

CHAPTER 1

Play-Based Approaches for Treating Childhood Anxieties

Basic Concepts and Practices

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COMMON CHILDHOOD ANXIETIES

There are three major reactions to danger that could become maladaptive for children: anxiety, fear, and phobia. Anxiety is a diffuse alarm state that results from the anticipation of future danger or a feeling that something bad could happen, but there is no danger at the present moment. Fear is an alarm response to a specific object (snake) or situation (thunderstorm). A phobia (American Psychiatric Association, 2013) is an intense form of fear that (1) is out of proportion to the demands of the situation, (2) cannot be explained or reasoned away, (3) is beyond voluntary control, and (4) leads to the avoidance of the feared stimulus. Thus, phobias are fears that are unrealistic, maladaptive, and generally unresponsive to advice, suggestion, or support.

Fear is a common response of children to a wide variety of situations

and objects that might hurt them. Fears tend to be healthy or adaptive reactions that protect children from danger and prepare them to deal with threat, often in a “fight-or-flight” manner. Typically, children report a surprisingly large number of fears (Muris, Merckelbach, Gadet, & Moulart, 2000), such as being hit by a car or truck, a burglar breaking into the house, death or dead people, and bombing attacks. Children also indicate that they find these fears to be seriously disturbing (Ollendick & King, 1994). Thus, they seek comfort and coping responses from their parents and caretakers in dealing with their fear reactions. However, since parents are often unskilled in anxiety management, they often need guidance themselves to teach their children effective anxiety management skills.

In addition, a significant number of children experience excessive and/or persistent fear/anxiety responses that greatly impair their daily functioning. Indeed, anxiety disorders are the most prevalent form of childhood psychopathology, affecting approximately 20% of children and adolescents at some point in their lives (Donovan & Spence, 2000; Hirshfeld-Becker & Biederman, 2002; Walkup & Ginsburg, 2002). The number of children experiencing anxiety symptoms is likely to rise in the years ahead since the world seems more dangerous than ever because of such factors as the increasing incidence of terrorist acts and natural disasters. Further exacerbating the increase in world incidents is the fact that children and teens have great access to an extensive amount of social media that barrage them daily with images and reports of death, doom and disaster around the world, further raising feelings of anxiety. Anxiety disorders are associated with a wide range of significant psychosocial impairments, including social, emotional, and academic difficulties (Barrett & Farrell, 2007; Weems & Silverman, 2006). Because of the widespread nature of childhood anxiety, the distress experienced by children with anxiety disorders, and the potential long-term consequences of these disorders, it is essential that clinicians and caretakers not only recognize these disorders but apply the most developmentally appropriate interventions for children, such as play-based approaches.

PLAY-BASED INTERVENTIONS

Various forms of play-based interventions have proven to be particularly effective in treating both the common and abnormal fears and anxieties of children (Russ & Fehr, 2016). Play interventions for these difficulties have a strong research base that has continued for over 50 years (Cassell, 1965; Kelly, 1976; Milos & Reiss, 1982; Knell & Desari, 2011).

Among the main therapeutic change mechanisms in play that contribute

to its effectiveness in ameliorating fears and anxieties in children are the following (Schaefer & Drewes, 2014):

- *Positive affect.* The fun, enjoyment, and pleasure experienced in playing are incompatible with anxiety and serve as an antidote to weaken and overcome it (Fredrickson, 2003).

- *Gradual exposure.* An important first step in overcoming an irrational fear is to face up to the fear and see that you are safe. Sometimes, facing a fear in imaginative play (*in vitro* exposure), provides a safe distance and is less scary than facing it in real life (*in vivo* exposure). Thus, play allows the child to have control over anxiety-producing stimuli through the gradual titration of exposure (e.g., from fantasy to real life).

- *Storytelling.* Stories transport children to the world of the storyteller's imagination. Through adult storytelling and guided readings, children can be helped to realize they are not alone, since others have similar problems, and to learn anxiety management skills.

- *Power.* The active control that children have in their play provides them with an ego-boosting sense of power that heightens their confidence in addressing their fears. Play allows children to transcend passivity and to become active doers of what happens around them. Playing with miniature dolls and toys can further contribute to their feelings of strength and control over scary objects and situations.

- *Externalization.* The goal of this technique (White & Epston, 1990) is to separate the child's identity from the problem. This is accomplished by pretending the problem is an entity separate from the child (e.g., a fear becomes a toy dragon, a worry becomes a Mr. Worry in a story). By externalizing the problem in fantasy, giving it a name, and talking back to it, children find it easier to cope with and overcome the difficulty.

- *Relaxation.* The sensory pleasure felt in such activities as clay play and sand play tends to reduce the body tension that accompanies anxiety and fear. Also, in fantasy play, children can visualize a safe place to calm themselves when tense, and they can utilize strategies and coping techniques that soothe and relax the brainstem when under stress.

