



# Treating nighttime fears in young children with bibliotherapy: Evaluating anxiety symptoms and monitoring behavior change



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## ABSTRACT

**Objective:** Children's nighttime fears are a normal part of child development and are transient for most children, but result in considerable distress for others. The present study evaluated a 4-week bibliotherapy intervention designed to treat young children with persistent and interfering nighttime fears utilizing a multiple baseline design.

**Method:** Nine children between 5 and 7 years of age with specific phobia diagnoses were randomized into one of three baseline control conditions (1, 2, or 3 weeks). The treatment protocol involved parents reading *Uncle Lightfoot, Flip that Switch: Overcoming Fear of the Dark, Academic Version* (Coffman, 2012) with their children over 4 weeks while engaging in activities prescribed in the book. Assessments took place at baseline, post treatment, and 1 month following treatment. Daily and weekly tracking of nighttime behaviors was also obtained.

**Results:** Pre-post group analyses revealed that eight of the nine children demonstrated clinically significant change in anxiety severity. In addition, decreases in child-reported nighttime fears were observed, as were parent-reported decreases in separation anxiety and increases in the number of nights children slept in their own bed.

**Conclusions:** The present study provides initial support for the use of bibliotherapy in the treatment of nighttime fears. Further replication and evaluation are needed to determine appropriate length of treatment and long-term effects. Implications of the findings are discussed.

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## 1. Introduction

Nighttime fears are a normal part of child development (King, Ollendick, & Tonge, 1997; Muris, Merckelbach, Ollendick, King, & Bogie, 2001). However, an estimated 20% of children have severe nighttime fears and sleep problems (Gordon, King, Gullone, Muris, & Ollendick, 2007). In addition, Muris et al. (2001) reported that 58.8% of children between 4 and 6 years of age and 84.7% of children between 7 and 9 years of age report at least mild nighttime fears, suggesting that nighttime fears are quite common in youth. In young children, nighttime and transitioning to sleep can prove to be quite challenging, especially for those children with more severe fears of the dark (Gordon et al., 2007; Sadeh, 2005). Additional research demonstrates links between nighttime fears, nighttime waking, poor sleep quality, and less overall sleep (Kushnir & Sadeh,

2011). If these fears are left untreated, they may persist and have adverse effects on child development and lead to later anxiety and psychopathology in late childhood and adolescence (Bittner et al., 2007; Muris, Merckelbach, Mayer, & Prins, 2000).

Although nighttime fears do not constitute a separate diagnostic entity, young children may have fears related to the dark that are so interfering and impairing they meet criteria for a specific phobia diagnosis. Specific phobias are estimated to be present in about 10% of community samples of children and adolescents and up to 5% of referrals to outpatient centers (Kessler et al., 2005). Additionally, up to 15% of referrals for the treatment of childhood phobias are related to the dark and being alone in the dark (Graziano, Mooney, Huber, & Ignasiak, 1979). These fears can result in the child experiencing significant anticipatory anxiety preceding bedtime and having elevated fear and anxiety symptoms throughout the night and into the next day. For some children, the fears last for years. There is limited research on nighttime fears and sleep related disturbances in youth with anxiety disorders. However, Alfano, Ginsburg, & Kingery (2007) reviewed literature which

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suggests high correlations between childhood GAD and sleep problems. Moreover, this study concluded that 85% of children with anxiety disorders have sleep disturbances which range from difficulty initiating sleep to nocturnal fears (Alfano et al., 2007).

### 1.1. Treatment for child anxiety

Cognitive behavioral therapy (CBT) is the first line of treatment for child fear and anxiety (Chorpita et al., 2011; Kendall, 2012). Systematic desensitization, graduated in vivo exposure, cognitive restructuring, reinforced practice, and participant modeling have all proven to be effective techniques for treating anxiety and its disorders (Davis & Ollendick, 2005; Ollendick & King, 1998). Although the field has made significant strides in developing evidenced-based treatments for children with anxiety and other disorders, a subset of children do not respond to traditional CBT, with effectiveness rates ranging from 60% to 70% (In-Albon & Schneider, 2007; Kendall et al., 2005; Seligman & Ollendick, 2011; Walkup et al., 2008). These remission rates leave room for improvement to existing treatments and in the development of new treatments. Moreover, as of yet, we have not identified for whom and under what conditions clinic-administered CBT works for a child and his or her family. Furthermore, there may be specific barriers that prevent families from receiving weekly clinic-based treatment, such as distance to the treatment center, work schedules, financial resources, and/or childcare. Researchers have pointed out that self-help treatments may be an effective means of treatment and potentially more efficacious than clinic based treatment for specific disorders (see Elgar & McGarh, 2008; Gould & Clum, 1993; Hirai & Clum, 2006; Rapee, Abbott, & Lyneham, 2006). As such, bibliotherapy has been identified as an alternate approach to treating children and adolescents with varying forms of psychopathology (Paparoussi, Andreou, & Gkouni, 2011; Rickwood & Bradford, 2011).

