (without the correct prescription!) for 5 minutes.

*Interoceptive*  
**CHALLENGE**  
**\*M\* TASK!**



Breathe rapidly and deeply into a paper bag OR through a thin straw

*Interoceptive*  
**CHALLENGE**  
**\*M\* TASK!**



Put on several sweatshirts or a heavy coat and do jumping jacks.

*Interoceptive*  
**CHALLENGE**  
**\*M\* TASK!**



Put on a heavy winter coat and climb the stairs repeatedly

*Interoceptive*  
**CHALLENGE**  
**TASK!**



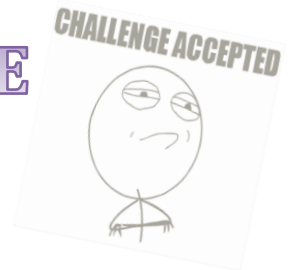
Intentionally hyperventilate (breathe rapidly in and out of your nose)

*Interoceptive*  
**CHALLENGE**  
**\*M\* TASK!**



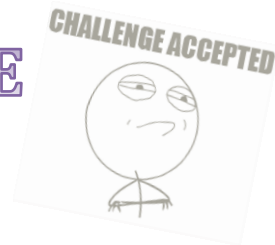
Lay with several heavy books on your chest or stomach and breathe

*Interoceptive*  
**CHALLENGE**  
**\*M\* TASK!**



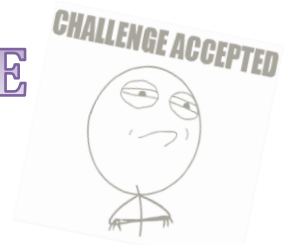
Wrap a scarf or ace bandage around your chest (safe but snug) for 5 minutes

*Interoceptive*  
**CHALLENGE**  
**TASK!**



Stare at a spiral for 3 minutes  
<http://dogfeathers.com/java/spirals.html>

*Interoceptive*  
**CHALLENGE**  
**TASK!**



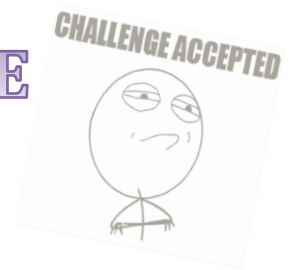
Use your imagination! Spend 5 minutes thinking about panic - pay attention to body cues

*Interoceptive*  
**CHALLENGE**  
**TASK!**



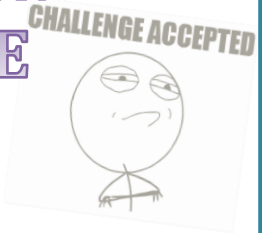
Spend time breathing deeply in a stuffy room, sauna, or "hot yoga" class

*Interoceptive*  
**CHALLENGE**  
**\*M\* TASK!**

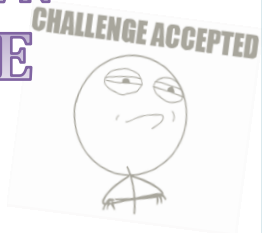


Stare into a mirror while repeating your name

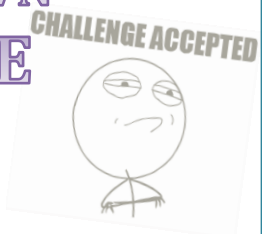
Create your OWN  
CHALLENGE  
TASK!



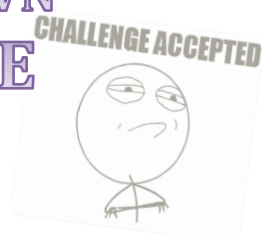
Create your OWN  
CHALLENGE  
TASK!



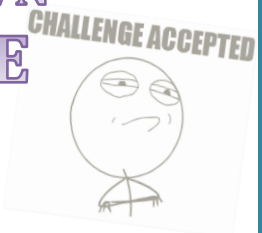
Create your OWN  
CHALLENGE  
TASK!



