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Fears and Phobias: Helping Handout for School and Home

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INTRODUCTION

All children have fears. Most fears of childhood and adolescence are transient, in that they come and go and are often outgrown. Infants and toddlers typically show fears relating to loss of physical support, loud noises, and unfamiliar people. Fears relating to separation from parents or caregivers are particularly common in toddlers. Preschool children show fears of imaginary creatures, ghosts, monsters, small animals, and darkness. They also often show bedtime fears involving frightening dreams. By ages 6 to 12 years, children show decreases in the fears that have imaginary themes, which are replaced with more realistic fears. These may include school fears relating to achievement, separation, bodily injury, and growing social concerns. Adolescents often show the above-mentioned fears, but increasingly common and problematic are social fears, including fear of negative evaluation and fear of embarrassment or humiliation. However, when a child's fear becomes irrational, is out of proportion to reality, and leads to excessive avoidance, or the child lacks skills to manage upset feelings, then the fear is no longer normative or typical. Instead, it is viewed as a phobia. It is important for parents and teachers to be able to distinguish normative fears from disabling and interfering phobias.

WHAT TO CONSIDER WHEN SELECTING INTERVENTIONS AND SUPPORTS

The most critical factors to consider when selecting intervention strategies for childhood fears and phobias are indicated below.

Behavioral Avoidance

Behavioral avoidance is probably one of the most important factors to consider, and to assess, when selecting an intervention strategy. Behavioral avoidance means that individuals take action to make sure they are not put into the situation that makes them feel fearful. This avoidance can often be a conditioned response. For example, if a child falls off a bicycle, avoiding riding the bicycle again maintains the bike fear. The reason is that avoidance leads to almost immediate fear reduction, a process referred to as *negative reinforcement*. This is why many children, after a fearful event, often begin to go to great lengths to avoid the feared object or situation. The old adage, "If you fall off the bike, get right back on," is indeed true. The more the child stays away from the feared object or situation, the more likely the child's fear will not go away. Thus, in considering intervention strategies, it is helpful to carefully assess the extent of the child's behavioral avoidance. Some guiding questions include the following:

- *What* is the child avoiding? (e.g., object, situation, place, person)
- *Where* is the child avoiding? (e.g., school, home, afterschool activities)
- *When* is the child avoiding? (e.g., only upon confrontation with the feared object or situation; upon anticipation of confrontation; on school days only)
- *Who* or *what* helps to reduce the child's avoidance? (e.g., parents, pet, stuffed animal, cell phone)

Others' Reactions to the Fears

The ways in which significant people in the child's life, such as parents and teachers, react to the child's signs of fear can play an important role in fear maintenance and persistence. If parents or teachers encourage the child to approach the feared object or situation,

the child is more likely to learn to manage the fear and overcome it. On the other hand, if parents or teachers allow the child to avoid the feared object or situation, the child's avoidant behavior, and therefore phobia, will likely be maintained or made worse. When parents change their own behaviors or routines (e.g., leave work early to pick up the child), or participate in their child's fear behaviors (e.g., sleep with the child at bedtime), they are accommodating the fear in ways that are unhelpful (Lebowitz et al., 2013). Accommodations by teachers are also common, such as when a child with a phobia of bugs is allowed indoor recess, or a child who fears crowds or loud noise is excused from school assemblies. Accommodations are often provided to protect the child from feeling upset or distressed. However, frequent accommodation can be a protection trap. It is a trap because, in the short run, accommodation alleviates the child's distress and bolsters parents' and teachers' beliefs that they are protecting the child from distress. In the long run though, accommodation maintains the child's phobia and can even make it worse. Before selecting intervention strategies, it is therefore helpful to assess parents' and teachers' accommodation behaviors. Consider the following questions:

- How do parents and teachers participate in the child's phobic behaviors? To what extent do they (a) assist the child in avoiding phobic situations and objects? or (b) participate in behaviors related to the child's phobia?
- What modifications do parents and teachers make in relation to the child's phobic behaviors? To what extent do they (a) take on the child's responsibilities? or (b) change family or class schedules and routines?

