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When children face fear: treatment, child, and family factors in cognitive behavioral therapy for childhood anxiety

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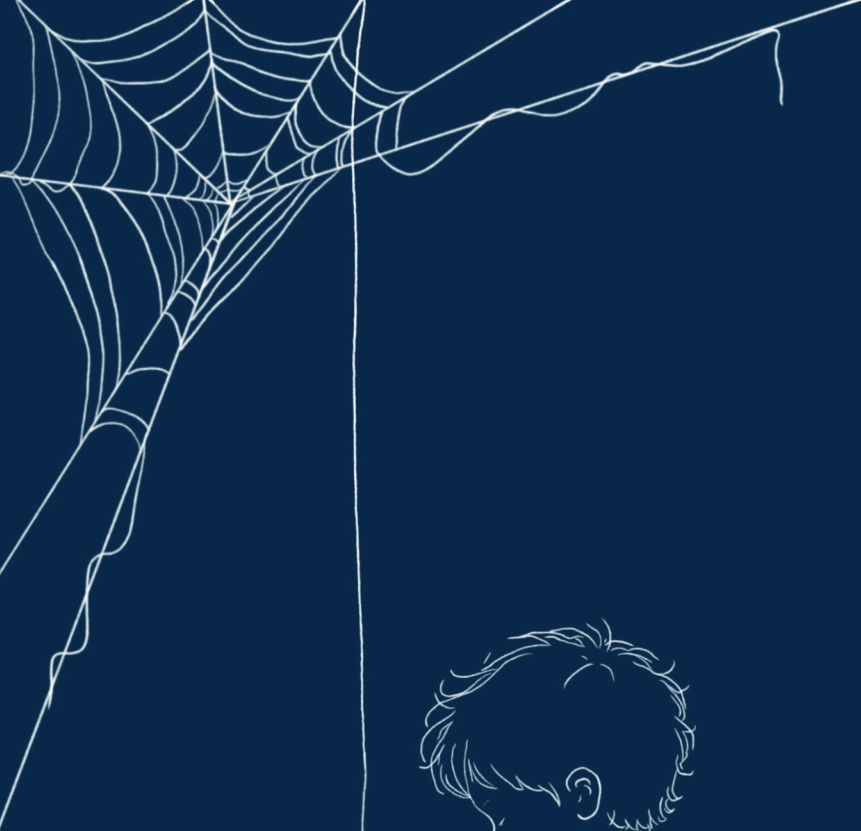
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Chapter 7

General discussion



GENERAL DISCUSSION

The overarching aim of this dissertation was to optimize cognitive behavioral therapy (CBT) for childhood anxiety by examining three interrelated domains (1) treatment factors, with a focus on homework and digital innovations; (2) child-level factors, with an emphasis on self-efficacy; and (3) family factors, particularly family functioning. Most studies in this dissertation were conducted in the context of childhood specific phobias. One study broadened the scope by comparing family functioning in families of children with anxiety disorders—with and without an autism spectrum disorder—to typically developing controls. The studies collectively address these three domains from complementary perspectives, offering a multifaceted view of factors that are relevant to understanding and refining cognitive-behavioral therapy for childhood anxiety. This chapter integrates findings across these domains, outlines directions for future research, discusses strengths and limitations, and addresses clinical implications, followed by some concluding remarks.

Treatment factors – Homework, Exposure Practice, and Digital Innovations

Although homework is considered an essential component of CBT, evidence for its impact in children and adolescents remains limited and mixed (Arendt et al., 2016; Hughes & Kendall, 2007; Lee et al., 2019). Chapter 2 identified several potential explanations for this inconsistency, including the heterogeneity of assigned tasks, developmental and familial barriers to completing them, and the lack of consistent definitions and measurement approaches for homework adherence and quality. Although research directly examining homework content is sparse, and the relatively few available studies generally do not find a clear association between homework compliance and treatment outcomes, some evidence suggests that exposure-based tasks may be particularly relevant for treatment outcomes. For example, Park and colleagues (2014) found that exposure-based homework compliance was associated with better treatment outcomes in children with OCD. This aligns with the broader CBT literature, where exposure is considered the most effective working element (Craske, 2022; Crawley et al., 2013), and has also been proposed as a possible explanation for why studies that include a variety of homework tasks—rather than those targeting the most effective CBT elements—often do not find the expected positive effects (Arendt et al., 2016; Hughes & Kendall, 2007; Parker et al., 2023). Digital tools such as mHealth apps have been proposed to support homework implementation by providing structured guidance, reminders, and opportunities for self-monitoring. However, many of these tools have not yet been rigorously evaluated, highlighting the need for systematic testing to determine their effectiveness and to optimize their design through the integration of empirically supported CBT components.

Chapters 2 addressed these challenges through the development of a structured homework program, supported by the KibA mHealth app, grounded in CBT principles and created in close collaboration with children, parents, therapists, researchers, and IT specialists. The

app incorporates key elements to support effective homework—clear instructions, a focus on exposure exercises, rewards, and opportunities for self-monitoring—and was refined through a user-centered, iterative design. Chapter 3 outlined the study protocol for a randomized controlled trial, published to ensure transparency and facilitate replication. The trial was implemented and reported in Chapter 4. In this trial, 172 children and adolescents with specific phobias all received standard One-Session Treatment (OST) and were subsequently randomized to either therapist-delivered homework as usual or the KibA app-based homework program.