- *Role play.* Assuming the role of strong, brave characters, like superheroes and warriors, is an effective coping skill to boost children's courage in fighting and overcoming their fears.

- *Modeling.* Dolls and puppets can model effective coping skills for dealing with the specific fears of a child, such as when starting school. It

is well known that children's learning is enhanced when others model the desired behavior for them.

- *Stress reduction.* Pleasurable play-based activities help to lower cortisol and stress chemicals, thereby allowing for successful mastery of stressful situations (Plummer, 2012).

- *Self-expression.* Play is the most natural mode of expression for young children (age 3–8 years). Because of their limited verbal and abstract thinking abilities, they have difficulty in directly disclosing their anxious thoughts and feelings but can project them through self-chosen toys (Lan-dreth, 2012). Instead of speaking, children can express feelings through play symbols and metaphors. This creates a safe distance between them and the distressing feelings of anxiety and fear.

- *Playful learning.* When you make learning coping skills for anxiety fun and enjoyable, you strengthen children's interest in and retention of the information.

By harnessing these and other healing powers of play, child clinicians can fill their therapeutic toolbox with play activities to overcome the broad spectrum of childhood fears and anxieties.

PRESCRIPTIVE PLAY INTERVENTIONS

Over the past couple of decades, mental health professionals have shown a steadily increasing interest and use of prescriptive psychotherapy. This approach seeks to match specific treatment techniques to different symptom clusters based on their underlying causes. It has shown promising results with a broad array of childhood anxieties (Eisen & Silverman, 1998). Thus, rather than following a “one-size-fits-all” approach, the play interventions in this book incorporate a variety of play strategies that are tailored to resolve the specific anxiety problem of the child. This prescriptive model (Schaefer, 2001) reflects the fact that no one theoretical model has been found to be equally effective in treating the diverse array of anxiety problems encountered in clinical practice. The cardinal premise of the prescriptive approach is that the more tools clinicians have in their therapeutic tool box, the more effectively they can treat a wide range of presenting problems. At times, an integrative approach that blends various treatment models and techniques (e.g., cognitive-behavioral play therapy) is needed to strengthen the power of the intervention (Drewes, Bratton, & Schaefer, 2011).

DEVELOPMENTALLY APPROPRIATE PRACTICE

Play therapy is the only form of psychotherapy that is developmentally appropriate for clients across the life cycle. Specific forms of play interventions have been developed for infants and toddlers (Bentler, 1962; Kelly-Zion, Schaefer, McCormick, & Ohnogi, 2008); preschoolers (Schaefer, 2010); children in middle childhood (Drewes & Schaefer, 2016); adolescents (Gallo-Lopez & Schaefer, 2005), and adults (Schaefer, 2003). Other popular models of psychotherapy, such as cognitive-behavioral therapy (CBT), were initially developed for adults. It is not surprising, then, that recent studies have found that on the one hand CBT does not work as well with children below the age of 8 years since these young children have limited verbal and abstract thinking skills (Barrett, 2000; Reynolds, Wilson, Austin, & Hooper, 2012). Play interventions, on the other hand, have been found to be developmentally appropriate for this age group and thus offer a viable alternative to CBT for infants, toddlers, preschoolers, and primary school children (Grave & Bliset, 2004). Mounting evidence indicates that anxiety disorders in these younger children are as common, impairing, and persistent as those in older children (Hirshfeld-Becker, Micco, Mazursky, Bruett, & Henin, 2011) and need to be treated early with developmentally sensitive interventions.

Even though CBT is developmentally appropriate for children in middle childhood (ages 8–12 years), studies have found that a sizable number of these children do not benefit from it and require an alternate approach, such as play therapy (Drewes, 2009; Trosper, Buzzella, Bennet, & Ehrenreich, 2009).

PARENT INVOLVEMENT IN TREATMENT

Parents are by far the most influential people in their children's lives. Research has found that involving parents more centrally in the treatment of their children's psychological disorders can enhance the intervention's effectiveness and maintenance (Bratton, Ray, Rhine, & Jones, 2005; Friedberg & McClure, 2015; Ginsburg, Silverman, & Kurtnes, 1995). For mild fears and anxieties, therapists can instruct parents about ways to teach and reinforce anxiety management skills in their children, develop more supportive parent-child relationships, enhance their child's expression of negative emotions, promote independence in their child, reduce their own level of anxiety, and increase empowerment as they read stories about brave children. Similarly, when school-related fears are the central issue, active teacher involvement in therapy can be the crucial factor in the success or failure of the intervention.

