Theoretical Background to the Programme

This programme draws elements from two broad classes of intervention that have been shown, over many decades, to be useful for other groups of clients. The first is cognitive behaviour therapy (CBT) for anxiety. The second is behavioural parent training, a behavioural and social learning theory based intervention that has been widely shown to help parents of children with behaviour problems. The theory underlying these approaches will be briefly outlined, and we will explain how we use them in this programme to help children to overcome their anxiety.

Cognitive Behaviour Therapy (CBT)

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A very brief history of CBT

CBT has been practiced in its current form since the 1950s when psychiatrists and psychologists, such as Dr Aaron T Beck and Dr Aaron Ellis, most of whom had been trained in the psychodynamic tradition, noticed that many of their depressed patients held a rather consistent set of unhappy beliefs. To cut a long story short, they discovered that challenging some of these beliefs led to increases in happiness, and CBT was born. Since then, increasingly sophisticated cognitive behavioural models of mental illness have grown, and have expanded to cover just about every category of mental health problem, including anxiety. In fact, it could be argued that anxiety disorders are the greatest success story of CBT. Conditions that were once considered untreatable by psychological means, such as panic disorder, are now treated routinely using CBT.

Does CBT work?

In Britain, CBT is now the treatment of choice for most anxiety disorders suffered by adults. The National Institute of Health and Clinical Excellence (NICE) (2004) recommends that CBT be used as the first line of psychological treatment for anxiety disorders in adults (there are currently no NICE guidelines for anxiety in children). These recommendations are based on the very large and robust database of trials, demonstrating that CBT is highly effective for anxiety.

It is only in the past 15 years that researchers have systematically evaluated the utility of CBT with children and adolescents. However, a recent review showed that CBT for mixed anxiety disorders was effective for about 60% of the young participants (Cartwright-Hatton *et al*., 2004.) The research evidence base for this field is growing fast, and is almost entirely very positive. Indeed, the CAMS study compared CBT with selective serotonin reuptake

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inhibitors (SSRIs) for the treatment of anxiety in adolescents for the first time, and showed CBT to be about as useful as the SSRIs (Walkup *et al.*, 2008).

CBT has not been widely tested on younger children, but there is evidence to suggest that the cognitive model (see below) does hold true for them. However, it is quite difficult to do CBT with younger children, and as very few trials have included them, we do not really know whether using ordinary CBT is the right way to go. We will come back to this issue later.

A basic cognitive behavioural model of anxiety

It is a bit misleading to talk about 'the' cognitive model of anxiety, because there are so many different models. However, there is much overlap between the models. We have taken the main overlapping features of these models, and incorporated them into our intervention.

The fight/flight response

This is central to most of the cognitive models of anxiety disorders and explains that horrible physical sensation that you get when you are scared. We've all had it – dry mouth, palpitations, feeling sick, butterflies, sweating, tight chest, wobbly legs and more. When we get scared about something, our body releases adrenaline, to allow us to save ourselves from whatever is threatening us. This adrenaline gears us up to cope with the threat, by fighting it off, running away from it, or in rare circumstances, fainting. Adrenaline is powerful stuff. It works by increasing the supply of oxygen and glycogen-rich blood to our muscles so that we are ready to 'fight' or 'fly'. It increases our heart rate and blood pressure, and makes us breathe quicker. It takes blood away from our guts (they can wait!) and sends it surging into our muscles and our brain. As you can imagine, all of this activity makes us feel pretty funny. It can make us feel as if we are going to faint, have a heart attack or even go mad. However, the critical point here is that when we are in fight/flight response mode, we are extremely unlikely to do any of these things. Our blood pressure is far too high to faint (although as always, there's an exception here – see below[1]), and heart attacks during the fight/flight response are really very rare. Our brain is working overtime, and has a vested interest in being very clear-thinking, so there is really no time for going mad. However, according to the cognitive models, and myriad research that backs them up, these 'catastrophic misinterpretations' are a key component of anxiety disorders (Clark, 1986). When people think that they are going to go mad, or faint or die of a heart attack, they naturally want to take evasive action. They will do whatever they can to get out of the situation that is making them feel this way. Indeed, the feelings and catastrophic misinterpretations can be so horrible that people avoid ever going into the trigger situation again, and this is when the anxiety disorder really starts . . . .

Avoidance

Avoiding things that make us feel bad is another key feature of all anxiety disorders. We can think of no cognitive model of anxiety that does not have avoidance at its core.

