

## About Take Action

*Take Action* consists primarily of a comprehensive practitioner guidebook in an easy-to-read standardised layout with specific instructions on how to adjust the program material for younger (4-7 years) children. The guidebook guides the practitioner through the steps covered in each treatment module as well as including photocopiable child and parent handouts.

It has extensive background information on the integrative framework behind the program, and what the latest research tells us about the causes and maintenance of childhood anxiety disorders including brain structure, neuroimaging and neurochemical studies.

It also includes an assessment module, providing useful information on a range of assessment measures for those practitioners wanting to use pre or post intervention outcome measures. The handouts relating to each treatment module are available as separate professionally published child and parent handout workbooks with colour covers.

*Take Action* covers the major components of CBT including

- psychoeducation
- somatic management
- cognitive restructuring
- exposure therapy
- problem-solving
- social skills development
- strategies for being assertive
- relapse prevention and maintenance

The six treatment modules are designed to build upon each other so that children develop an ACTION plan; a coping-oriented acronym used throughout the program that summarises the key skills children learn for taking **action** against their anxiety. The program has been designed to run sequentially across eight or ten weeks including sessions for children and parents. Children have received treatment with *Take Action* in both individual and group formats. Research projects with over 500 children have shown that 60–80% of children are diagnosis free at the end of a group program.

### Who can use Take Action?

The evidence-base for *Take Action* has been established with the program being delivered by registered psychologists, clinical psychologists, school psychologists and school guidance counsellors who are trained and experienced in Cognitive-Behavioural Therapy (CBT). Therefore, *Take Action* is recommended for use by these mental health and educational professionals.

### How to use Take Action

*Take Action* has been used with children attending between 8-10 sessions held once per week and with parents attending between 4-6 information sessions during the same 8-10-week period. It is a

structured program including six treatment modules that build upon each other so that children develop an ACTION plan, a coping-oriented acronym summarising the six steps children learn to *Take Action* against anxiety.

Children have received treatment with *Take Action* in both individual and group formats. It is often best to separate children into two age brackets when running the program in the group format with a range of ages: 4–7 year olds and 8–12 year olds. At times the practitioner may need to match the handout instructions to the child's developmental level and/or read the content of each handout to the child. Younger children may also need their parents to write out their answers for them on the handouts. Younger children can be asked to draw certain concepts throughout the program if this is easier for the child than writing down their answers. However, the handouts are designed to contain detailed information so that children can look back at these resources in years to come and follow the key strategies covered during the program.

It is recommended that no more than 6–8 children participate at a time in the 8–12 year old age group, and no more than 6 children participate in the 4–7 year old age group. Depending on the setting and number of practitioners available, separate parent and child sessions have run simultaneously, one after the other, or on separate days of the week.

### **Take Action in schools**

As increasing number of school teachers are dealing with high levels of anxiety in the young children in their classrooms. Yet in today's crowded curriculum what is the best way to help them?

While resiliency building and anti-bullying programs provide some support, the best way to tackle childhood anxiety disorder is to identify and immediately treat those affected.

Years of psychological research tells us that a short cognitive behavioural therapy (CBT) program helps anxious children cope better both socially and scholastically. But psychological treatment can be expensive and usually takes place outside the school environment.

*Take Action* provides a solution to this problem. It makes it easy for school psychologists and guidance staff familiar with CBT to conduct a short reliable intervention for child anxiety disorder within their own school.

Unlike some school program approaches that can cost thousands of dollars in teacher training, *Take Action* can be used immediately to help reduce anxiety in identified children. The program can be adapted to fit the needs of the school by reducing sessions, combining sessions, or using a single session as a standalone guide to teach specific skills. School counselling and guidance staff can purchase the *Take Action Practitioner Guidebook* and immediately start a treatment or education session.

In school settings, *Take Action* has been used as a targeted intervention by registered psychologists and school guidance counsellors who identify children in need of treatment and tailor a school friendly treatment regime. The program has also been delivered classroom-wide by trained psychologists, where high levels of anxiety among children have been identified by guidance counsellors.

## **What does the ACTION in Take Action stand for?**

Children are taught a range of CBT strategies in the *Take Action* program via a 6-step ACTION plan. Each letter in the word ACTION stands for a skill children learn:

### **A**

Be AWARE - The first step in the ACTION plan teaches children to be AWARE of their feelings and learn to recognise when they feel anxious. Children will also learn to be AWARE of signals in their bodies that indicate they are feeling anxious.

### **C**

Keep CALM - Once children learn to be AWARE of signs of anxiety, the second step in the ACTION plan teaches children strategies to keep CALM and reduce their anxiety. These strategies include On The Spot Deep Breathing and Move My Muscles Relaxation.