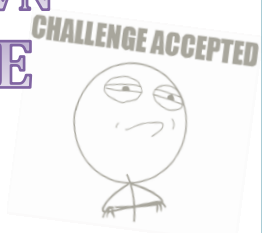
Create your OWN  
CHALLENGE  
TASK!



Create your OWN  
CHALLENGE  
TASK!



Create your OWN  
CHALLENGE  
TASK!



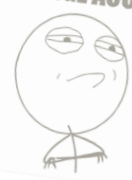
Create your OWN  
ULTIMATE  
CHALLENGE

CHALLENGE ACCEPTED



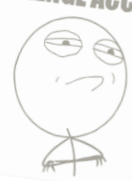
Create your OWN  
ULTIMATE  
CHALLENGE

CHALLENGE ACCEPTED



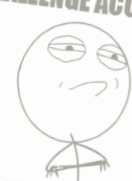
Create your OWN  
ULTIMATE  
CHALLENGE

CHALLENGE ACCEPTED



Create your OWN  
ULTIMATE  
CHALLENGE

CHALLENGE ACCEPTED



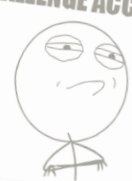
Create your OWN  
ULTIMATE  
CHALLENGE

CHALLENGE ACCEPTED



Create your OWN  
ULTIMATE  
CHALLENGE

CHALLENGE ACCEPTED



# The Resource for Exposures for Anxiety Disordered Youth

## Supplemental Materials

To fully complete any of the exposures in this toolkit without much preparation, it is helpful to have the following things on hand!

*For social anxiety...*

- A silly hat
- A bag of change
- A pair of sunglasses

*For generalized anxiety...*

- A red pen
- Practice school exams or homework assignments (*resource:* <http://www.internet4classrooms.com/assistance.htm>)
- Deck of cards or other simple games

*For fear of the dark...*

- A blindfold or bandana

*For fear of bugs...*

- Plastic bugs and spiders

*For BII phobia...*

- A thick rubberband
- Red nail polish
- Alcohol swab
- Sewing needle

*For fear of vomit...*

- Canned soup or oatmeal packets to simulate vomit

In addition, the following pages contain links to a number of image and videos not referenced earlier that may be useful resources for fear of bugs, vomit, or blood-injection injury.

**THE RESOURCE FOR  
EXPOSURES FOR  
ANXIETY**

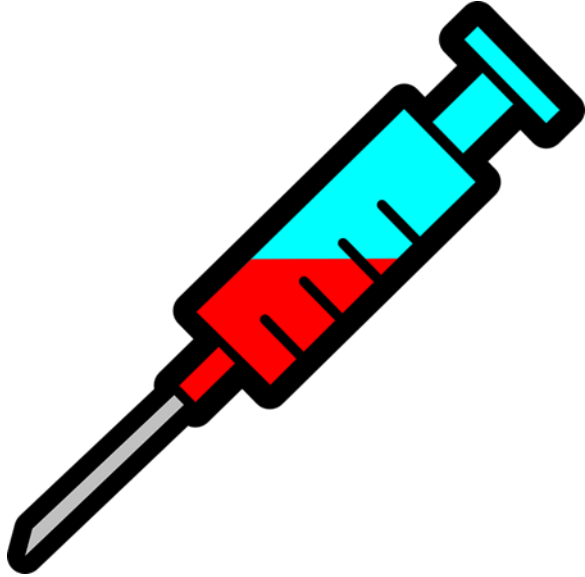
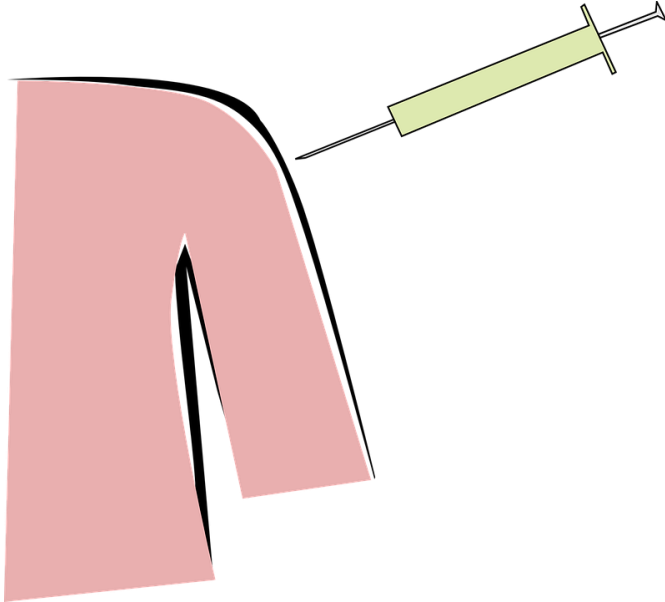