Avoiding things that make us feel scared, either because of the feelings we get in our body or because of what we think will happen to us (see Thoughts, Feelings and Behaviour below), causes problems for a number of reasons: First, if we consistently avoid a situation, we never learn that it's really ok. So, for instance, someone who is scared of spiders and will never go near one never learns that spiders (in the United Kingdom at least) really can't do you a bit of harm. However, someone who allows himself/herself to experience spiders soon learns that they are quite sweet, and can't hurt you, even if you let them crawl all over you. Spider phobics will often have built up a range of ideas about spiders. For instance, they will worry

[1] Some people can faint when they see blood or if they have an injection or blood test. However, if this has not yet happened to anyone's child, it is unlikely that they have this problem. For further information on this fairly uncommon condition, readers are referred to Ost, L.G. and Sterner, U. (1987) Applied tension: A specific behavioral method for treatment of blood phobia. *Behaviour Research and Therapy*, **25** (1), 25–9.

that a spider will get in their nose or ears (or other orifices!) and they won't be able to get it out or that they will choke on one. People who let spiders near them find out that spiders really have no interest in your crevices and are, therefore, perfectly safe. People who avoid spiders never find this out for real. They may 'know' it in their head, but knowing it for *real*, having experienced it, is very different. Second, if you avoid something that scares you, you never learn the skills for coping with it. You never learn how to calm yourself down or what to say to yourself. So, the fear carries on. Third, we know that avoidance grows over time. People who start out avoiding one thing, for example, spiders, soon start avoiding things that remind them of spiders, such as damp cellars, and then things that remind them of damp cellars, such as old houses. Over time, with avoidance, a relatively small fear can turn into quite a big one.

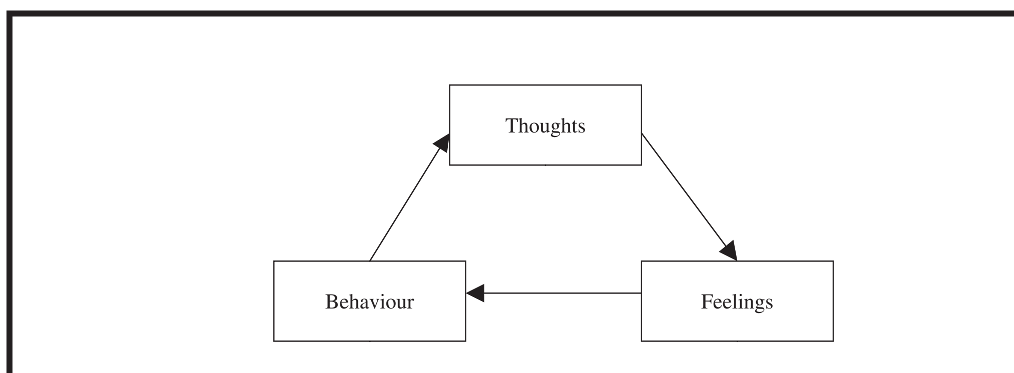
So, when it comes to anxiety disorders, avoidance is bad news. Tackling it is part of just about every model of CBT for anxiety, and this one is no exception. In the past, avoidance was often tackled by use of 'flooding'. Flooding involved making the fearful individual go face to face with their worst fear (e.g. stand in a roomful of enormous spiders). This technique was quite effective, as it tended to prove to sufferers, quite quickly, that they would come to no real harm. However, in the intervening decades, psychologists have become a little more humane, and 'exposure' to feared stimuli is done in a much more gradual, graded way. For instance, someone who is scared of spiders might now begin their exposure by looking at stick-drawings of spiders. When they feel happy with that, they might move on to looking at more realistic drawings of spiders, then perhaps photographs, then perhaps videos, before moving on to looking at real spiders in a tank and at a distance, before moving gradually closer, and eventually touching and holding spiders. This 'systematic desensitisation' is now the preferred way of treating most fears and phobias, and is the approach that we employ in 'Timid to Tiger'.

Thoughts, Feelings and Behaviour

So, if we have catastrophic thoughts, such as 'I'm going mad' or 'the spider will bite me', this can trigger physiological sensations that make us feel panicky and scared. Subsequent avoidance of the thing that makes us feel like this then leads to a full-blown anxiety problem.

This is the basic model of any anxiety disorder, and is the one that we present to parents in this programme. Our thoughts ('The spider will hurt me') lead to feelings (scared, panicky), which lead to behaviour (avoidance of the situation). This behaviour means that our thoughts never get challenged, and so the vicious cycle continues. We call this the Thoughts, Feelings, Behaviour (TFB) Cycle (Box 1.1), and we refer to it throughout the programme.

Box 1.1. The Thoughts, Feelings, Behaviour (TFB) Cycle



Psychologists now recognise that there is an almost limitless range of thoughts that can trigger this vicious cycle. For example, if someone is scared of dogs, they will often have catastrophic thoughts about dogs when they see one. So, for example, they might think 'It will bite me' or 'It is dirty and I will catch something off it'. Sometimes these *thoughts* on their own are enough to trigger a *feeling* of fear, and to cause subsequent avoidance *behaviour*.

Sometimes these thoughts will trigger others, such as, 'If it bites me, I might lose my leg' or 'I might get rabies and die'. Either way, if these thoughts are enough to trigger fear, and the fear is enough to trigger avoidance, then they are enough to trigger an anxiety disorder. So, for most anxiety problems, it is possible to construct a simple TFB cycle showing that *thoughts* lead to *feelings*, which lead to *behaviour*.

