Affective Play Incorporating Fears (APIF):

Treating fears and phobias using interactive play, humor and unbundling combined with Gradual Incorporation of the feared thing

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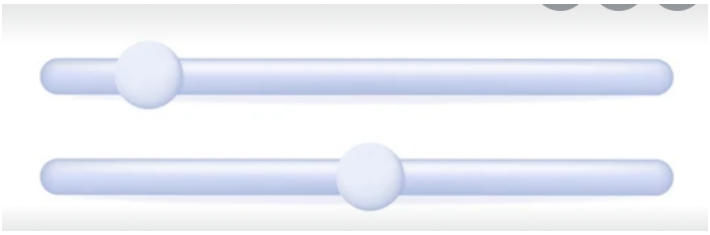
APIF is an interactive play-based approach to treating fears and phobias. This approach can be used with many sorts of fears including medical procedure related (shots, taking medicines, ear drops, band aid removal, dentist visits), self-care/clothing related (wearing boots, socks, snow pants, hats, mittens, putting on sunscreen), environmental (hand-dryer, toilet flushing, thunderstorm, bugs) experiential (losing in games, having to turn off electronics, making mistakes, items ripping, separation anxiety), other bodily related fears (illness-germ related, vomiting, food related, nose blowing, getting water on face or clothing) or unique fears (e.g., around specific objects) or story or movie characters or parts of videos or books.

In this approach the adult combines playful, engaging child-centered play with "*Gradual Incorporation*" of elements of the feared object or experience. In this model, the degree of incorporation, how real, what components are included, are based on the child's affect. If the child starts to look scared, the adult uses less reality and/or more playfulness. With gradual incorporation, the child of course does experience more and more of the feared object, which is also what happens in what is often called "gradual exposure". "Gradual exposure," is the traditional term used for getting closer and closer to the child's trigger, the object or situation that elicits fear. Gradual exposure is a key component of Cognitive Behavioral Therapy (CBT), the primary evidence-based

treatment used to treat anxiety. Gradual exposure and gradual incorporation both involve the child gradually experiencing more of the feared thing but we prefer the term 'Incorporation' as it is more descriptive of the active, collaborative process we use in this model.

With Gradual Incorporation, a child afraid of getting a shot might first play with syringes *without* a needle and pretend to give the adult shots, or if that feels scary the child and adult might fill the syringes with colored water and 'squirt' each other's arms playfully or if that is too scary, they might squirt colored water from the syringes into a big bowl of water. Eventually the adult might give the child pretend shots, maybe watch videos of family members getting shots, go with a family member who is getting a shot and so on. Aspects of the previously feared thing are gradually incorporated into the fun adult-child play. Each step in this process more closely approximates the real thing, that is, getting a real shot in a real doctor's office. As the child plays through each step without distress, the next step becomes easier. So, climbing the fear ladder is a gradual and fun process.

I think of two slider bars, one as humor-playfulness and the other as degree of reality, or proximity to the feared object/experience. The adult continually tinkers with these two bars, while monitoring the child's affect. Are they having fun? Can we incorporate the feared thing more? Can I make it more fun for the child?



Playing with Fear-of-Fear: Often children with phobias are also 'afraid of being afraid' as this feeling has been so often so overwhelming to them. Gradual incorporation of ***pretend*** fear itself is part of this model. The adult pretends to be afraid, or has their figure/doll pretend to be afraid, in clearly playful ways, as the child gives them '100 shots' or pretends to wash their hair or pretends to startle them by activating the toy fire alarm, or shows them a scary picture. The adult also varies the playing-out of fear, based on the child's affect. Is the child finding this funny? Is the child interested? Is the child looking afraid? The adult adjusts by varying the nature and intensity of pretend fear, based on the child's affect. The adult might have their figure be so afraid they 'jump

upside down' or 'jump to the ceiling' or 'dive under a tissue box' or pretend to 'eat a spoon', depending what the child finds interesting and funny. The doll then peeks out again and the child may playfully scare them again with the feared thing. This kind of play is a way of bringing the emotion of fear into the interaction with an empathic, but not scary tone. The adult's message through play is 'This is how scary it can feel, right'? The adult is not pretending it is not scary, is not telling the child not to be afraid. When the adult gets it right for this child, the child, ideally feels heard, understood, feels that 'Yes that is how terribly scary it feels'. As they play out this pretend fear, the goal is for it to become a mutually accepted, acceptable emotion, and hence to no longer feel overwhelming to the child.