**DISORDERED YOUTH**

**SUPPLEMENTAL  
MATERIALS**

**&**

**MEDIA FILES**



BLOOD INJECTION INJURY MEDIA FILES	Source
	<p><a href="https://pixabay.com/en/syringe-injection-health-medical-147034/">https://pixabay.com/en/syringe-injection-health-medical-147034/</a></p>
	<p><a href="https://pixabay.com/en/injection-vaccine-shot-medical-40696/">https://pixabay.com/en/injection-vaccine-shot-medical-40696/</a></p>
	<p><a href="https://pixabay.com/en/syringe-needle-injection-inject-26623/">https://pixabay.com/en/syringe-needle-injection-inject-26623/</a></p>



<https://pixabay.com/en/nurse-vaccine-injection-nursing-813956/>



<https://pixabay.com/en/d rugs-stop-vaccinations-background-21987/>



<https://pixabay.com/en/injecting-medical-shot-veins-519389/>



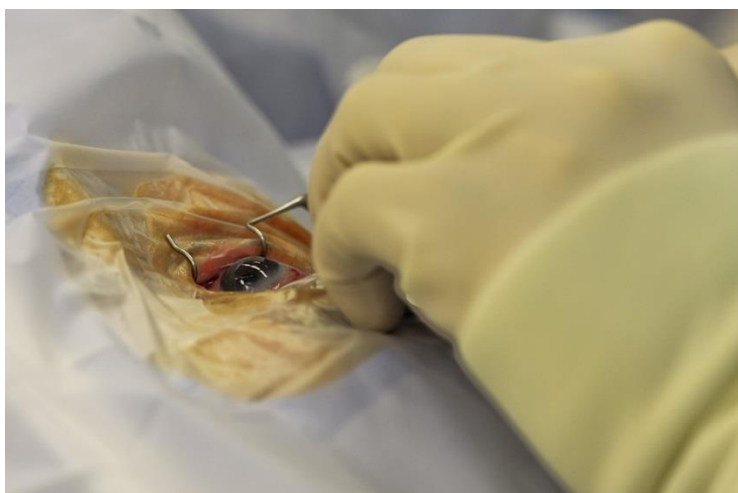
<https://pixabay.com/en/syringe-injection-drug-medicine-435809/>



<https://pixabay.com/en/dentist-patient-dentistry-1025338/>



<https://pixabay.com/en/hospital-surgery-medical-health-721240/>



<https://pixabay.com/en/surgery-surgeon-operation-medical-676388/>



<https://pixabay.com/en/doctor-pain-vaccination-shot-arm-673578/>





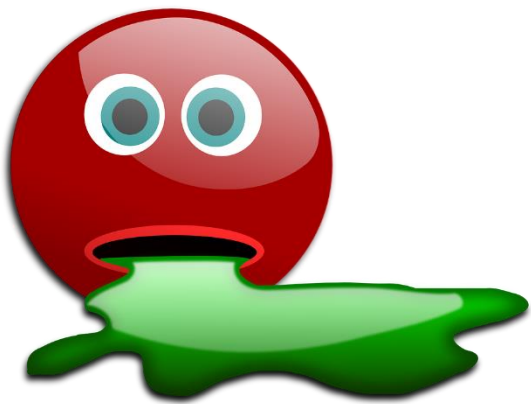
<https://pixabay.com/en/injury-first-aid-bandage-pain-sore-903342/>