However, the TFB cycle is a very versatile beast, and as well as being useful for understanding anxiety, it is also very useful for understanding a wide range of other human behaviour. So, you will come across TFB being used for a number of purposes in this programme.

Metacognition

In recent years, psychologists have also realised that not only are thoughts important in anxiety but our thoughts *about* our thoughts are important too. So, for instance, we know that many people with obsessive-compulsive disorder (OCD) think that if they have a bad thought (for instance, about hurting someone) that this is as bad as actually hurting that person (e.g. Salkovskis, 1985). This is known as 'Thought Action Fusion' and is a type of metacognition.

Likewise, we know that people with disorders of worry (e.g. generalised anxiety disorder) will have all kinds of beliefs about their worry. Strange as it sounds, they often hold a set of quite conflicting positive and negative beliefs about their worry at the same time. So, people will often think 'my worrying will make me ill', but at the same time, will think 'I must worry to be a nice person' (e.g. Cartwright-Hatton and Wells, 1997).

These metacognitive beliefs are liable to make the person feel very worked up and anxious, and are likely to have an impact on behaviour. Positive beliefs about worries can make the individual engage in excessive worry. At the same time, fearful beliefs about the impact of those thoughts and worries will make the individual engage in avoidance type behaviour. This can be overt, such as turning off the TV when some worrying news comes on, or can be more covert, such as engaging in thought suppression or inappropriate distraction, both of which can make the situation worse.

Although this is a fairly new and complex area of CBT, we do touch on it in this course. In particular, when we have our session on managing children's worries, we talk to parents about the beliefs that they hold about worry, as we find that some of these can undermine their attempts to help their children manage their worries better.

The cognitive model and anxious children

The cognitive model that we have outlined above was initially designed for use with adults and older adolescents. However, research on whether the cognitive model holds for anxious children has, largely speaking, been very encouraging, suggesting that the same key components are present. So, we know that the thoughts that trigger the TFB cycle are likely to be similar for children as they are for adults, with some minor developmental differences. We know that children experience the same fight/flight response as adults when they are scared. We know that anxious children will try to avoid the things that they are scared of and that this will cause anxiety disorders in exactly the same way as it does for adults. So, the basic cognitive model of anxiety is the same for children.

However, using the cognitive model to treat anxious children is slightly different than when it is being used to treat adults. Furthermore, when the children are not being treated directly, but via their parents, this raises further issues that must be considered. In the next section, we will explain how we have managed these issues within a CBT framework.

How we use CBT

Thoughts, Feelings and Behaviour (TFB) and the Seven Confident Thoughts

One of the key aims of this programme is to make parents aware of how thoughts affect feelings and behaviour. We want them to understand this on behalf of themselves, and on behalf of their child. So, in the first session, we introduce the TFB cycle. This is introduced by means of examples of how adults think, feel and behave in stressful situations. We use some 'anxiety' examples, and also examples relating to general parenting situations, as we also want parents to be giving more consideration to how their thoughts and feelings affect their parenting. We return to the TFB model many times in every session. We spend very little time formally talking about how to changes one's thoughts; however, we do touch on this informally. For instance, if a parent acknowledges a troublesome TFB cycle, we will often say something like 'and how could you have thought differently about that?' However, we do no direct coaching on challenging the parents' own thought. Despite this, by the end of the course, most parents talk very naturally about their TFB, and many of them are able not only to spot troublesome thoughts, but to successfully challenge them too.

Having introduced the concept of TFB by getting parents to think about examples that are highly relevant to adults, we move on to thinking about children's thoughts.

We do not aim to produce parents who are skilled cognitive therapists by the end of this short course. That would be too long and complicated a process. Also, we think that parents have far more to offer than mere therapy skills. They shape their children's thoughts and feelings every day, in every single thing that they do. We think that parents can have far more impact on their children's emotions through the parenting that they provide than through any counselling skills that we could possibly give them. However, as will be discussed below, we do think that parents (as is the case for all humans) are more likely to make behavioural changes if they understand the reasons for doing so. This is where we introduce the Seven Confident Thoughts.

The Seven Confident Thoughts are a simplified system for understanding the way that an anxious child sees the world. They are distilled (by us, on the basis of no empirical data whatsoever) from the collective wisdom of many decades of cognitive research into anxiety and are shown in Box 1.2

Box 1.2. The Seven Confident Thoughts

The world is a pretty safe place
I can cope with most things
Bad things don't usually happen to me
Bad things don't pop up out of the blue
I have some control over the things that happen to me
People are pretty nice really
Other people respect me

We explain to parents that the goal of this course is to get their child thinking the Seven Confident Thoughts. Of course, it's not really that simple, but the Seven Confident Thoughts framework really gives parents something to aim at. Whenever we introduce a new technique, it is framed within the Seven Confident Thoughts, i.e. we get parents to think about which of the Seven Confident Thoughts the technique is working on. We have found that parents really like this framework. It gives them a clear, simple reason for using the techniques that we teach. Moreover, for some of the more psychologically minded parents, the Seven Confident Thoughts can help guide a whole range of other parenting decisions outside of our sessions.