The randomized controlled trial presented in Chapter 4 demonstrated that adding the app-based homework program to OST did not enhance clinical outcomes; children in both conditions, OST plus the KibA homework program and OST with standard therapist instructions, showed large improvements. The highly structured nature of OST—characterized by clear behavioral goals, rapid progress within a single intensive exposure session, and a dedicated homework-planning component in both conditions—may inherently promote strong engagement with home practice, leaving limited room for supplementary tools to add extra benefits. Indeed, children in both groups practiced frequently—often 2–5 times per week—indicating relatively high engagement compared to other CBT studies, in which homework completion is often much lower (e.g., only 31.5% completed at least one activity per session in *Coping Cat*; Lee et al., 2019). Unfortunately, little is known about how much practice children typically carry out following OST or the extent to which continued exposure contributes to maintenance of treatment gains (Zlomke & Davis, 2008), making it difficult to determine whether our participants practiced more than usual in OST treatment or regular CBT protocols. In addition, to advance our understanding of homework, the field would benefit from clearer definitions of what constitutes homework, standardized ways of measuring adherence and quality, and more nuanced assessments of how specific homework components contribute to change. At present, homework engagement is operationalized in highly variable ways, including time spent practicing, proportion of assigned tasks completed, or number of completed exercises, with effects assessed at different time points (e.g., during treatment, post-treatment, or follow-up), contributing to inconsistent findings across studies (see also Chapter 2; Kazantzis et al., 2016). Measurement challenges may be particularly pronounced in pediatric populations, as children in general may have difficulty accurately tracking practice time (Arendt et al., 2016). Moreover, a growing body of work suggests that the quality of homework—reflecting skill acquisition and meaningful engagement—may be as important as, or even more important than, quantity for predicting outcomes, at least in adults (Kazantzis et al., 2016; Schmidt & Woolaway-Bickel, 2000), a hypothesis that remains largely untested in children. Without such conceptual and methodological clarity, it remains difficult to determine when, how, and for whom homework-support strategies—digital or otherwise—meaningfully influence treatment outcomes.

The non-significant difference between conditions found in chapter 4 align with a broader pattern observed in mental health research, in which augmentation strategies rarely produce meaningful improvements when added to already potent interventions. This pattern is well documented in the depression literature (Cuijpers, 2024), and similar examples can be found in childhood anxiety treatment research (e.g., Davis et al., 2019; Farrell et al., 2018; Ollendick et al., 2015; Waters et al., 2014). The present results add to this body of evidence by suggesting that when an intervention already produces large effect sizes—as OST typically does (Ollendick & Davis., 2013; Zlomke & Davis., 2008)—there may be limited scope for additional tools, including digital supports, to further enhance outcomes on a general group level. Therefore, instead of seeking universal enhancements to already effective treatments, it may be more productive to prioritize targeted, modular, or precision-oriented strategies, particularly for the 30–40% of children who do not respond sufficiently to first-line interventions. Digital tools, for example, may hold greater benefit when deployed selectively—such as within stepped-care models, for children who face specific barriers to implementing exposure at home, for those with limited access to in-person care, or for families who may be especially motivated by structured, app-supported approaches. Future research should focus on identifying specific subgroups of children and families for whom additional tools provide added value, as well as the clinical contexts and implementation strategies that optimize their effectiveness, moving toward a more personalized and precision-oriented approach.

It should be noted that, although no clinical benefits were found (e.g., in terms of greater symptom reduction) for children in the app condition, families using the app-based homework program reported higher treatment satisfaction. This finding suggests that a more structured, app-supported approach to homework may enhance the treatment experience, even in the absence of additional symptom improvement. Importantly, higher treatment satisfaction may offer benefits beyond a positive experience for the client, as some facets of satisfaction have been linked to greater engagement with therapy and lower dropout rates (e.g., Zieve et al., 2019). If this also holds for short treatments such as OST, remains to be determined. Nevertheless, when clinical outcomes are comparable, factors such as treatment satisfaction may influence the choice of treatment model. It is therefore worth exploring the app-based homework program in longer, multi-session anxiety treatments—or other contexts where additional support may be beneficial—while also considering practical aspects such as cost-effectiveness.

Taken together, the findings indicate that although digital innovations may enhance treatment satisfaction—and prior research suggests they can help overcome certain practical barriers to homework completion—the app did not substantially improve the overall effectiveness of the gold-standard OST-treatment at the group level. This does not preclude benefits for specific subgroups, but detecting such effects may require designs that capture individual variability in treatment response (Kraemer & Kupfer, 2006; Shean, 2014). A key future direction is therefore to leverage individual-level data. The app used herein gener-

ated detailed information on exposure practice and engagement, offering opportunities to examine patterns of use and response. More broadly, advancing the field will require moving beyond average treatment effects toward approaches that accommodate heterogeneity, such as modular and flexible frameworks that tailor treatment components to individual needs (e.g., Weisz et al., 2012). The present findings also highlight the need to clarify the role of homework in CBT for childhood anxiety, including when it is most beneficial, which forms of exposure-based practice are most important, and how families can be best supported to complete it. Families' willingness to travel long distances highlights both the perceived value and acceptability of OST (see also Ollendick et al., 2018). Efforts to improve outcomes in childhood anxiety treatment should prioritize broad implementation of effective exposure-based treatments, alongside targeted innovations for children who do not fully benefit from standard approaches.