Areas of Interference
Before selecting interventions, it is important to consider how broadly the phobia affects the lives of the child and family. For example, having a dog phobia may interfere along several domains: family (e.g., family avoids outings to parks because dogs are likely to be present), friends (e.g., child avoids friends' homes where there are dogs), school (e.g., child avoids field trips because of anticipatory fear relating to dogs), and personal distress (e.g., child experiences stomachaches or headaches out of anticipatory fear). Some phobias affect the child's functioning only at home (e.g., phobia of the dark); others may affect

the child's functioning only at school (e.g., phobia of school fire drills). Yet others may affect the child's functioning across settings (e.g., phobia of insects).

The areas of interference may help determine whether it would be most helpful for the parent, the teacher, or both to be involved in helping the child overcome the phobia. If the phobia interferes only at home and with the family, the family could think of ways to reduce the accommodation at home. For example, if a child has a phobia of the dark, and parents always keep the lights on, reducing their accommodation by not keeping on the lights for the child may make sense. In this case, the school may not be involved at all in the intervention. With phobias that interfere with the child's functioning across settings, planning should involve both parents and teachers so that the interventions can be consistent at home and at school.

RECOMMENDATIONS

The following recommendations are intended for parents and teachers to review and consider for implementation at home or school or across settings. Some recommendations are likely to be more appropriate and feasible than others, depending on factors such as the child's age, motivation, extent of avoidant behavior, and areas of interference. The first set of recommendations focus on ways to prevent a fear from becoming a phobia. Second, recommendations are provided that are useful when the child is already showing a clear phobia, including: (a) reducing child's avoidant behavior, (b) reducing parent and/or teacher accommodation of child's phobia, and (c) challenging the child's thinking.

Preventing Fears From Becoming Phobias
As noted above, all children experience fears. Most of these fears resolve on their own. However, when adults respond inappropriately, children's fears may be reinforced and eventually develop into phobias. It is therefore important to talk appropriately about, and behave appropriately toward, scary objects or situations.

1. ***Be a role model.*** Children learn from watching how others react to the world. You don't have to be brave all the time or behave as a model of mastery. In fact, it is more helpful to serve as a coping model. This means that, just as it is not helpful to freak out, nor is it particularly helpful to

show absolutely no fear. Instead, it is helpful to share your coping experiences with the child. Talk about fears or phobias that you had, and how you faced these fears and overcame them. You can also role-play with the child by thinking aloud things to either say or do that would help manage the feared object or situation better.

2. ***Be mindful about media exposure***. Children who are prone to fears or anxiety do not benefit from extensive exposure to the news. Monitor the child's use of media and its content, including social media.

3. ***Observe the child's reaction to potentially frightening situations before you react.*** The way that you react to and talk about scary events or distressing media content may influence the child's reactions. Before you react, pay close attention to the child's reaction. If the child shows signs of distress, show empathy and validate the child's feelings (e.g., "It makes sense to feel worried about people in the hurricane"). In situations in which the child is accurately comprehending the information—that is, a fearful or anxious reaction makes sense—be sure that you don't dismiss the child's concerns. So instead of saying, "You have nothing to worry about," allow the child to ask questions and talk about the worries. Try to provide answers that convey hope and positive change; avoid focusing only on the negative outcomes (e.g., "It is scary when big storms happen but there are lots of people helping everyone get ready and be safe").

4. ***Conduct regular discussions with children about both unrealistic and realistic fears.*** Discover what children's fears are and help them consider other, more realistic ways to think about these things. Sometimes all that children need is information. For example, maybe they do not know that there are certain ways to pet a dog that are better than other ways, that spiders in the yard are not poisonous, and that the elevator in their building has never ever gotten stuck!