"***Unbundling"*** is a term we coined (Levine and Chedd, 2015) to refer to investigating and identifying key components of a fear source and using gradual exposure to the different components separately.

Coming up with just enough "in-between" steps of Gradual Incorporation is often what makes this process – and the treatment -- both pleasant and successful. The child experiences each rung of the ladder without becoming too anxious. Many phobia sources, though, are simply too stress-inducing for the child, even when incorporation 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. Separating out, unbundling, the components of hair washing might involve the elements of *being in the tub, having shampoo on head, rinsing head with water*, and *towel-drying hair*. The adult constructs different Gradual Incorporation fear ladders 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" of oneself, a stuffed animal, then the child (this is easy to make very funny!) with real shampoo but not in the tub, during this kind of play time, are less threatening to incorporate, far from the real hair-washing-in-the-bathtub experience. This play can then be expanded to

include washing a doll's hair in an empty tub, play-washing the child's hair in the tub with clothes on and no water, and gradually creating closer approximations to the real thing, combining these elements. 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, fear of water covering the child's nose/mouth making it hard to breathe) that create anxiety and can play through each in fun or silly ways. Through this playful gradual incorporation, the child gets used to these elements of hair washing bit by bit, while experiencing the play with the adult as pleasurable.

Unbundling elements to consider are pictured below. Not every fear source has every element.

Unbundling fear of hand dryers (and other sound related phobias such as thunder, alarms, fans) often 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, maybe loud speaker announcements at lunch, 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. The surprise appearance of bugs visually, the

tickling on the skin, fears around sensations of getting stung may all be components to work on.

Unbundling and working on gradual incorporation fear ladders to individual components of the fear, 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 fear is too distressing. Ultimately, it can lead to lessening anxiety 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 smiling, even laughing with the adult in a connected, engaged state. This engaged humor is different from 'performance humor' of 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 incorporation. 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 incorporation 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. 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. Humor varies a great deal across different people, families, and cultures. For providers working with children and families, it is important to learn what kinds of humor is acceptable and welcome in the child's family. For instance, 'potty humor' is acceptable in some families and not in others.

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

3. Do not use humor when a child is showing a great deal of distress, sadness or anger. This would not be attuned.

4. 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. Leave room for the child to contribute.

5. Some children seem to 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 humor, explore what the child might find funny.

Hand-Dryer example:

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, starting with having it on the floor unplugged, pretending it made sounds, pretending the children or the stuffed animals or I found it too loud. Some children wanted to pretend to scare me, pretending to start the hand dryer is I covered my ears, ducked behind the couch then popped up again only for them to do this again, laughing.

With several children we watched a video of the hand dryer, with the volume first very low. Some children started the video while I pretended to be scared. As the children got used to it I put the volume a little higher and they continued to 'scare me', also getting used to the startle and the sound, at the same time.

Then I plugged the hand dryer in, in our playroom adjoining my office, where the children could peek in as I turned it on and played with it in various ways, myself, making it propel a toy truck across the floor, blow crumpled paper up in the air, blow balloons out of the play tunnel, and pretending to dry and style my hair like it was a hairdryer. Sometimes I pretended to be afraid when I activated it, 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 in this hand dryer play. 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.

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In conclusion, we have found that children are generally highly motivated to overcome their fears. Using playful humorous, co-regulation, unbundling the source of the fear, and playing around with fear of fear, in combination, can be a highly effective set of tools while engaging the child in gradual incorporation of the thing or situation they are afraid of.

Together with Bonnie Klein-Tasman, Ph.D. and her research team, we have conducted and published some preliminary results of using this approach in children with Williams Syndrome in an initial research study:

Bonita P. Klein-Tasman, Brianna N. Young, Karen Levine, Kenia Rivera, Elizabeth J. Miecielica, Brianna D. Yund & Sydni E. French (2021): *Acceptability and Effectiveness of Humor- and Play-Infused Exposure Therapy for Fears in Williams Syndrome,* Evidence-Based Practice in Child and Adolescent Mental Health