Child factors — Self-efficacy and Subgroup Differences

Child-level characteristics are numerous and varied, and not all can be addressed within a single dissertation. This work focused primarily on one factor—self-efficacy—while also reporting relevant subgroup findings (i.e., children with autism spectrum disorder [ASD]; children with blood-injection-injury [BII] phobia). Chapter 5 examined how both general and phobia-specific self-efficacy changed following OST. Phobia-specific self-efficacy increased substantially after treatment, more so than general self-efficacy, and these domain-specific gains showed the strongest associations with reductions in phobia severity. Baseline general self-efficacy predicted greater symptom improvement, although this effect was sensitive to outliers and therefore should be interpreted with caution. These findings support the idea that exposure-based treatment may strengthen children's belief in their ability to cope with feared situations through mastery experiences, while also underscoring the conceptual and empirical distinction between general and domain-specific self-efficacy. These results provide initial evidence that self-efficacy may play a role in exposure-based treatment. However, further investigation is needed to clarify the nature and scope of this role. In particular, the directionality between changes in self-efficacy and treatment gains remains an open question. Future work is needed to clarify whether increases in domain-specific self-efficacy function as a mechanism driving later symptom improvement or primarily reflect early treatment gains. Such work could also determine whether early changes in self-efficacy serve as a prognostic marker for identifying children who may benefit from extended or augmented care. Finally, future research should investigate how self-efficacy beliefs can be most effectively strengthened during and after exposure and if that is an avenue worth pursuing further.

Although self-efficacy was the primary child-level focus of this dissertation, other meaningful child characteristics emerged across studies. In the RCT in Chapter 4, we found lower remission rates for children with blood-injection-injury (BII) phobia. We suggested several explanations for these lower remission rates. First, for injection phobias, the full medical procedure must be tolerated for the phobia to no longer interfere with necessary medical care, such as

vaccinations and blood draws. In contrast, for many other phobias, partially overcoming the fear can already lead to substantial functional gains. For example, a child with a wasp phobia who still startles when seeing a wasp and steps away a few paces may experience very little interference now that she is able to play and eat outside during summer. In addition, practicing with an injection phobia is more challenging, as assistance from medical professionals is required to carry out an actual injection. Moreover, BII phobia involves additional factors that may complicate treatment, including the experience of pain itself, individual differences in pain sensitivity and expression—which have been linked to heightened pain experiences (Severeijns et al., 2001)—and disgust (Muris et al., 2008). A subgroup of people with BII phobias also have a history of fainting. In a study with children, 5 out of 27 youth with BII phobia had a history of fainting, compared to none of the 25 included dog-phobic youth (Oar et al., 2016). In our study in Chapter 4, we showed that it is possible to treat injection phobias in a regular community setting, although it may come with specific challenges. BII phobias are often excluded from large clinical studies (and, similarly, from routine clinical care), seemingly for practical reasons such as the need for medical staff during exposure. Including them successfully in our large clinical trial therefore demonstrates that OST can be implemented for this group in community settings. And, while remission rates were not as high as for other phobias, more than half of BII participants were diagnosis-free at the end of the study, suggesting that regular OST is still far better than doing nothing for this population. However, the rates also indicate that certain phobia subtypes may respond differently to OST or may require specific adaptations, such as additional sessions or procedural modifications. Some studies have already examined how such adaptations might be implemented. For example, Oar et al. (2015) provided a useful overview of theoretical differences between BII and other phobias and offered suggestions for adaptations and refinements to OST based on several case studies.

Chapter 6, focused on family functioning and showed notable differences in families of children with anxiety and autism spectrum disorder (ASD), including lower relational functioning and higher system maintenance. The broader implications for family systems will be discussed in the next section on family factors. However, it is important to note that child characteristics beyond the anxiety disorder itself, such as an ASD diagnosis, can shape the functioning of the child's family system. Because children with ASD frequently present with comorbid anxiety (Bougeard et al., 2021; Lai et al., 2019; Micai et al., 2023; van Steensel et al., 2011), understanding how to best support them and their parents within anxiety treatment is essential. Although the study in Chapter 6 primarily examined family functioning, it also provided some insights into children with ASD and anxiety more generally. The broader literature suggests that, overall, involving parents in anxiety treatment does not consistently lead to additional symptom improvement (In-Albon & Schneider, 2006; Manassis et al., 2014; Peris et al., 2021; Reynolds et al., 2012; Thulin et al., 2014). However, group-level findings do not capture clinically meaningful differences among specific subgroups. In particular, children with ASD appear to benefit more from active parental involvement in treatment

(Goger & Weersing, 2022; van Steensel et al., 2017). Moreover, even in cases where symptom outcomes do not differ, parental involvement may still provide important benefits. Parents often play a key role in logistics, such as getting the child to therapy sessions, and involving parents can help address maintaining factors like overprotective parenting (Van der Bruggen et al., 2008). Parental participation may also make therapy less stigmatizing for the child (Reardon et al., 2020). Although our study did not offer specific guidelines for parental involvement when children with ASD receive anxiety treatment, the patterns we observed may reflect broader support needs or interactional styles characteristic of these families. Given that family functioning appears to differ for children with ASD, it is likely that these families have distinct support needs that may translate into different needs within anxiety therapy.

Taken together, these findings highlight the heterogeneity within anxious youth and indicate that child characteristics can meaningfully influence treatment response. The child-level findings in this dissertation point to the potential importance of domain-specific self-efficacy as a meaningful correlate—and possibly a contributor—to treatment improvement, while also drawing attention to subgroups, such as children with BII phobias or ASD, who may require modified or extended protocols. Future studies should further investigate how these child-level factors develop during treatment and whether early changes, such as increases in self-efficacy, can serve as prognostic markers for identifying children who may benefit from extended or augmented care. Achieving this will require study designs capable of disentangling causal pathways, such as repeated-measures longitudinal studies with control conditions, alongside approaches that capture individual trajectories. A deeper understanding of these factors, including how they interact with exposure-based mechanisms, will be essential for developing more precise and effective CBT approaches for anxious youth. These findings align with conclusions from the treatment factors section, emphasizing the need to further fine-tune treatment for specific subgroups rather than relying solely on one-size-fits-all programs. In this regard, child-level factors provide valuable insights for future precision approaches to CBT, such as modular interventions, stepped-care models, and other tailored treatment pathways.