The following pinterest board also has a number of pins of gruesome and medically related images:

<https://www.pinterest.com/germunoz3/the-clinic%2B/>

***\*\* All Images Are Freely Available Online For Commercial Use\*\****

Video File	Description of Video
<p>“Nursing Tips: Needle Sizes &amp; Gauges”  <a href="https://www.youtube.com/watch?v=nIGXA_kTO00">https://www.youtube.com/watch?v=nIGXA_kTO00</a></p> <p>Through “EmpowerRN”</p>	<p>A nurse provides a tutorial for the variety of syringes you might find in a medical setting. There is no blood or video of anyone receiving any type of injection. Lots of descriptive language about needles going in to the skin and drawing blood, etc.</p>
<p>“How to Start an IV”  <a href="https://www.youtube.com/watch?v=qxZqfEudYEE">https://www.youtube.com/watch?v=qxZqfEudYEE</a></p> <p>Through “EmpowerRN”</p>	<p>A nurse provides a tutorial on how IVs are done. The IV practice is all done on a medical dummy doll, so there is no blood or injection into human skin. When she actually models the IV insertion, the camera zooms in and it looks quite lifelike</p>
<p>“ Subcutaneous Fluids (SQ) for Dogs and Cats”  <a href="https://www.youtube.com/watch?v=mxAAyISHRk8">https://www.youtube.com/watch?v=mxAAyISHRk8</a></p>	<p>A veterinarian provides a tutorial on how to administer subcutaneous fluids to pets. There is no blood seen.</p>
<p>“ Canine IV Catheter Placement”  <a href="https://www.youtube.com/watch?v=wt_K1beUZEI">https://www.youtube.com/watch?v=wt_K1beUZEI</a></p>	<p>A veterinarian provides a tutorial on how to administer an IV to a dog. There is a tiny amount of blood drawn.</p>
<p>“IV Insertion”  <a href="https://www.youtube.com/watch?v=F-pNugnGzmY">https://www.youtube.com/watch?v=F-pNugnGzmY</a></p> <p>Training video for the Nursing Dept of Univ. of Cincinnati</p>	<p>This is another tutorial video that also walks through all of the steps of an IV insertion. However the insertion demonstration is done live on an adult female. There is a tiny amount of blood seen immediately following the blood draw</p>
<p>“Get Your Flu Shot!”  <a href="https://www.youtube.com/watch?v=H47zHLKF4n8">https://www.youtube.com/watch?v=H47zHLKF4n8</a></p>	<p>Brief video of a young girl bravely getting a flu shot and talking afterwards about how it barely hurt</p>
<p>“Very brave kid doing a blood drawing without a flinch”  <a href="https://www.youtube.com/watch?v=ffUdyzHfwaA">https://www.youtube.com/watch?v=ffUdyzHfwaA</a></p>	<p>Video of a young boy bravely getting blood drawn. The video does include visual of the blood flowing into the tube</p>
<p>“1<sup>st</sup> blood draws”  <a href="https://www.youtube.com/watch?v=2o0eEs595aE">https://www.youtube.com/watch?v=2o0eEs595aE</a></p>	<p>Video of an adult female getting blood drawn. Close up visual of the injection and subsequent blood flowing into the tube. The second half of the video is less useful</p>
<p>“ FX Makeup Series Scraped Knuckles”  <a href="https://www.youtube.com/watch?v=SgqxRazhRH">https://www.youtube.com/watch?v=SgqxRazhRH</a></p>	<p>A makeup tutorial for how to mimic (quite realistic and graphic looking) fake knuckles. This “FX Makeup Series” also has a number of related videos for creating a variety of very lifelike looking images</p>
<p>“My cut knee”  <a href="https://www.youtube.com/watch?v=cXYRF-gkS8">https://www.youtube.com/watch?v=cXYRF-gkS8</a></p>	<p>Close up video of a young girl’s scraped knee and her cleaning the wound</p>

