**Using humor and unbundling with gradual exposure**

**in the treatment of**

**anxiety-based fears and phobias**

**in young children**

Karen Levine, Ph.D. and Naomi Chedd, LMHC

June, 2016

☺ ☺ ☺ ☺



***“Gradual exposure,”***sometimes called creating a ***fear ladder***, is the term used for getting closer and closer to the child’s trigger, the object or situation that elicits fear. A child afraid of getting a shot might first play with syringes *without* a needle and pretend to give the adult shots. The adult would then give the child pretend shots, watch videos of family members getting shots, go with a family member who is getting a shot and so on. Each step in this process more closely approximates the real thing – getting a real shot in a real doctor’s office. As each step has been mastered without distress, the next step becomes easier. So climbing the fear ladder is a gradual and relatively painless process. Gradual exposure is a key component of Cognitive Behavioral Therapy (CBT), the primary evidence based treatment used to treat anxiety.

Coming up with just enough “in-between” steps of gradual exposure is often what makes this process – and the treatment -- both pleasant and successful. The child needs to experience each rung of the ladder without becoming too anxious. I tried to treat several children who were afraid of loud, automatic hand dryers, first by showing them videos and then trying to ease them into the bathroom in our building which has a hand dryer, which happens to be particularly noisy and objectionable, even for reasonably mature and well-balanced adults. However, even with some preliminary, playful treatment, going into the bathroom was still too anxiety-provoking for some children, too big a step on the ladder of gradual exposure.

I further refined the process and built in additional steps in between watching a video and going into the bathroom: I bought a real hand dryer so I could play with it with the children in my office, on the floor unplugged, pretending it made sounds, pretending the children or the stuffed animals or I found it too loud. Then I plugged it in our playroom adjoining my office, where the children could peek in as I turned it on and played with it myself, making it propel a toy truck across the floor, blow crumpled paper up in the air and dry and style my hair like a hairdryer. I pretended to be afraid, exaggerating my affect and providing all the appropriate sound effects for children who found that funny.

Eventually all of the children chose to join me! After experiencing this kind of play in the comfort and familiarity of our playroom, they were much less fearful when they entered the bathroom. Several showed no fear whatsoever and all eventually went into the bathroom calmly and comfortably. Playing with the real hand dryer in the office first meant I could add many new steps to the gradual exposure ladder, each with its own novel and fun/funny components.

“***Unbundling”***is a term we coined (Levine and Chedd, 2015) to refer to investigating and identifying key components of a fear trigger and using gradual exposure to the different components separately. Many phobia triggers are simply too stress-inducing for the child, even when exposure is very gradual. A child afraid of having their hair washed may begin shaking and shrieking when getting near the bathtub – or even hearing the word, bath, mentioned; a child afraid of medical procedures may begin screaming upon entering the doctor’s office or even turning into the parking lot. Breaking down the components of hair washing might involve separating *being in the tub, having shampoo on head, rinsing head with water*, and towel drying hair. Different gradual exposure fear ladders are constructed for each component, separately and eventually together. For example, pretending to wash the child’s hair (or a doll’s hair) at the breakfast table, then washing one hair with real shampoo during play time, are less threatening steps and far from the real hair washing experience. This play can then be expanded to include washing a doll’s hair in an empty tub, play-washing the child’s hair with clothes on and no water, and gradually creating closer approximations to the real thing. As the play progresses, the adult becomes more able to identify the specific aspects of hair washing (fear of soap getting in one’s eyes, fear of the water being too hot) that create anxiety and can play through them in fun or silly ways. This gradual exposure desensitizes the child while strengthening the bond and trust between adult and child, two major elements in the successful treatment of many phobias.

Fear of hand dryers probably involves fear of the actual sound and fear of the surprise / startle element of the sound when the hand dryer starts unexpectedly. For many children, this may expand to include fear of going in public bathrooms. A fear of being in the school cafeteria at lunch may involve fear of the noise, the crowds and rapid, unpredictable movement of children, and possibly the smells. (Really, who in the world has positive memories of the school cafeteria?!) Fear of insects may spread to fear of butterflies, birds, anything that flies, or even going outside once the weather gets warm.

Unbundling and working on gradual exposure fear ladders to each component of the trigger, sometimes one at a time, sometimes a few at a time, can make the entire process much more manageable for the child for whom even a small amount of the whole trigger is too distressing. Ultimately, it can lead to lessening anxiety around the object or experience and sometimes, a complete victory and overcoming the phobia.

***Humor*** is a useful tool in treating many fears in young children. By “humor” we’re referring to playfulness used by the adult with the child in an individualized manner that the child finds funny. For instance, adult and child with a phobia of bugs together make their Spiderman figures noisily stomp out plastic bugs and throw them in a pretend (or real) trash can. The goal is to get the child to smile, even laugh, connect with and feel supported by the adult and share affect and the entire experience . This is part of treating the child -- and a typical example of this kind of humor. It is different from Knock-Knock jokes or wearing funny hats – although they both sometimes have their place in treating phobias.

Humor can be readily incorporated into the process of gradual exposure. With my colleague Naomi Chedd, LMHC, I wrote about this in detail regarding children with anxiety who also have developmental challenges such as ASD in our book *Attacking Anxiety* (Jessica Kingsley Publishers, 2015). The approach is the same whether or not the child has other cognitive, physical or emotional challenges: combining gradual exposure with playful engagement, adult support and attentiveness and a great deal of child control.

While there has been very little research on the impact of uses of humor, we know from our own experiences as we work and play with young children, that in general, humor, that is, playful engaging child-attuned humor, often has the following properties that make it especially useful in this process:

1. Playful engagement often reduces the intensity of the experience of anxiety: When a child is in a playful engaged state he generally is not simultaneously experiencing a high level of anxiety. Getting a child into a playful state before and during situations that are likely to cause anxiety, when this is feasible, can often be very effective in reducing anxiety.

2. Playful interaction makes activities and relationships more fun and rewarding for children, even when they are anxiety provoking or difficult. Working with children on issues that cause them anxiety is hard and, yes, anxiety provoking- work for adult and child. However, insuring there is a great deal of fun built into the work increases the child’s motivation to participate and decreases their potential distress.

3. Use of playfulness and humor can be used across various environments such as home and school, with children of various ages, and with various developmental profiles. Once a parent or clinician learns how to engage a child in humor and learns what that child finds funny and interesting, they can communicate this to other adults working with the child on their fears.

A word of caution: There are some circumstances and ways in which we should ***not*** use humor:

1. Never use humor to tease the child in a way that insults or belittles them or makes them uncomfortable.

2. Do not use humor when a child is showing a great deal of distress, sadness or anger.

3. Do not use humor in a way that overwhelms the child and the child becomes either over-the-top giddy or frightened. Using slower, less emotionally and affectively loud humor that involves the child more may be palatable – and effective.

4. Some children seem to simply not have much of a sense of humor at some points in their development. Don’t force it. But don’t be afraid to introduce small amounts of it from time to time.

☺ ☺ ☺ ☺

***In conclusion***, we have found that children are generally highly motivated to overcome their fears. Using playful humorous, co-regulation can be a highly effective tool while engaging the child in gradual exposure.