Family Factors – Family Functioning and Parent Self-Efficacy

This dissertation focused primarily on family functioning at the family level, although parent self-efficacy was also examined. Chapter 6 showed that family functioning differed markedly for families of children with both anxiety and ASD, who reported lower relational functioning and higher system maintenance compared to both the anxiety-only and the typically developing groups. Children with anxiety without ASD did not differ from controls, and importantly, family functioning did not change following child-focused CBT, nor did it predict treatment outcome.

The broader literature shows that child-focused anxiety treatments can sometimes lead to improvements in parental or family variables—so-called spillover effects—which suggests

that breaking the child's anxiety cycle may have positive systemic consequences. Some studies have reported improvements in parental psychopathology, stress, and burden following child-focused CBT, although these gains were present on some but not all parental measures (Escovar et al., 2019). Other work has found that parental psychological distress, trait anxiety, and parent-reported family dysfunction improved primarily for parents of treatment responders, while family burden and child-reported family functioning improved regardless of response (Keeton et al., 2023). However, such effects are not consistently observed, as confirmed by Chapter 6, and may depend on the family's initial functioning. In our study, children with anxiety had family functioning scores comparable to controls at baseline, suggesting there may have been little room nor need for improvement.

This brings us to a broader methodological challenge in studying family factors. Unlike child anxiety symptoms, for which clinical cutoffs and norm groups are well-established, comparable normative data are rarely available for measures of family functioning or for many parental variables. This makes it difficult to determine whether a family requires intervention or whether change should be expected. Another challenge is that most treatment studies continue to focus almost exclusively on child anxiety symptoms as the primary outcome, despite longstanding assumptions that parental and family factors play key roles in the development and maintenance of childhood anxiety (Breinholst et al., 2012; Drake & Ginsburg, 2012). Even in trials that include parent or family components in treatment, many measure parental or family functioning as a predictor only and not at both pre- and post-treatment (Peris et al., 2021), limiting insight into whether child-focused interventions—with or without additional family components—produce meaningful improvements in the family domain. Such spillover effects, even without symptom change, may substantially influence quality of life for the child and family.

Future work should address these methodological gaps, including developing clearer benchmarks for healthy versus impaired family functioning and assessing family and parental factors more systematically at multiple time points. This would improve our understanding of when child-focused CBT leads to positive spillover effects, and/or when extra family-focused support may be needed. Families of children with ASD may be a subgroup in need of more family-focused support, particularly when the clinical goal includes improving family quality of life rather than solely reducing child symptoms. More broadly, research should continue to consider a wider range of outcome measures, including parental stress and family quality of life, which may require additional interventions rather than anxiety treatment which relies heavily on change through child treatment.

Although family functioning was the primary family-level focus of this dissertation, parent self-efficacy was also examined as a potentially relevant parental factor. Parent self-efficacy showed small but significant increases following OST; however, these changes were not associated with reductions in child phobia severity, nor did baseline parent self-efficacy predict

treatment outcome. In the context of OST, where parental involvement during exposure is limited, these findings suggest that changes in parent self-efficacy are unlikely to play a central role in child treatment outcomes. In addition, because the study lacked a control group, it cannot be ruled out that the observed increases in parent self-efficacy reflect nonspecific changes over time rather than intervention-specific effects.

The findings considering parent self-efficacy are consistent with the broader pattern observed in this dissertation in which parental and family variables did not emerge as strong correlates or predictors of treatment response in child-focused CBT for specific phobias. At the same time, the findings should be interpreted in light of how parent self-efficacy was operationalized. Only general parent self-efficacy was assessed, and it is possible that more anxiety-specific parental efficacy beliefs—such as confidence in supporting exposure or managing child distress—are more closely linked to child outcomes or the maintenance of gains. Future research may therefore benefit from distinguishing between general parent and domain-specific parental self-efficacy and from employing designs that allow for stronger conclusions about temporal ordering and causality.

Taken together, the family-level findings indicate that family functioning remained stable over the course of child-focused CBT for anxiety, while parent self-efficacy showed small increases. Neither family functioning nor parent self-efficacy emerged as a central factor in driving changes in child anxiety. Family and parental factors were not directly targeted in these studies, and the lack of well-established cutoffs or normative data for many parental and family measures makes it difficult to determine when intervention at the family level may be warranted. An important future direction is therefore to improve understanding of these factors and to disentangle nonspecific time effects from intervention-specific change. This will require establishing norms for typical family functioning and related parental and family factors, as well as assessing outcomes more systematically at multiple time points and including appropriate control conditions. At the same time, the pronounced differences observed in families of children with comorbid ASD suggest that family- and parent-level processes may be most relevant for specific subgroups or treatment goals, such as improving family quality of life or supporting treatment implementation. Overall, these findings support a selective, needs-based approach to family- and parent-focused targets, rather than treating them as universal components of CBT for childhood anxiety and underscore the value of more precise and individualized intervention strategies for anxious youth.