Image	Source
	<a href="https://pixabay.com/en/figure-vomit-orange-human-309910/">https://pixabay.com/en/figure-vomit-orange-human-309910/</a>
	<a href="https://pixabay.com/en/twitter-tweet-bird-social-web-152681/">https://pixabay.com/en/twitter-tweet-bird-social-web-152681/</a>
	<a href="https://pixabay.com/en/vomit-spew-smiley-unhappy-ill-303484/">https://pixabay.com/en/vomit-spew-smiley-unhappy-ill-303484/</a>

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*Due to copyright issues, we are unable to include additional photos in this media file. However, a simple google search for "vomit" will turn up hundreds of photos to choose from that vary from cartoon figures vomiting, to puddles of vomit, to pictures of people actively vomiting in a variety of places.*

*Additionally, many of the challenge cards associated with vomit phobia contain specific links to websites and videos*

### Brave Practice Completion Chart

Week of: \_\_\_\_\_

My brave goals for this week are to:	How scared was I before?	How scared was I after?	If I am successful, I will be able to (reward):

Any other notes:

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# BRAVE BINGO

*Fill out the boxes below with different challenge tasks.  
Complete 3 Challenges in a row to earn a prize!*


# MY SESSION REWARDS

1	2	3	4	5	<b>PRIZE</b>
1	2	3	4	5	<b>PRIZE</b>
1	2	3	4	5	<b>PRIZE</b>
1	2	3	4	5	<b>PRIZE</b>
1	2	3	4	5	<b>PRIZE</b>
1	2	3	4	5	<b>PRIZE</b>
1	2	3	4	5	<b>PRIZE</b>

How can I earn stickers or points?

- Participating in session
- Doing home practice assignments
- Practicing being brave in and out of session

# \*\*\*Helpful Resources\*\*\*

## Practice-Based Journal Articles

- “The Art of Exposure: Putting Science into Practice” by Peterman and colleagues (2014) in *Cognitive and Behavioral Practice*
- “Considerations in the Use of Exposure With Children” by Bouchard and colleagues (2004) in *Cognitive and Behavioral Practice*
- “Considering CBT with anxious youth? Think exposures” by Kendall and colleagues (2006) in *Cognitive and Behavioral Practice*

## Treatment Manuals and Books

- *The Coping Cat* (Kendall & Hedtke, 2006)
- *Mastering Your Anxiety and Panic for Adolescents Riding the Wave, Therapist Guide* (Pincus, Ehrenreich, & Mattis, 2008),
- *Cognitive-Behavioral Therapy for Social Phobia in Adolescents* (Albano & DiBartolo, 2007)
- *The Wiley-Blackwell Handbook of The Treatment of Childhood and Adolescent Anxiety*. Edited by Cecilia Essau & Thomas Ollendick

## Research-Based Journal Articles

- “Maximizing exposure therapy: An inhibitory learning approach” by Craske and colleagues (2014) in *Behaviour Research and Therapy*
- “The Practice of Exposure Therapy: Relevance of Cognitive-Behavioral Theory and Extinction Theory” by Abramowitz (2013) in *Behavior Therapy*
- “Testing the Habituation-Based Model of Exposures for Child and Adolescent Anxiety” by Peterman and colleagues (2016)

# \*\*\* Acknowledgements \*\*\*

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