The fight/flight response

We feel that it is critically important to give parents a thorough understanding of the fight/flight response. Many of the parents whom we have worked with have been very frightened by their child's physical response to fear. This isn't surprising really – it is worrying to see your child pale, clammy, shaking, crying, apparently struggling to breathe, and so on. It is even more frightening if you genuinely think that something awful is happening to your child. Very often, when a child is scared, the most appropriate parenting response is to sympathetically support the child in staying in the feared situation. Many of the parents we see actually sort of know this. Unfortunately, however, their instinct to protect their child from whatever dreadful fate is clearly about to befall them (a brain haemorrhage, a nervous breakdown?) trumps the more sensible messages that their brain might also be suggesting. Most of the parents that we have worked with in this programme have loved their children very much, and had strong desires to protect them from harm. In this situation, it is critical that parents understand the fight/flight response, and really believe that it cannot do harm to their children. So, we spend much of Session Three (Chapter Five) doing exercises that reinforce this point.

Reducing avoidance

As we have described above, avoiding fearful stimuli lies at the heart of most anxiety disorders. Therefore, anxious children need to do much less of this. Many families that we see are aware of this, but have really struggled to persuade their children to drop their avoidance, or, if they have persuaded them, have had very unpleasant experiences that have put them off trying again. So, we are presented with parents at varying stages of readiness for reducing their children's avoidance. Some need convincing that it is the right thing to do in the first place. Others are quite aware of this, but need to know that it can be done, safely, calmly and successfully, in a way that will not harm their children or their relationship with them.

So, we spend some considerable time in Session Three (Chapter Five) talking about the role of avoidance in anxiety disorders. We do this by means of a story – the Dinosaur and the Caveman, that illustrates the point well, and which can later be relayed from the parent to their child. We then use a standard cognitive therapy technique – a pros and cons analysis – to elicit parents' fears about reducing avoidance, and to address these.

Later in the programme (Session Four – Chapter Six), we begin to teach parents how to reduce their child's avoidance. In line with what is now seen as best practice, we discourage parents from using 'flooding' techniques, except where absolutely necessary. Instead, we teach parents to draw up fear hierarchies that can be used to provide their child with graded exposure to feared situations. We have sometimes found teaching parents to develop fear hierarchies rather difficult. Some parents grasp the concept very easily, and produce creative, sensible hierarchies at their first attempt. Others need much more help. Either way, parents will often run into problems (of varying degrees) when they begin to put the hierarchies into practice. For this reason, scrutiny of how hierarchies go forms a major part of the feedback in the first hour of all remaining sessions.

When working with anxious adults, it is useful to ask them to build little rewards into their exposure programme, and this is even more important with children. Many of the children whom we work with have very little intrinsic motivation to get over their fears, so their parents have to provide the motivation for them. This comes in the shape of little rewards, and lots and lots of praise. Using praise and reward to maximum effect are things that we teach early on in the programme (see below) and it is very important that they are tightly integrated into graded exposure.

Managing children's worry

Although we are not attempting to turn parents into expert cognitive therapists, managing children's worry is one area that does benefit from having a few basic therapeutic skills. After

doing a bit of cognitive work with parents – in particular, discussing their metacognitive beliefs about worry, we go on to teach parents how to do basic problem solving and behavioural experiments with their children. When we were designing this programme, we had thought that this was a rather ambitious thing to try. After all, hadn't it taken us years of intensive study to learn how to do cognitive therapy properly? Well, as it turns out, the parents whom we see must be much cleverer than us, because they usually have no trouble at all picking up these techniques. Behavioural experiments are particularly popular, and having been taught how to use them, parents come back and regale us with all manner of creative and thoughtful behavioural experiments that they have done with their children.

Finally, we touch on the concept of 'worry time' which is adapted from the controlled worry periods that are used when treating adult worriers using cognitive therapy. This technique is used with adults to help them to increase their perception of control over their worries and to reduce the amount of ineffective time they spend worrying. Although we do not advise this for use with all children, we do present it to parents, and suggest that they try it with children who present with excessive worry.

▶ Behavioural Parent Training

Although Timid to Tiger is heavily informed by CBT, it is delivered with a modified behavioural parent training framework. In this section, we will give an overview of behavioural parent training, and talk about how we use it to help anxious children to become more confident.

Does it work?