EARLY INTERVENTION

On one hand, anxiety disorders in older children and adolescents have long been recognized as common, distressing, persistent, and predictive of subsequent anxiety disorders. On the other hand, anxiety symptoms in preschoolers and younger children have until recently been considered as transient difficulties that children will outgrow on their own. Accumulating evidence, however, indicates that these anxiety problems in younger children are as common, impairing, and persistent as those in older children (Hirschfield-Becker et al., 2011). Thus, parents should help young children to cope with their anxieties as soon as they become evident.

ABOUT THIS VOLUME

This unique volume, the work of international and national authors, addresses anxiety disorders that are the most common form of psychological problems in childhood and that, left untreated, tend to cause severe impairment and distress. Readers will have a toolkit of approaches and techniques that are the most developmentally appropriate interventions for young children. Backed by strong and growing empirical support, clinicians will be able to help to overcome children's resistance to therapy through the power of play. This empowering guidebook offers practical, empirically supported, and theory-driven approaches for helping children overcome a wide variety of disturbing worries, fears, and phobias. Chapter authors present step-by-step details of the play-based treatment, illustrative case vignettes, and a summary of research supporting the effectiveness of the play intervention(s).

The chapters in this book are divided into three main sections. Part I contains five chapters that address common childhood fears and anxieties. These chapters describe the use of therapeutic play to treat such common childhood anxieties, including fear of the dark, nightmares, stressful life events, and medical/ school fears and anxieties. In Chapter 2, Donna Koller focuses on best practices for guiding therapeutic play to lessen hospitalized children's anxiety. Chapters 3 and 4, written by Julie Blundon Nash and Deborah Armstrong, respectively, offer interventions and play techniques to address children's fears at night and childhood nightmares. Chapter 5, by Clair Mellenthin, focuses on specific types of fears and phobias that are school related, while Chapter 6, by Heidi Gerard Kaduson, looks at the broader topic of play interventions for children who have experienced stressful life events, which include car accidents, bullying, and media violence.

Part II, on specific anxiety disorders, offers six chapters that detail

play therapy for severe, diagnosable anxiety disorders, including selective mutism, obsessive–compulsive disorder, separation anxiety disorder, post-traumatic stress disorder, generalized anxiety disorder, and specific phobias. Chapter 7, by Sandra L. Clark and E. Jane Garland, detail how to integrate play and cognitive-behavioral interventions to treat childhood worries and generalized anxiety disorder, while Chapter 8, by Lydia C. Gilbota, Sandra Lindaman, and A. Rand Coleman, looks specifically at the use of Theraplay as a treatment modality for addressing selective mutism. The authors of this chapter also incorporate polyvagal theory, attachment theory, and social communication into their approach. Chapter 9, by Eric J. Green and Amie C. Myrick, offer readers a blueprint in how to integrate play therapy into the treatment of children with obsessive–compulsive disorder. Chapter 10, by Paris Goodyear-Brown and Elizabeth Andersen, addresses separation anxiety in children through the blending of play therapy interventions. Vicente E. Caballo, Isabel C. Salazar, and Thomas H. Ollendick offer effective play-based interventions for addressing social anxiety disorder in Chapter 11. Chapter 12, by Erinn N. Munro-Lee, Helen Kershaw, and Lara J. Farrell, focus on how a single-session behavioral treatment can be utilized with play therapy for addressing specific phobias in preschool children.

Part III addresses posttraumatic anxieties, specifically play interventions for children who have experienced disasters, and presents an integrative approach to helping sexually abused children overcome anxiety. Chapter 13, by Akiko J. Ohnogi of Japan, looks at how a variety of play-based interventions can be used to help deal with posttrauma anxieties from disasters, and the concluding chapter, Chapter 14, written by Andrea Driggs McLeod, discusses how to utilize a play-based integrative approach to help children who have been sexually abused deal with their anxiety.

SUMMARY AND CONCLUSION

Anxiety disorders are the most common form of psychological problems in childhood, affecting almost 20% of youth at any point in time. Recognizing symptoms, accurately diagnosing, and providing effective treatments are imperative because disorders that are left untreated are associated with significant distress and impairments in later life. Until recently, anxiety symptoms in preschoolers and younger children have been considered as transient difficulties that children will outgrow on their own. Accumulating evidence, however, indicates that these anxiety problems in younger children are as common, impairing, and persistent as those in older children.

The good news is that a growing body of literature indicates that play-based interventions have proven particularly effective in overcoming these difficulties. The main reasons that play treatments are so efficacious are:

1. They are the most developmentally appropriate intervention for young children.
2. They have strong and growing empirical support.
3. The positive emotions experienced while playing tend to overcome children's resistance to therapy.

This empowering, state-of-the-art guidebook offers a broad array of practical, empirically supported, and theory-driven solutions for helping children overcome their specific worries, fears, and phobias.

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