Strengths and Limitations

This dissertation has several notable strengths. A central strength is its strong emphasis on ecological validity. All empirical studies were conducted in routine care settings, with broad inclusion criteria, diverse samples, and therapists from a range of professional backgrounds. This enhances the generalizability of the findings to real-world clinical practice. In particular, the main empirical study of this dissertation (Chapter 4) employed a pragmatic multicenter

randomized controlled trial (RCT) design, which is widely regarded as the strongest design for establishing evidence for intervention efficacy. The trial included all phobia types, allowed comorbidity, incorporated masked assessments, and demonstrated high therapist fidelity, thereby combining strong internal validity with high external validity. Additional strengths include the use of multi-method and multi-informant assessment strategies, capturing symptoms, functioning, and behavior from multiple perspectives, as well as the close collaboration with clinicians, children, and parents in the development of the app-supported homework intervention. This user-centered approach increases clinical relevance and feasibility. The projects further exemplify team science, bringing together expertise in clinical practice, research methodology, digital development, scientific writing, and lived-experience perspectives, which strengthened both study design and execution. Participating clinics received extensive materials and consultation to support implementation, and follow-up workshops at some sites helped sustain intensive in vivo exposure as part of routine care—a promising direction for improving care through implementation efforts (Powell, 2014).

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Several limitations should also be acknowledged. A key limitation concerns the research designs used in Chapters 5 and 6, which do not allow for causal inference. In both chapters, no control group was included for the specific research questions under investigation. As a result, observed changes over time—such as increases in self-efficacy—cannot be confidently attributed to the intervention and may, at least in part, reflect nonspecific time effects. Although less likely given the relatively short timeframe involved in OST, these time effects cannot be ruled out. Disentangling directionality and intervention-specific effects will require longitudinal designs with multiple measurement points and appropriate control conditions. A related methodological limitation applies to the narrative review presented in Chapter 2. While this review provided a theoretically informed synthesis of the literature, it was not conducted as a systematic review. Consequently, conclusions may be subject to selection bias, and the review does not allow for quantitative estimates of effect sizes or formal assessment of publication bias (Grant & Booth, 2009). Systematic reviews offer greater transparency and replicability but are less flexible in integrating emerging concepts or heterogeneous literature. Given the limited literature base, the varied methodologies and populations in previous work, and the broader aim of describing a development process, a narrative approach was justified. Nevertheless, as the evidence base for the role of homework in child anxiety treatment continues to mature, future work would benefit from a systematic synthesis.

While the RCT design in Chapter 4 represents a methodologically rigorous approach, it also introduces limitations. RCTs are optimized for estimating average treatment effects at the group level but are less informative for determining whether an intervention or adjunctive component is useful for individual patients. While the present study collected rich individual-level app usage data that may allow exploratory analysis of patterns of engagement, these analyses were beyond the scope of the current dissertation. Additionally, OST for childhood specific phobias is already highly effective, with approximately 55–60% of children free of

phobia diagnosis posttreatment and even higher remission rates at follow-up in multiple studies (e.g., Ollendick et al., 2009, 2015). Under these conditions—when a treatment already achieves large effects—it can be difficult to demonstrate additional benefits of adjunctive tools at the group level. In hindsight, focusing on non-responders or partial responders within a stepped-care framework may have provided clearer insights into the added value of the homework app for a group of children who do not benefit fully from regular OST. Involving children, parents, and clinicians with experience of limited treatment response—using qualitative or mixed-method approaches—may also help shape more practice-relevant research questions and identify which adaptations or supports are most meaningful for this subgroup.

Digital tools, such as mHealth apps, have frequently been described in the literature as promising facilitators of treatment delivery and homework support (e.g., Hollis et al., 2017; Tang & Kreindler, 2017). However, their practical implementation in childhood anxiety treatment presents some challenges. Children may have older or incompatible devices, leading to technical problems or unsupported updates. In our study, European regulations required the app to be closed after four practice weeks, despite families expressing interest in continuing use, which limited opportunities for longer-term practice—an aspect often considered important for exposure-based interventions. Therapist engagement with the app also varied, and limited resources constrained the user-friendliness and visual appeal of both the child and therapist interfaces. This is particularly relevant given that research-developed tools often struggle to keep pace with the design quality and attractiveness of commercial apps that children are now accustomed to. While the app was developed in close collaboration with children, parents, and therapists, not all suggestions could be implemented, which may have affected motivation and engagement. In the current study, some children reported finding the app less engaging or even boring, and technical difficulties occasionally interfered with use. Together, these challenges underscore that the implementation and potential benefits of digital tools are not determined by the tools alone, but are also shaped by regulatory, technical, organizational, and financial conditions.

More broadly, given the large number of factors that may influence CBT outcomes, this dissertation necessarily focused on a limited subset of child- and family-level variables. In an ideal scenario, multiple child, parent, and contextual factors would be examined simultaneously within the same study; however, this would require substantially larger samples and more complex designs than are typically feasible in clinical trials. As is common in psychotherapy research, these factors were not the primary targets of investigation. For example, the central aim of the RCT was to evaluate the added value of an app-supported homework program, whereas variables such as self-efficacy were examined as secondary or exploratory predictors. This may partly explain the small and mixed effects often reported for child and family characteristics in the literature, as studies are rarely designed specifically to test these variables (also noted by Compton et al., 2014). Relatedly, many predictors examined in psy-

chotherapy research likely explain only a small proportion of outcome variance. Although such effects may be difficult to detect, even in relatively large samples, they may still be clinically meaningful when used to guide treatment adaptation or selection. No intervention is likely to be effective for all children. Improving outcomes may therefore depend on better matching individuals to interventions already shown to be effective at the group level. Research on treatment selection and precision mental health provides a useful framework. For instance, some approaches combine multiple patient characteristics into multivariable models to inform treatment selection; one example is the Personalized Advantage Index, which estimates which of two equally effective treatments is likely to yield better outcomes for a given individual (DeRubeis et al., 2014; Cohen & DeRubeis, 2018). Although research on the Personalized Advantage Index has focused primarily on adult depression, and data are not yet available to apply such models in childhood anxiety, the underlying principle of moving beyond single predictors toward clinically usable decision-support tools may also be relevant for anxiety disorders and youth populations. Importantly, such tools are intended to complement, rather than replace, clinical judgment and shared decision-making with children and families.