5. ***Help children understand the distinction between possible events and probable events.*** For example, it is possible that dogs bite and carry rabies. But the probability of dogs biting in any serious way and carrying rabies is low.

6. ***Encourage approach behaviors and discourage avoidant behaviors***. As soon as you notice that a child does not want to return to a situation or wants to avoid a situation because a specific object

may be there, take the child to that situation and let the child see and learn that the situation is safe. It's back to the old adage: if you fall off the bike, get back on.

Helping a Child Overcome a Phobia
Sometimes, using these techniques is not enough. If the child's fear has already become excessive, and the child is reluctant to come into contact with the feared object or situation, it may be necessary to apply additional strategies. Below are strategies that have been researched and found effective for helping children reduce avoidance of feared objects or situations.

7. ***Reduce the child's avoidant behavior through gradual exposure.*** Many years of clinical experience and research have shown that behavioral exposure, or in child-friendly language, facing your fears, is the most effective way both to prevent and to reduce fear of objects and situations. It is important to make this exposure gradual, rather than use "flooding." For example, it is not helpful to lock a child with a spider phobia in a room where 100 spiders are crawling on the floor, in the hope that the child will get over the fear. There are several steps to implementing gradual exposure:

   - *Create a fear ladder with the child.* A fear ladder is a hierarchy or list of feared objects or situations related to the targeted phobia, arranged in order from most to least scary. It is then possible to break down each phobia into small steps. With the child, rate how difficult each step would be. For example, using a scale of 1 to 10, the child may say that holding a spider is most scary (10), looking at a spider in a cage is less scary (7), watching a video of a spider is not so scary (3), and seeing a cartoon picture of a spider in a book is only a tiny bit scary (1). Try to complete every step of the ladder from 10 to 1.

   - *Explain the benefits of facing the fear.* Before gradually exposing the child to feared objects or situations, ensure that the child is motivated and feels confident in taking these steps. Briefly discuss how the phobia is currently limiting the child's fun; give some specific examples and highlight how aspects of life will be better if the child can better manage the phobia. Also emphasize that the strategy of facing your fears really works if the child tries it.

- *Start the exposure with the child's permission and build on small successes.* Never surprise the child with an exposure. Although it will be challenging and will elicit some fear arousal, gradual exposure should be manageable and lead to success. For success, it is essential that the child remains motivated and accumulates positive experiences. So start with the bottom step of the ladder, with the least scary situation. In this example, looking at a cartoon spider in a book is the least scary thing. Assess the child's willingness to do this. When the child successfully looks at the picture, praise the effort of facing the fear.

- *Move up the ladder in accordance with what the child can manage.* Successful small steps are much better than taking too big a step and not being successful. Don't move to the next step on the ladder until the child feels relaxed and comfortable with the current step. If you notice that an exposure seems too difficult or scary, this means that you and the child were moving up the ladder too quickly. It is okay to repeat the same exposure until the child feels comfortable or to temporarily move down the ladder to repeat an earlier success.

- *Pay attention to generalization.* It is very important to generalize the exposure and reward practice to ask the child to face objects or situations in different settings. For example, in addition to petting a specific dog, find different dogs in different settings with different people.

- *Be generous with effective praise.* Facing fears is often highly challenging, so be sure to praise the child for the behavioral steps and efforts. In doing so, you are also modeling behaviors that can help the child use self-reinforcement in subsequent efforts to change fear responses.