### **T**

THINK Strong Thoughts - Building on from being AWARE and keeping CALM, the third step in the ACTION plan teaches children to THINK positively and confidently. Children learn strategies for turning Scared (unhelpful) thoughts into Strong (positive) thoughts.

### **I**

Get INTO ACTION - The fourth step in the ACTION plan encourages children to gradually confront anxiety-provoking situations using an ACTION Ladder (a step-by-step graded exposure hierarchy). Children practise the Be AWARE, Keep CALM and THINK Strong Thoughts steps while climbing their ACTION Ladder/s. Children are encouraged to reward themselves for taking ACTION against their anxiety.

### **O**

Use my OPTIONS - The fifth step in the ACTION plan teaches children additional strategies (or OPTIONS) to further manage their anxiety including problem solving, asking supportive others for help, and focusing on the positives. Children are also taught social skills (e.g., confident body signals, assertiveness, dealing with bullying strategies) to further enhance their coping abilities.

### **N**

NEVER stop taking ACTION - The last step in the ACTION plan encourages children to plan for anxiety-provoking times so they can keep taking ACTION against anxiety in the future.

## **Take Action User Feedback**

*My son has found his confidence again and learned how to manage his anxiety when it does arise. The Guidance Counsellors at the High School which he started this year have been very impressed with how he has put his action plan to work particularly at the start of the year when he was settling in to a new routine — he loves school again and we are very thankful to have our happy and confident little man back.*

**Parent of 12 year old boy attending University Clinic group**

Every day I see my son becoming more confident when faced with new and challenging tasks or activities. It's been beautiful to watch. Thank you so much to the Take Action program!

**Parent of 7 year old boy seen individually in private practice**

*We practice the Take Action strategies all the time now. My daughter loves the deep breathing and strength cards. She is feeling less worried about going to school and she is making more friends. I have seen the "weight of worry" lifted from her shoulders, and she can be a "kid" again.*

**Parent of 8 year old girl seen individually in private practice**

*My daughter is doing great since undertaking the Take Action program! It is so wonderful seeing her progress. She is thriving in the school setting now. We all have more strategies to assist her in future situations.*

**Parent of 6 year old girl**

*Liked learning how to take action against my worries, making new friends. I saw I wasn't the only one who has anxiety and worries. Do classes before or after school so we don't miss out on things*

**10 year old child attending Catholic Education school-based group**

*Liked that it helped me get over my nightmares*

**9 year old child attending Catholic Education school-based group**

*I am more confident when I do exams at school now. I use my strategies of deep breathing and strong thoughts before the exam. I take my strength card in my pocket. The Take Action program has helped me to believe in myself more and face my fears.*

**12 year old boy seen individually in private practice**

*I don't worry anymore about my mum being late when she is picking me up from school. I sit and play with my friends. I have more fun now I don't worry as much. I like thinking strong thoughts.*

**8 year old girl seen individually in private practice**

*The program is very user-friendly, and I have been able to teach the anxiety management strategies to a number of students already with great success.*

**School psychologist**

*As we worked through the program together and watched the children gain skills and apply them to everyday situations, it was rewarding to see the gains the children made. To assist the children with the development of their ACTION Ladders and support them as they achieved each step was equally rewarding. The parents were engaged and supportive of the program and reported that they were pleased with the final results. At the completion of the program the feedback from the parents and the gains made by the children was very rewarding.*

**First year clinical psychology postgraduate student who facilitated groups within the University Psychology Clinic and within Catholic Education Schools**

*I have found Take Action to be a very empowering program for children, providing them with clear practical skills to use for managing feelings of anxiety and also for use in life in general. As a facilitator, it has been very rewarding to observe the children grow in confidence and in their beliefs in their ability to cope with life's challenges across the course of the program. Take Action presents information in an engaging and child friendly manner the structure allows for a lot of consolidation of learning. Not only to children who participate in the program learn valuable*

*anxiety management, social and life skills, but they also tend to find the sessions fun, look forward to attending and enjoy making new friends with the other children in the group. The group format of the program is normalising for children who discover that they are not the only ones who struggle with anxiety. Another asset of Take Action is that it can be used flexibly. I have delivered the program in a clinic setting and also as an adapted version in a primary school setting.*

**Third year clinical psychology postgraduate student who facilitated groups within the University Psychology Clinic and within Catholic Education Schools**

*Children love the sea animals which provide a reference for different emotions. The accompanying parent manual assists parents to better understand and respond to their child's anxiety. For therapists, the program is easy to follow and is easily adaptable to an individual or group format.*