Clinical Implications

The findings from this dissertation have several implications for clinical practice. Specific phobias are highly prevalent, impairing, and associated with the onset of a range of other disorders (Kessler et al., 2012; Lieb et al., 2016), highlighting the importance of timely and effective treatment. The current work provides further evidence for OST as a highly effective and scalable intervention for childhood specific phobias, suitable for broad implementation in routine care. OST enabled children to engage more fully in daily activities, such as leaving the house, going on holiday, visiting friends, or undergoing necessary medical procedures. Therapists and families frequently reported that these changes were accompanied by improvements in daily functioning and family life. These outcomes underscore the importance of high-quality exposure exercises and clear, individualized behavioral goals, and suggest that therapists should prioritize early, intensive, and well-prepared exposure work.

Exposure is widely considered a central component of CBT for anxiety disorders. Despite this, exposure remains underutilized in routine practice (e.g., Whiteside et al., 2016). Dutch therapists, for example, reported using exposure in only about half of childhood anxiety cases, with underuse associated with negative beliefs about exposure, therapist age, and non-CBT orientations (de Jong et al., 2020). Other work has similarly identified negative beliefs and anxiety sensitivity in therapists as barriers to exposure implementation (Meyer et al., 2020). Research suggests that such barriers may be reduced through structured training (Deacon et al., 2013). However, traditional didactic training—while effective in increasing therapists' knowledge about exposure—is not sufficient to ensure effective implementation in routine practice (Trivasse et al., 2020). Kemp et al. (2023) therefore suggest incorporating “exposure to exposure” into therapist training by supplementing theory-based education with self- and

partner-exposure exercises. They provide theoretical support and case-study evidence for the feasibility of this approach, and a randomized controlled trial is currently underway (see Kemp et al., 2023 for a protocol paper).

In the present work, therapists participated in workshops, case discussions, supervised practice, supervision, and peer consultation sessions. Although reducing therapist barriers to exposure was not a primary aim of the project, extensive training and ongoing support were deemed necessary to ensure correct delivery of OST and overcome some of the hurdles to exposure implementation as noted above. Therapists followed an initial OST workshop, viewed OST training videos, participated in a second workshop focused on case discussions, and treated a first client under supervision. Both supervision and peer consultation sessions were available throughout the study. Several therapists reported increased confidence in conducting exposure, and many continued to offer OST after the study ended, suggesting that ongoing support can foster sustainable use of evidence-based techniques, even though this effect was not formally evaluated. These observations are consistent with prior research showing that greater training in exposure therapy is associated with more frequent use of exposure techniques in clinical practice (Reid et al., 2018). In addition, practical facilitation played a key role. Assistance in acquiring exposure materials, arranging sessions with animals or medical professionals, and having interns or team members support session preparation helped overcome barriers related to phobia type, clinic logistics, and time constraints. These experiences highlight that organizational and practical support is important for ensuring high-quality exposure delivery.

In addition to supporting exposure delivery, clinicians may find it useful to help children build confidence in coping with feared situations. Although temporal and causal relations remain unclear, the positive association observed in the present work between increases in phobia-specific self-efficacy and symptom improvement provides some support for actively fostering children's coping confidence during treatment—a core element of the OST protocol. For children with BII phobias, clinicians may face additional challenges both in organizing exposures during sessions and in planning homework; however, our study shows that over half of these children were diagnosis-free at follow-up, underscoring the clinical value of addressing injection phobia despite logistical and procedural challenges. In addition, while the structured app-supported homework program in this study was associated with higher treatment satisfaction, it is unclear whether this effect reflects the app itself or the structured approach to homework. Clinicians may therefore find it useful to devote time to discussing homework thoroughly—clarifying what, how, and when to practice, checking in on progress, and troubleshooting obstacles—as this extensive, structured support may enhance engagement and the treatment experience even without digital tools.

Taken together, these findings emphasize that improving the implementation of exposure-based interventions may be one of the most impactful near-term strategies for enhancing

outcomes in childhood anxiety. Clinicians and service providers should prioritize early, intensive exposure work, structured training accompanied by ongoing supervision, and practical facilitation of session logistics. Whenever feasible, organizing training within clinics or organizations—rather than as isolated external courses—may further enhance implementation by fostering peer consultation among colleagues, enabling organizational support, and facilitating practical resources for treatment delivery. While efforts to personalize interventions and match treatments to individual child characteristics remain important, ensuring that exposure is delivered competently, consistently, and with adequate support is likely the highest priority for improving care in the short term.