8. ***Reduce parents' and teachers' accommodation of the child's phobia.*** It is hard to watch a child show signs of distress and fear. Parents and teachers strive to alleviate these negative feelings. But as discussed above, accommodation encourages continued avoidance and maintains the phobia. As a first step, review the child's daily schedule and look for instances when parents or teachers accommodate the feared object or situation, such as letting the child have indoor recess to avoid scary things outdoors. Make a list of these accommodations. Once the problematic situations are identified, consider the following approaches:

- *Focus on your own behavior, not the child's.* When you reduce your accommodation, you are focusing on how you can change the way you react to the child's phobia. This can have a meaningful impact on children's avoidant behavior. For example, parents of a child with a specific phobia of dogs may actively help, or accommodate, the child's avoidance of encountering dogs. Rather than using the common protection trap and crossing the street when a dog is encountered, parents may instead keep walking on the side of the street where the dog is present (unless the owner or dog indicate that this might not be safe). By focusing on their own behavior in a way that does not allow the child to avoid something, parents are sending an incredibly encouraging and strong message: "We are confident you can walk on this side of the street and pass the dog without anything bad happening."

- *Do not try to change everything at once.* Look at the list of accommodations of the phobia and pick one that you would like to stop. You can select other behaviors later.

- *Let the child know what change you plan to make.* For example, you will no longer turn on all the lights, no longer make sure there are no dogs around, or not allow indoor recess or exemption from school assemblies and field trips. Accompany this change with a warm and supportive message that both validates the child's fear and reflects your confidence in the child's ability to cope. For example, "I know that this sounds hard right now, but I am very sure that you can handle it."

- *Praise the child every step of the way.* Children are always coping. This is true whether they are facing the feared object or situation head on or coping with the changes in your behavior. Therefore, there is always something to praise.

9. ***Challenging the child's thinking processes.*** Some children who are prone to developing phobias have frequent thoughts about the negative consequences that will follow if they encounter the feared object or situation. For example, a child with a dog phobia may have a negative thought that "This dog will bite me." Help the child consider more adaptive thoughts, such as "I have never been bitten by a dog before, so there is no reason to believe that I will now" or "Most dogs don't bite, so it is unlikely that this one does" or "The

owner of the dog is here and will make sure the dog doesn't bite me."

10. ***Know when to seek professional help.*** If the recommendations above did not seem to reduce the child's avoidance and phobias, or if the child is not moving forward developmentally because of phobia-related impairment, it may be necessary to seek professional help. Problems might include phobia-related interference with academic functioning, peer interactions, family activities, or personal distress. In these cases, consult a mental health professional who has experience in treating phobias using behavioral or cognitive–behavioral procedures. Cognitive–behavioral procedures have the strongest and most consistent research support (Compton et al., 2014) and will provide more intensive support consistent with the recommendations here. Methods include encouraging the child's approach behaviors, modifying how parents and teachers react to these fears, and addressing the child's thoughts about the scary objects or situations. The school psychologist or other mental health service provider at school can help you find a suitable mental health professional near you.

RECOMMENDED RESOURCES

Websites
anxiety.yale.edu

> This is the website of the Anxiety and Mood Disorders Program at the Yale Child Study Center. It describes the training, research, and clinical services we provide. A brief overview of the nature of phobias and anxiety disorders is also provided.

https://www.nimh.nih.gov/health/topics/anxiety-disorders

> This is the website of the National Institute of Mental Health. The website provides updates of cutting-edge scientific findings on anxiety disorders, including the latest research evidence from randomized clinical trials and descriptions of ongoing clinical trials and enrollment information.

Books
Lebowitz, E. R., & Omer, H. (2013). *Treating childhood and adolescent anxiety: A guide for caregivers*. Hoboken, NJ: John Wiley & Sons.

> This book offers evidence-based and theory-driven therapeutic procedures to help parents manage their children's anxiety problems.

Silverman, W. K., & Kurtines, W. M. (1996). *Anxiety and phobic disorders: A pragmatic approach*. New York, NY: Plenum Press.

> This book provides a pragmatic, nuts-and-bolts approach to facilitate clinicians' use of exposure-based cogntive–behavioral therapy.

Related Helping Handouts
Anxiety: Helping Handout for School and Home
Using Praise and Rewards Wisely: Helping Handout for School and Home

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