Behavioural parent training programmes are widely used for the treatment of children with behavioural difficulties, such as oppositional defiant disorder and attention-deficit hyperactivity disorder (ADHD). They have been used for several decades, and evidence to suggest their efficacy for these disorders is overwhelming. Serketich and Dumas (1996) carried out a rigorous review of the behavioural parent training literature, and found 26 studies that met their criteria for robustness. These studies showed a mean intervention effect size of 0.86, which is very impressive. They also showed that results of treatment generalised to behaviour in school, and that parents who took part were significantly better adjusted at the end of the programme. Behan and Carr (2000) showed similar results in their review. There is also evidence that the effects of these programmes last in the long term. For instance, Webster-Stratton, Hollinsworth and Kolpacoff (1989) showed that improvements were sustained when they revisited families five years after they had received parent training.

Indeed, the Webster-Stratton 'Incredible Years' programme is one of the most well-established and well-researched behavioural parenting programmes for children with behaviour problems that is currently available. All of the authors of this book have received training in this intervention, and have found it invaluable. Further details on this programme and how to access their world-wide training programme are available in the Additional Resources section at the end of this book. We would strongly advise anyone interested in running behavioural parenting programmes to seek out this or similar training (e.g. in the excellent and well-researched 'Triple P' programme – see Additional Resources).

What it does and how it works

Standard behavioural parent training programmes are typically run with a small group of parents, who attend for a weekly session of around two hours, without their children. During sessions, parents learn new parenting skills which they then go home to practise with their children. The groups are normally run by two group leaders who have professional mental

health backgrounds and are trained in the intervention. However, behavioural parent training can also be run with individual families. For further information on how the programmes run, see Chapter Two of this book.

The standard programmes (i.e. the ones developed for children with behavioural problems) are based on strong evidence that such children have parents who employ a number of behaviours that are thought to cause, or at least maintain, their child's difficulties. It is these parenting behaviours that the intervention seeks to modify. In the following pages, we will review the main components of behavioural parent training programmes, briefly explaining the theory on which they are based. We will then go on to show how we use these same components, to help parents of anxious children.

Play

Research has shown that parents of children with behaviour problems are less likely to show positive behaviours, such as praise and affection to those children (e.g. Patterson, Littman and Hinsey, 1964; Dumas, Lemay and Dauwalder, 2001). This is problematic for a number of reasons, as we shall see, but one difficulty is that eventually, it can lead to a rather cold and unfriendly relationship between the parent and the child. Clearly, this is not a good basis for a strong working relationship between the parent and the child, and the child feels that they have little incentive to behave appropriately for the parent. As we always say to parents, if you have a boss that you really like, and one that you don't like, and they ask you to do an extra bit of work as a favour to them, what will you do? Most parents agree that they would go out of their way to help the nice boss, but would be likely to dig their heels in and refuse to go the extra mile for the disliked one. Children are the same. If they feel warm towards the parent, they will be much more biddable.

Second, there is now a lot of research into 'attachment' and children's behavioural and emotional difficulties. Attachment theory was initially developed by Bowlby (e.g. see Bowlby, 1988 for an overview), who described the attachment of children to their caregivers as an instinctive developmental process. It is thought that this central relationship provides the key psychosocial experiences in children's development. Through their experiences of this central relationship, children develop an 'internal working model' of the world. Put simply, if this relationship is hostile and cold, then children will assume that the rest of the world is hostile and cold, and will act accordingly. On the other hand, if this relationship is warm and kind and supportive, then it tells the children that they can expect the rest of the world to be the same, and they will behave very differently.

In order to foster a strong attachment with the parent, and to put 'money in the bank' for later in the programme, where the parent starts to make demands of the child, the intervention begins by training parents in a form of relationship-building play. In this type of play (which is described in more detail in Chapter Four), the child is put in control, and the parent is there to give the child his/her undivided attention, and lots of warmth, praise, affection and encouragement. Done properly, this technique is excellent at rebuilding strained parent – child relationships, and we can each give countless examples of cases where children's well-being has improved markedly after the parents have attended this session.

Positive reinforcement of good behaviours

Research shows that in the vast majority of cases of behaviour problems, parents are under-using positive reinforcement strategies to encourage good behaviour in their children. That is, parents are using very little praise, and very few rewards to encourage their children to engage in good behaviours (e.g. Webster-Stratton, 1985). We know that children, like all other creatures that have ever been investigated, respond very predictably to consistent positive reinforcement. If a child receives fairly reliable, properly delivered praise for a behaviour

(*any* behaviour) they will be more likely to show that behaviour again in the future. Children love praise – especially from their parents. They love rewards even more than praise, and will work really quite hard to get a small reward. However, the evidence suggests that parents of children with behaviour problems are unlikely to give rewards to encourage their children to work on good behaviours.

So, all good behavioural parent training programmes teach parents to give lots of positive attention, praise and small rewards to encourage their children's good behaviours. More details on how this is done are given in Chapters Six and Seven.