Conclusion

This dissertation examined treatment-, child-, and family-level factors that may shape outcomes in the treatment of childhood anxiety disorders. At the treatment level, the focus was on optimizing OST through the addition of an app-based homework program. Although this program was well received, it did not increase home practice or enhance treatment outcomes. Consistent with earlier research, this work shows that it is difficult to further improve highly effective CBT interventions such as OST at the group level (e.g., Cuijpers, 2024; Davis et al., 2019). At the child level, phobia-specific self-efficacy increased during OST and was associated with better treatment outcomes, supporting the clinical value of actively fostering children's confidence in managing feared situations. At the family level, no differences in family functioning were found between children with an anxiety disorder alone and typically developing children, whereas families of children with comorbid ASD and anxiety did show differences. This suggests that actively addressing family factors may be particularly relevant for certain subgroups of children with anxiety, rather than more broadly.

Taken together, the findings in this dissertation suggest that future research should focus less on further improving effective treatments at the group level and more on individual children and specific subgroups, such as partial- or non-responders. Treatment outcomes may be shaped by multiple interacting factors that differ across children, and focusing on these differences may help refine care for those individuals for whom standard approaches are less effective.

Beyond these implications for future research, this dissertation shows that OST can be effectively implemented in routine clinical practice and across all phobia types, including injection phobias. This is particularly relevant given that many children with anxiety disorders do not receive evidence-based treatment and that exposure remains underutilized in practice. Ultimately, progress in the field depends not only on innovation and fine-tuning treatments, but first and foremost on the successful implementation, dissemination, and sustained use of interventions that are already known to work well in everyday clinical practice. This dissertation provides a concrete example of how such implementation efforts can translate into real-world impact: the introduction of OST in clinical practice across the Netherlands and

Germany, combined with training and support, increased immediate access to an effective treatment and supported its sustained use. As a result, the benefits of this work extend well beyond the duration of the study for the many children who face specific phobias.

REFERENCES

- Arendt, K., Thastum, M., & Hougaard, E. (2016). Homework adherence and cognitive behaviour treatment outcome for children and adolescents with anxiety disorders. *Behavioural and Cognitive Psychotherapy*, 44(2), 225–235. <https://doi.org/10.1017/S1352465815000429>
- Bougeard, C., Picarel-Blanchot, F., Schmid, R., Campbell, R., & Buitelaar, J. (2021). Prevalence of autism spectrum disorder and co-morbidities in children and adolescents: a systematic literature review. *Frontiers in Psychiatry*, 12, 744709. <https://doi.org/10.3389/fpsy.2021.744709>
- Breinholst, S., Esbjørn, B. H., Reinholdt-Dunne, M. L., & Stallard, P. (2012). CBT for the treatment of child anxiety disorders: A review of why parental involvement has not enhanced outcomes. *Journal of Anxiety Disorders*, 26(3), 416–424. <https://doi.org/10.1016/j.janxdis.2011.12.014>
- Cohen, Z. D., & DeRubeis, R. J. (2018). Treatment selection in depression. *Annual review of clinical psychology*, 14(1), 209–236. <https://doi.org/10.1146/annurev-clinpsy-050817-084746>
- Compton, S. N., Peris, T. S., Almirall, D., Birmaher, B., Sherrill, J., Kendall, P. C., March, J. S., Gosch, E. A., Ginsburg, G. S., Rynn, M. A., Piacentini, J. C., McCracken, J. T., Keeton, C. P., Suveg, C. M., Aschenbrand, S. G., Sakolsky, D., Iyengar, S., Walkup, J. T., & Albano, A. M. (2014). Predictors and moderators of treatment response in childhood anxiety disorders: results from the CAMS trial. *Journal of consulting and clinical psychology*, 82(2), 212. <https://doi.org/10.1037/a0035458>
- Craske, M. G. (2022). The future of CBT and evidence-based psychotherapies is promising. *World psychiatry*, 21(3), 417. <https://doi.org/10.1002/wps.21002>
- Crawley, S. A., Kendall, P. C., Benjamin, C. L., Brodman, D. M., Wei, C., Beidas, R. S., Podell, J. L., & Mauro, C. (2013). Brief cognitive-behavioral therapy for anxious youth: Feasibility and initial outcomes. *Cognitive and behavioral practice*, 20(2), 123–133. <https://doi.org/10.1016/j.cbpra.2012.07.003>
- Cuijpers, P. (2024). How to improve outcomes of psychological treatment of depression: Lessons from “next-level” meta-analytic research. *American Psychologist*, 79(9), 1407. <https://doi.org/10.1037/amp0001387>
- Davis, T. E., Ollendick, T. H., & Öst, L. G. (2019). One-session treatment of specific phobias in children: Recent developments and a systematic review. *Annual review of clinical psychology*, 15(1), 233–256. <https://doi.org/10.1146/annurev-clinpsy-050718-095608>
- Deacon, B. J., Farrell, N. R., Kemp, J. J., Dixon, L. J., Sy, J. T., Zhang, A. R., & McGrath, P. B. (2013). Assessing therapist reservations about exposure therapy for anxiety disorders: The Therapist Beliefs about Exposure Scale. *Journal of anxiety disorders*, 27(8), 772–780. <https://doi.org/10.1016/j.janxdis.2013.04.006>
- DeRubeis, R. J., Cohen, Z. D., Forand, N. R., Fournier, J. C., Gelfand, L. A., & Lorenzo-Luaces, L. (2014). The Personalized Advantage Index: translating research on prediction into individualized treatment recommendations. A demonstration. *PloS one*, 9(1), e83875. <https://doi.org/10.1371/journal.pone.0083875>
- Desquenne Godfrey, G., Downes, N., & Cappe, E. (2024). A systematic review of family functioning in families of children on the Autism Spectrum. *Journal of Autism and Developmental Disorders*, 54(3), 1036–1057. <https://doi.org/10.1007/s10803-022-05830-6>
- Drake, K. L., & Ginsburg, G. S. (2012). Family factors in the development, treatment, and prevention of childhood anxiety disorders. *Clinical Child and Family Psychology Review*, 15(2), 144–162. <https://doi.org/10.1007/s10567-011-0109-0>
- Escovar, E. L., Drahota, A., Hitchcock, C., Chorpita, B. F., & Chavira, D. A. (2019). Vicarious improvement among parents participating in child-focused cognitive-behavioral therapy for anxiety. *Child & family behavior therapy*, 41(1), 16–31. <https://doi.org/10.1080/07317107.2019.1571770>