**Third year clinical psychology postgraduate student who facilitated groups within the University Psychology Clinic and within Catholic Education Schools**

## **The Evidence base for Take Action**

*Take Action* is built upon a large body of research and practice evidence that indicates anxiety disorders in childhood can be successfully treated with Cognitive Behavioural Therapy (CBT). Most CBT programs typically address the physiological (e.g. somatic symptoms), cognitive (e.g. negative, threat-related thoughts), and behavioural processes (e.g. avoidance) which are thought to cause and maintain anxiety in children. CBT enables children to identify their anxiety and to apply skills to gradually approach anxiety-provoking situations. More specifically such interventions include:

- Psycho-education about anxiety.
- Somatic management of physiological symptoms.
- Cognitive restructuring (i.e., developing realistic expectations and coping self-talk).
- Graded exposure to anxiety-provoking situations.
- Problem solving skills.
- Social skills training (e.g. assertiveness).
- Relapse prevention and maintenance of skills.

*Take Action* includes the above CBT components and also integrates treatment techniques derived from recent advances in the threat-based cognitive biases and maladaptive thinking styles of anxious children. Over 550 children have participated in the Take Action Program since 2004 in individual or group formats. Excellent results have been found with 60–80% of children diagnosis free at the end of the group program. Ongoing research into the factors that influence outcomes from CBT programs for child anxiety disorders, such as the Take Action program, is a major focus of ongoing research by the authors, Dr Allison Waters and Dr Trisha Groth (nee Wharton in the publications listed below).

## **Research Publications Involving Take Action (as of June 2017)**

**Studies demonstrating the clinical benefits of the Take Action Program:**

1. Waters, A. M., Wharton, T. A., Zimmer-Gembeck, M. J., & Craske, M. G. (2008). Threat-based cognitive biases in anxious children: Comparison with non-anxious children before and after cognitive-behavioural treatment. *Behaviour Research & Therapy*. 46, 358-374.

Demonstrates the clinical benefits of the Take Action program in reducing anxiety in a group of children between 8 and 12 years of age. One of the first published papers to show how group CBT (i.e., the Take Action Program) leads to reductions in specific cognitive mechanisms involved in the development and maintenance of anxiety disorders.

2. Waters, A. M., Ford, L. A., Wharton, T. A., & Cobham, V. E. (2009). Cognitive behavioural therapy for young children with anxiety disorders: Comparison of group-based child + parent versus parent only focused treatment. *Behaviour Research & Therapy*. 47, 654-662.

One of the first published trials to show that delivering group CBT via the Take Action program to parents only of young anxious children between 4 and 7 years of age is as effective in reducing childhood anxiety as delivering treatment with parents and children.

3. Waters, A. M., Donaldson, J., & Zimmer-Gembeck, M. J. (2008). Cognitive behavioural therapy combined with an interpersonal skills component in the treatment of generalized anxiety disorder in adolescent females: A case series. *Behaviour Change*. 25, 35-43.

A pilot case series study delivering the Take Action program combined with an interpersonal skills component with teenage girls. Demonstrates the benefits and application of the Take Action program for targeting anxiety concerns in adolescents.

4. Waters, A. M., Mogg, K., & Bradley, B. P. (2012). The direction of threat attention bias predicts treatment outcome from cognitive behavioural therapy in anxious children. *Behaviour Research & Therapy*. 50, 428-424.

Translates research on threat attention bias into clinical practice by being one of the first published papers to show that the direction of children's threat attention bias at pre-treatment influences clinical outcomes following group delivery of the Take Action program by trained psychologists.

5. Waters, A. M., Groth, T. A., Sanders, M., & O'Brien, R., & Zimmer-Gembeck, M. J. (2015). Developing partnerships in the provision of youth mental health service delivery and clinical education: A school-based cognitive behavioural intervention targeting anxiety symptoms in children. *Behavior Therapy*. 46, 844-855.

Demonstrates the utility of delivering the Take Action program to classes of school-age students by provisionally registered psychologists practicing under supervision of a trained clinical psychologist. Demonstrates beneficial outcomes in terms of reducing anxiety symptoms and

improving threat-based interpretation biases in classes of students receiving the intervention in comparison to classes completing the standard curriculum.

6. Waters, A. M., Potter, A., Jameson, L., Bradley, B. P., & Mogg, K. (2015). Predictors of treatment outcome in anxious children receiving group-based cognitive behavioural therapy: Pre-treatment attention bias for threat and emotional variability during exposure tasks. *Behaviour Change*. 32, 143-158.

One of the first studies to incorporate within-session and between-session exposure tasks into a small group format the Take Action Program when the treatment and within-session exposure tasks were delivered by trained psychologists.