Setting limits and consequences

There is increasing evidence that parents of behaviour-disordered children are prone to not setting limits for their children particularly well. For instance, Forehand, Wells and Sturgis (1978) found that giving poor commands was predictive of non-compliance in young children. Moreover, other research shows that compliance rises once parents are taught to give commands properly (Roberts *et al.*, 1978). Clearly, if children are receiving commands that they do not understand, or cannot remember, they are unlikely to carry them out. So, all good behavioural parent training programmes include a component that teaches parents how to give commands in the most effective manner.

Research has also shown that parents of behaviour-disordered children are less likely to enforce commands than other parents. That is, if the child refuses to comply, the parent very quickly gives up trying to make them do so. This observation forms the core of Patterson's (1982) influential 'coercive cycle'. In this cycle, the parent gives a command, such as 'tidy away your toys'. The child refuses, perhaps using some aversive behaviour (e.g. crying, shouting), and the parent gives the command again, throwing in some aversive behaviour of their own, for example, shouting, or threatening to smack the child. Sometimes, the child will comply at this point, reinforcing the parent for their use of threats and shouting. However, most of the time, the child escalates the argument, perhaps by deploying a full-blown tantrum. The parent, often exhausted by repeated experiences of this nature, gives up, and leaves the toys untidied. The child has learnt that by displaying aggressive, coercive behaviours, they can avoid carrying out parental commands. It is well documented that if these coercive patterns of behaviour persist over time, they become internalised by the child and have long-term deleterious effects on their behaviour and emotional development. Moreover, the child takes these new-found techniques into the outside world, and uses them, to disastrous effect, with teachers, peers, and others (Dishion, Patterson and Kavanagh, 1992).

For this reason, all good behavioural parent training programmes spend some considerable time helping parents to overcome this coercive cycle. Parents are taught to only give clear commands that they know they can enforce, and to ensure that they do enforce them, using a range of considerably less coercive techniques.

Withdrawal of attention

Whilst parents of children with behaviour problems are *less* likely to give attention for children's positive behaviours than other parents, there is much evidence to suggest that they give *more* attention to undesirable behaviours (e.g. Patterson and Stouthamer-Loeber, 1984; Dumas and Wahler, 1985). As we have seen, when *any* behaviour gets attention from a parent, that behaviour will increase in frequency. This is particularly the case for children who do not get much attention from their parents.

This is because children are hardwired to get adult attention (particularly from their parents). We hate it when we get referral letters asking us to see a child because they are 'attention seeking'. All children are 'attention seeking'. They are meant to be. This is how they learn to be an adult – they do it by having interactions with adults. And, if the

adults around them don't volunteer nice, positive interactions, then children will get those interactions, and that attention, in any way that they can, which can include using some very undesirable behaviours.

So, apart from helping parents to provide their child with lots of warm, positive interactions through play, praise and reward, all recent behavioural parenting programmes encourage parents to reduce the amount of attention that they give to children's unwanted behaviours. This also helps to reduce the coercive cycle that is discussed in the section above. In the past, some interventions did not include this component, and preferred to focus on just giving attention for positive behaviours, but research has shown that the intervention is much more effective if parents are also taught to withdraw their attention for unwanted behaviours. Details on how to do this with parents are given in Chapter Nine.

Punishment/consequences and time out

Perhaps as a consequence of their frustration at their child's difficult behaviour, we know that parents of behaviour-disordered children are more prone to using frequent, harsh and poorly delivered punishments for misdemeanours (Patterson and Stouthamer-Loeber, 1984). This brings with it a number of problems. First, it serves to give extra attention to children's unwanted behaviours, which we know is a bad thing. Second, it increases hostility between the parent and child, which is undesirable. Third, when poorly delivered, the child fails to learn new behaviour from the punishment. For example, we know that the effectiveness of disciplinary strategies for misbehaviours is influenced by variables such as timing (Abramowitz and O'Leary, 1990), length (Abramowitz, O'Leary and Futtersak, 1988) and consistency (Acker and O'Leary, 1988). Finally, the child learns that the way to manage other people's undesirable behaviour is to punish them, perhaps physically, which, in general, does not lead to good outcomes. In particular, much research has shown that the use of physical punishment is an ineffective means of improving self-control and compliance in children (e.g. Power and Chapieski, 1986).

So, most behavioural parent training programmes include a component, usually later on in the course, teaching parents how to manage those tricky behaviours that you just can't deal with by using more positive techniques (such as praise, reward, withdrawal of attention). Parents are taught how to use 'consequences'. These are mild, rapidly delivered punishments that 'fit the crime'. Parents are taught how to deliver these to encourage maximum learning on the part of their child (see Chapter Eleven for more details). Parents are also taught to use 'time out'. This involves putting the child in an un-stimulating environment for a short period of time only, and is a kind of super-withdrawal of attention. Time out has been shown to be very effective, in conjunction with the other techniques taught in the programme, for managing dangerous and destructive child behaviours (see Chapter Eleven for more details).