### 1.2. Bibliotherapy as a treatment approach

Bibliotherapy is the use of books as therapy in the treatment of mental disorders. The theory behind bibliotherapy is that reading about one's problem areas can produce change that is specific and predictable (Lenkowsky, 1987). The theoretical underpinnings of bibliotherapy for anxiety are such that the books incorporate common anxiety-reduction principles, including coping strategies, exposure to anxiety provoking situations, reinforcement, and modeling of desired behaviors through use of story-telling. One concern with bibliotherapy for young children is the need for the parent/guardian to be highly involved. Bibliotherapy requires an ability to read and comprehend; therefore, bibliotherapy is typically delivered by the parent for younger children. This may present additional concerns of parent psychopathology, implementation consistency, and parenting practices. Nonetheless, prior research on bibliotherapy for anxious youth demonstrates the usefulness of self-help books (Rapee, Spence, Cobham, & Wignall, 2000). Another potential concern with treating children with bibliotherapy is the high rate of comorbidity found amongst children with anxiety disorders (Kendall et al., 1997). One would think that bibliotherapy (therapy) may only target one disorder and leave high levels of impairment. However, in a review of evidence-based treatments of childhood disorders that included the anxiety disorders, Ollendick, Jarrett, Grills-Tauchel, Hovey, and Wolff (2008) found that comorbidity did not adversely affect treatment outcomes for anxious youth. Furthermore, research suggests the generalization of effects of time-limited CBT treatment to non-targeted problems including comorbid anxiety disorders (Ollendick, Ost Reuterskoild, & Costa, 2010).

Recently, Coffman, Andrasik, and Ollendick (2013) identified the following advantages of bibliotherapy for young children: ease of administration, potential to enhance motivation for change, and the ability to incorporate a number of therapeutic components into a format that is intrinsically appealing to children. In one randomized control trial (RCT) of bibliotherapy for anxiety disorders in children aged 6–12, the group who received bibliotherapy showed superior outcomes over a traditional CBT group, and those gains were maintained at a 6-month follow-up (Parslow et al., 2008). Moreover, there has been other research that demonstrates the effectiveness of bibliotherapy for anxious youth (Cobham, 2012; Rapee, 2003; Rapee et al., 2006).

Using an earlier version of the book used in this study, *Uncle Lightfoot* (Coffman, 1983), Mikulas and Coffman (1989) demonstrated that the treatment was more effective than a parent attention control condition. Mikulas, Coffman, Dayton, Frayne, and Maier (1985) first tested out these games developed for bibliotherapy treatment. Subsequently, Santacruz, Mendez, and Sanchez-Meca (2006) conducted a randomized controlled study ( $N=78$ ) comparing two play therapy treatments to a control group. One of the treatments used was *Uncle Lightfoot* (Coffman, 1980–1983/Coffman, 1980–1983). This research demonstrated positive changes in fear of the dark and dark related behaviors utilizing the book. However, only about 50–60% of the children and their families responded to this treatment; as a result, changes were made based on these studies that included greater parental application of the materials and child engagement in the exercises included in the book. Unlike most didactic treatment manuals used by clinicians, books such as *Uncle Lightfoot* (Coffman, 2012, 2014) are designed for parents and have the potential for being widely available to families. For this reason, it is important that the children's book and parent instructions are sufficiently understandable so that most parents can carry out the program with minimal therapeutic guidance.

### 1.3. Current study

In the present study, we sought to evaluate the effectiveness of this bibliotherapy treatment for young children with specific phobias of the dark and fears of sleeping alone. We utilized the revised version of this book, *Uncle Lightfoot, Flip That Switch: Overcoming Fear of the Dark* (Coffman, 2012), a 19-chapter children's book, which contains a 28-page Parent Guidebook. The book is a child-focused story about a boy named Michael who is afraid of the dark. He conquers his fear of the dark by engaging in exposure games with his Uncle Lightfoot.

Given prior research suggesting the effectiveness of bibliotherapy for child anxiety, we hypothesized that children would demonstrate significant changes in the severity of their specific phobia diagnosis following treatment. Secondly, we hypothesized that children's avoidant behaviors (i.e., refusing to sleep in own bed) would significantly decrease upon completion of treatment. Lastly, we anticipated decreases in child and parent report of fear and anxiety on the Koala Fear Questionnaire (Muris, 2003) and the Preschool Anxiety Scale (Spence, Rapee, McDonald, & Ingram, 2001), as we expected skills to transfer from conquering nighttime fears to dealing with anxiety more generally. Since the book was modified following the previous randomized control trial (Santacruz et al., 2006), we utilized a single case, multiple baseline design to explore our hypotheses and examine whether the revised book was effective with more children and their families (see Chambless and Ollendick (2001) for the suitability of this approach in beginning to establish an evidence base for novel and experimental interventions).

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