7. Waters, A. M., Groth, T. A., Purkis, H., & Alston-Knox, C. (2017). Predicting outcomes for anxious children receiving cognitive-behavioural therapy: Does type of diagnosis make a difference? *Clinical Psychologist*.doi:10.1111/cp.12128

Examined children's treatment outcomes following group-based CBT (take Action) as a function of type of principal anxiety disorder: social phobia (SocP), separation anxiety disorder (SAD), generalised anxiety disorder (GAD), specific phobia (SP). Children with a principal diagnosis of SocP and GAD had poorer post-treatment outcomes compared to children with a principal diagnosis of SP and SAD. Poorer outcomes persisted in children with a principal diagnosis of SocP by the follow-up assessment compared to children with the other anxiety disorders.

### **Other Related Research Publications**

7. Craske, M. G., & Waters, A. M. (2005). Panic disorder, phobias, and generalized anxiety disorder. In S. Nolen-Hoeksema, T. Cannon, T. Widiger, T. Baker, S. Luthar, S. Mineka, R. Munoz, & D. Salmon (Eds.). *Annual Review of Clinical Psychology*, 1, 197-225.

8. Waters, A. M. & Craske, M. G. (2005). Generalised anxiety disorder. In M. M. Antony, D. R. Ledley, & R. G. Heimberg, (Eds). *Improving outcomes and preventing relapse in cognitive behavioral therapy*. (pp. 77-127). New York: Guilford.

9. Waters, A. M., Craske, M. G., Bergman, R. L., & Treanor, M. (2008). Threat interpretation bias as a vulnerability factor in childhood anxiety disorders, *Behaviour Research & Therapy*. 46(1), 39-47.

10. Waters, A. M., Henry, J., & Neumann, D. L. (2009). Aversive Pavlovian conditioning in childhood anxiety disorders: Impaired response inhibition and resistance to extinction, *Journal of Abnormal Psychology*, 118(2), 311-321.

11. Waters, A. M., Farrell, L. J., & Schilpzand, E. (2013). Neuropsychological assessment and clinical intervention for youth with anxiety disorders. In L.A. Reddy, A. Weissman., & J.B., Hale (Ed.), *Neuropsychological assessment and intervention for youth: An evidence-based approach to emotional and behavioral disorders*. American Psychological Association Press: Washington DC. pp. 13-40.
12. Waters, A. M., Zimmer-Gembeck, M. J. & Farrell, L. J. (2012). The relationships of child and parent factors with anxiety symptoms in children? Parental anxious rearing as a mediator. *Journal of Anxiety Disorders*. 27, 737-745.
13. Waters, A. M., Bradley, B. P., & Mogg, K. (2014). Biased attention to threat in paediatric anxiety disorders (generalized anxiety disorder, social phobia, specific phobia, separation anxiety disorder) as a function of “distress” versus “fear” disorder categorization. *Psychological Medicine*. 44, 607-616.
14. Waters, A. M., Nazarian, M., Mineka, S., Zinbarg, R., Griffiths, J. W., Naliboff, B., Ornitz, E. M., & Craske, M. G. (2014). Preliminary evidence of differences in startle modulation as a function of principal fear versus distress disorders in adolescents. *Psychiatry Research*. 217, 93-99.
15. Waters, A. M., & Kershaw, R. (2015). Direction of threat attention bias is related to fear acquisition and extinction in anxious children. *Behaviour Research & Therapy*. 64, 56-65.

Take Action Practitioner Guidebook  
ISBN 9781922117274

The complete practitioner guide for the Take Action program, This easy-to-follow and comprehensive practitioner guide contains all six treatment modules, an assessment module with useful information on a range of assessments for those practitioners wanting to use pre or post intervention outcome measures, a background and theory section, and 124 child and parent handouts which may be photocopied. The treatment modules can be used sequentially across eight or ten weeks to provide an individual or group intervention or the modules can be used as stand-alone guides to teach specific skills.

Complete sets of all the handouts from the treatment modules are also available as bound booklets with color covers (see below) providing a more permanent record of therapy and especially applicable for group work.

Take Action Child Handout Workbook  
ISBN 9781922117281



This workbook is to be used only in conjunction with the Take Action Practitioner Guidebook. It provides all 84 Child handouts and work sheets from the Take Action program bound and numbered in a 92-page colour cover A4 sized book with contents page.

Take Action Parent Handout Workbook  
ISBN 9781922117298

This workbook is to be used only in conjunction with the Take Action Practitioner Guidebook. It provides all 40 Parent handouts and work sheets from the Take Action program bound and numbered in a 44-page colour cover A4 sized book with contents page.