COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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COOL KIDS THERAPY

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Definition: A structured and manualised program that teaches children and their parents ways to manage the child's anxiety.

Elements: Children and parents learn to identify and understand anxiety and think in a non-threatened manner, with parents allowing their children to do what they, but most others do not, fear. The children are taught to spot fearful symptoms, behaviours and beliefs and to think more realistically - *`think like a detective and collect cues' to test your worried beliefs*'. By instruction, role play and practice up hierarchies they learn social skills and assertiveness and to deal with teasing e.g *`pretend you're under a protective shield and let the teases bounce off*'. Adolescents also discuss coping skills e.g. *`use relaxation, warm baths or talking to someone instead of drinking alcohol, taking drugs, or isolating yourself*'. Parents learn to reward such behaviour, allow greater autonomy, and be less protective e.g. *`ask yourself "what's the worst that would happen if I don't step in and help my child now?"'*

Parents and teens learn that *"children are born with different levels of feelings that are good (empathy, kindness) and less good (anxiety, depression)"*.

Families develop graded live-exposure hierarchies for their children to gradually approach unrealistically feared situations. The children engage in each step up the hierarchies and are rewarded for successful attempts. Extensive exposure homework is planned. They are asked each week to try one or more steps up the hierarchy and to report their experiences to the therapist or group. Typically there are 10 sessions over 12 weeks, with parents attending all sessions for younger ages and fewer sessions with teenagers. The Program is supported by *Cool Kids* workbooks for children, for teenagers, and for parents.

Related procedures: contingency management, Coping Cat, exposure, modeling, roleplay, parent training

Application: Conducted for ages 7-17 in a group, family or individually, or in self-help, school-based, and outreach formats.

1st use: Rapee (2000)

References:

1. Rapee RM (2000) Group treatment of children with anxiety disorders: Outcome and predictors of treatment response. *Australian J Psychology* 52:125-129.
2. Rapee RM, Lyneham HJ, Schniering CA, Wuthrich V, Abbott MJ, Hudson JL, Wignall A (2006). The Cool Kids® Child and Adolescent Anxiety Program Therapist Manual. Sydney: Centre for Emotional Health, Macquarie University. http://www.psy.mq.edu.au/CEH/index.html
3. Rapee RM, Abbott MJ, Lyneham HJ (2006). Bibliotherapy for children with anxiety disorders using written materials for parents: A randomized controlled trial. *J Consulting and Clinical Psychology* 74:436-444.

4. Hudson JL, Lyneham HJ, Rapee RM (2008). Social anxiety, in treating childhood behavioural and emotional problems: A step-by-step, evidence-based approach. Edited by Eisen AR. New York, Guilford, pp. 53-102.

Case illustration: (adapted from Hudson et al. 2008)

Hailey (age 11) and her parents were referred due to her teacher's concern about Hailey's adjustment to her new school. She lacked friends, avoided speaking in class, and became distressed during performance and sports activities. A structured interview and questionnaires showed that Hailey had social phobia which could improve with the *Cool Kids* anxiety-reduction program.

Session 1: The therapist built rapport, described how negative thinking, avoidance and overprotection were linked and could exaggerate normal fears, and discussed bodily symptoms of anxiety. Hailey's homework was to record daily thoughts and feelings.

Session 2: The therapist explained that *"Anxiety often results from beliefs about terrible things about to happen. You can become a detective looking for clues to test whether those beliefs are really true"*. Hailey learned to detect fearful thoughts when worried and to question evidence for these. She used her heroine, Hermione, as a prompt to find realistic evidence. Her parents were taught similar cognitive restructuring of their own worries. Homework involved all practising detective thinking.

Session 3: Hailey discussed her homework and reviewed evidence as she'd learned with the therapist. "When I heard a noise at night I first thought 'it's a burglar', but then asked myself 'What else could the noise be'?". They discussed further examples and relevant evidence. The therapist persuaded Hailey's parents to allow her greater autonomy without overprotection. Discussion identified mother's own anxiety as a potential difficulty and how mother could better manage that. The parents discussed examples and brainstormed ways they could "hold back".

Session 4: The therapist explained the principles and purpose of live exposure to Hailey and her parents by using examples. They generated every situation that Hailey avoided, arranged these into hierarchies, found further steps to fill in gaps, and asked her what rewards she wanted on completing each step. Her first step on one stepladder was to go to the corner store with her mother and buy some milk. If she did this she could choose that night's dinner. The family planned homework to practise this first step several times and to reward Hailey after doing it.

Sessions 5-10 involved practise of detective thinking and child management and planning of live exposure homework up the steps of each hierarchy. Hailey also reported difficulties being assertive, so assertiveness training was begun in session 7 and incorporated into later hierarchies and detective thinking. In session 8 the therapist modelled appropriate responses to teasing e.g.*`tell the bully you don't care what s/he says about you'* and Hailey rehearsed this. The therapist also suggested exposure hierarchies and cognitive strategies for Hailey's mother to reduce her own social fears.