Social learning theory

Since the earliest days of child psychology, theorists have argued that children's behaviour is learned by imitation of their caregivers' behaviours (e.g. Bandura, 1977). In particular, children will copy other people's behaviour if that behaviour results in desirable outcomes for the person that they are copying. So, if parents frequently gets their needs met by shouting, hitting, or otherwise coercing other people, then a child is likely to copy that behaviour very readily. So, the whole range of techniques that parents learn (praise, play, reward, ignoring, time out, consequences) in parent training programmes are giving the child a much more positive model of how to get one's needs met. Furthermore, the group leaders are also modelling these processes to the parents in their group. Whilst running the group, group leaders use copious amounts of praise, attention and reward to encourage parents. They also use smaller amounts of withdrawal of attention, to manage situations where a parent is engaging in undesirable behaviour (e.g. dominating a discussion). So, the group leader models these techniques to parents, and the parents then model them to their child.

In this section, we have briefly covered the main theories that underpin behavioural parent training programmes. We will now turn our attention to how parenting processes might be involved in anxiety disorders, and show how we use the basic behavioural parent training techniques to modify these.

Parenting and Anxiety

Parenting processes in child anxiety have received much less attention than those in behaviour problems. However, in recent years, we have begun to realise that parental processes are important for children presenting with internalising difficulties. For a detailed overview of this area, readers are recommended an excellent review by Wood *et al.* (2003).

Does it work?

Research into whether parenting interventions are useful in treating childhood anxiety is in its infancy. However, some authors (in particular, Belsky, 2005) are beginning to suggest that anxious children might actually be *more* vulnerable to parenting influences than their less anxious peers, and, therefore, benefit more strongly from parenting interventions. In defence of this theory, Belsky (2005) cites a number of lines of research. First, Kochanska (1995) reports that when examining maternal behaviour (in particular, the use of 'gentle' or 'negative' discipline), parenting was much more predictive of children's behaviour for children who were described as fearful or anxious, than for other children. Indeed, for the other children, maternal behaviour had very little impact on child outcomes. Unfortunately, this research was correlational. However, research with primates has shown similar effects in a more controlled experimental setting. Suomi (1997) reports research in which the impact of parenting on outcomes for rhesus macaques was examined. In this study, baby macaques were removed from their birth mother within a few days of birth, and fostered to either a macaque mother with average mothering skills or to highly skilled foster mother. The intriguing results indicated that for infants with an average temperament, the impact of the mothering received was pretty limited. However, for infants who were identified as highly fearful and anxious to begin with, the impact of the fostering was dramatic. Fearful infants who were fostered to average mothers did very poorly; they continued to display fearful behaviour, and showed highly reactive responses to minor upsets. Moreover, in adolescence and beyond, these macaques continued to perform poorly, ensuring that they were low in the social hierarchy and had limited access to resources. In contrast, the fearful infants who were fostered to the highly skilled mother macaques had very different outcomes; these infants became very confident. In the longer term, these macaques did very well socially, and rose to the top of their social hierarchies, ensuring privileged access to food and other resources. These studies give a tantalising indication that for children with an anxious/inhibited temperament, the quality of parenting may be particularly important, with those receiving poor parenting doing disproportionately badly, and those receiving good parenting doing disproportionately well. In other words, it is possible that anxious children are likely to be *particularly* sensitive to the effects of the parenting that they receive.

In light of the evidence that child anxiety is associated with some parenting impairments and that anxious children may be particularly vulnerable to the effects of poor parenting, Cartwright-Hatton *et al.* (2005) examined the effect of a standard behavioural parent training programme on the internalising symptoms of a group of young children. Although the 43 children were referred primarily with externalising difficulties, they also experienced substantial internalising difficulties. After receiving a standard behavioural parenting intervention, these internalising symptoms reduced significantly, and to the same degree as the reduction in externalising symptoms. The results of this study provide further evidence for the role of parental behaviour management skills in the maintenance of childhood

anxiety. Furthermore, a randomised controlled trial of the intervention described in this book has recently demonstrated its efficacy in treating a larger sample of anxious children, in comparison to a control group who were not treated. At the end of treatment, two-thirds of the treated children were free of their main anxiety disorder, as compared to just 15% of the control group (Cartwright-Hatton *et al.*, submitted).

How we use behavioural parent training in this programme

This programme is based on a modified behavioural parent training programme. That is, we use the major components and delivery framework of a behavioural parent training programme. The CBT elements that are described above are fitted into this.

The main techniques that we use are as follows:

Play

As in programmes for children with behavioural problems, Timid to Tiger makes early use of a parent – child play technique. Once again, by the time parents are in contact with professionals, parent – child relationships are often strained, and it is important to get these onto a more positive footing right at the beginning. Second, as for children with behaviour problems, there is evidence that attachment may be impaired in many families of anxious children (e.g. Warren *et al.*, 1997; Muris *et al.*, 2000). In order for children to feel that the world is a safe place, it is vitally important that they feel that they have a safe 'base' and so it is important to improve the attachment rapidly. For these reasons, the second session (Chapter Four) of our intervention is devoted to teaching parents a special type of play that enhances the parent – child relationship. Parents are encouraged to practise this play with their children every day for 10 minutes or so, and we frequently see leaps in children's confidence from this session onwards.

Praise and rewards

Parents of anxious children have also been seen to be less adept at using praise and reward to get their children to engage in the behaviours that they would like to see. This is often for the full range of children's behaviours, but sometimes parents are just weak at using praise and reward to encourage the brave behaviours that their children need encouragement with. They often feel that their children should not need extra encouragement for behaviours that come naturally to their peers. Once consistent, well-delivered praise and reward are put in place, there are often dramatic improvements in children's willingness to drop their avoidance of feared situations.

Setting limits

Like parents of children with behaviour problems, parents of anxious children can be prone to not setting limits well for their child (e.g. Gallagher and Cartwright-Hatton, in prep), albeit often for slightly different reasons. We think that many sets of parents and their anxious children experience something akin to Patterson's coercive cycle that is discussed above. However, the coercion may operate in a slightly different way; In the case of anxious children, when the parents issue a command, the children, particularly if they are scared of doing what is asked, will begin to get upset. They will cry and beg to avoid the activity, and if the fight/flight response fires up, even start to look and feel quite ill. Sometimes parents (if particularly stressed) will become angry at this point, and will shout or threaten (much as in the original coercive cycle). If the child complies at this point, the parent is rewarded for the choice of coercive and frightening parenting strategy. In many cases, however, parents are distressed to see their children so upset, and will withdraw the command, teaching the children that they can avoid feared activities by displaying fear. In the long term, we

think that repetitions of this cycle can contribute to the development of anxiety disorders in children, by allowing them to avoid feared activities, and by teaching them fearful behaviour displays that eventually become internalised. Therefore, an important part of our programme involves teaching parents to set carefully thought-out limits, clearly and firmly, and then sticking to them, even if the child becomes upset.

Withdrawal of attention

Much as parents of children with behaviour problems are prone to giving attention to unwanted behaviours, parents of anxious children are very prone to giving attention to fearful behaviours. As we know, giving attention to *any* behaviour will increase the likelihood of that behaviour being produced again in the future. For understandable reasons, many parents of anxious children give lots of attention to their child when they become distressed. Although it would clearly be inappropriate to ask parents to ignore all such fearful behaviour, we think that there are circumstances where the amount of attention that is given to these behaviours can safely be reduced. In combination with increasing the attention given to other (particularly more confident) behaviours, this has a powerful effect on changing the contingencies that children are operating under. There is also evidence to suggest that positively reinforcing anxiety symptoms in children, such as promoting or condoning avoidant behaviours, is characteristic of anxious parents (e.g. Barrett *et al.*, 1996). When parents have been given a clear understanding of the role of avoidance in anxiety, and the effect of attention on avoidant behaviour, parents can also be helped to reduce the amount of reinforcement that they give to avoidant behaviours.

Punishment/consequences and time out

There is evidence that parents of anxious children are more likely to use harsh and physical punishments than other parents (Krohne, 1990; LaFreniere and Dumas, 1992; Gallagher and Cartwright-Hatton, 2008; Robinson and Cartwright-Hatton, 2008; Laskey and Cartwright-Hatton, In press). Clearly, this style of punishment is frightening for any child, but it can be particularly damaging for a child who is already prone to anxiety. So, some time during this programme is devoted to teaching parents to use appropriate, mild, gentle, predictable consequences for unwanted behaviour to parents. They are also taught to use time out in Session Nine (Chapter Eleven), and a discussion of the impact of physical punishment also takes place.

Social learning theory

As we discussed above, children often directly learn their behaviours by watching valued adults around them. There is now strong evidence that this happens in abundance in anxious children. And, since the majority of anxious children have at least one anxious parent, there is often a lot of good anxious material for children to copy. For example, Muris *et al.* (1996) showed that mothers with high trait anxiety reported expressing fearfulness in front of their children more frequently than mothers with low trait anxiety, and that the level of maternal fear expression was predictive of the child's level of fearfulness. Similarly, Gerull and Rapee (2002) showed that when mothers pretended to be afraid of a toy animal, their young children rapidly displayed fear towards it too. There is now much experimental evidence to show that children learn to be afraid by watching or listening to parents, or by watching their parents cope badly with anxiety (e.g. Dadds *et al.*, 1996; Siqueland, Kendall and Steinberg, 1996; Whaley, Pinto and Sigman, 1999).

Therefore, the role of social learning is explained to parents, and they are helped to identify situations in which they might be prone to modelling anxiety or poor coping to their child. They are then given techniques to help avoid this transmission of fear when they spot it happening.

In the next chapter we will describe how to set up a Timid to Tiger group, and the general processes and principles that underpin it.

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