- Farrell, L. J., Waters, A. M., Oar, E. L., Tiralongo, E., Garbharran, V., Alston-Knox, C., McConnell, H., Collings, N., Zimmer-Gembeck, M., Donovan, C. L., Testa, C., Storch, E. A., & Ollendick, T. H. (2018). D-cycloserine-augmented one-session treatment of specific phobias in children and adolescents. *Brain and Behavior*, 8(6), e00984. <https://doi.org/10.1002/brb3.984>
- Grant, M. J., & Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health information & libraries journal*, 26(2), 91-108. <https://doi.org/10.1111/j.1471-1842.2009.00848.x>
- Hollis, C., Falconer, C. J., Martin, J. L., Whittington, C., Stockton, S., Glazebrook, C., & Davies, E. B. (2017). Annual research review: Digital health interventions for children and young people with mental health problems: A systematic and meta-review. *Journal of Child Psychology and Psychiatry*, 58(4), 474-503. <https://doi.org/10.1111/jcpp.12663>
- Hughes, A. A., & Kendall, P. C. (2007). Prediction of cognitive behavior treatment outcome for children with anxiety disorders: Therapeutic relationship and homework compliance. *Behavioural and Cognitive Psychotherapy*, 35(4), 487-494. <https://doi.org/10.1017/S1352465807003761>
- In-Albon, T., & Schneider, S. (2006). Psychotherapy of childhood anxiety disorders: A meta-analysis. *Psychotherapy and psychosomatics*, 76(1), 15-24. <https://doi.org/10.1159/000096361>
- De Jong, R., Lommen, M. J., van Hout, W. J., de Jong, P. J., & Nauta, M. H. (2020). Therapists' characteristics associated with the (non-) use of exposure in the treatment of anxiety disorders in youth: A survey among Dutch-speaking mental health practitioners. *Journal of Anxiety Disorders*, 73, 102230. <https://doi.org/10.1016/j.janxdis.2020.102230>
- Goger, P., & Weersing, V. R. (2022). Family based treatment of anxiety disorders: A review of the literature (2010-2019). *Journal of marital and family therapy*, 48(1), 107-128. <https://doi.org/10.1111/jmft.12548>
- Kazantzis, N., Whittington, C., Zelencich, L., Kyrios, M., Norton, P. J., & Hofmann, S. G. (2016). Quantity and quality of homework compliance: A meta-analysis of relations with outcome in cognitive behavior therapy. *Behavior Therapy*, 47(5), 755-772. <https://doi.org/10.1016/j.beth.2016.05.002>
- Keeton, V. F., Bell, J. F., Drake, C., Garcia, E. O. F. Y., Pantell, M., Hessler, D., Wing, H., Silveira, P. P., O'Donnel, K. J., de Mendonça Filho, E. J., Meany, M. J., & Gottlieb, L. M. (2023). Household Social Needs, Emotional Functioning, and Stress in Low-Income Latinx Children and their Mothers. *Journal of child and family studies*, 32(3), 796-811. <https://doi.org/10.1007/s10826-023-02532-0>
- Kemp, J., Benito, K., Herren, J., Brown, Z., Frank, H. E., & Freeman, J. (2023). Exposure to exposure: a protocol for leveraging exposure principles during training to address therapist-level barriers to exposure implementation. *Frontiers in Psychiatry*, 14, 1096259. <https://doi.org/10.3389/fpsyt.2023.1096259>
- Kessler, R. C., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Wittchen, H. U. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. *International journal of methods in psychiatric research*, 21(3), 169-184. <https://doi.org/10.1002/mpr.1359>
- Kraemer, H. C., & Kupfer, D. J. (2006). Size of treatment effects and their importance to clinical research and practice. *Biological psychiatry*, 59(11), 990-996. <https://doi.org/10.1016/j.biopsych.2005.09.014>
- Lai, M. C., Kassee, C., Besney, R., Bonato, S., Hull, L., Mandy, W., Szatmari, P., & Ameis, S. H. (2019). Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *The Lancet Psychiatry*, 6(10), 819-829. [https://doi.org/10.1016/S2215-0366\(19\)30289-5](https://doi.org/10.1016/S2215-0366(19)30289-5)

- Lee, P., Zehgeer, A., Ginsburg, G. S., McCracken, J., Keeton, C., Kendall, P. C., Birmaher, B., Sakolsky, D., Walkup, J., Peris, T., Albano, A. M., & Compton, S. (2019). Child and adolescent adherence with cognitive behavioral therapy for anxiety: Predictors and associations with outcomes. *Journal of Clinical Child & Adolescent Psychology*, 48(1), S215–S226. <https://doi.org/10.1080/15374416.2017.1310046>
- Lieb, R., Miché, M., Gloster, A. T., Beesdo-Baum, K., Meyer, A. H., & Wittchen, H. U. (2016). Impact of specific phobia on the risk of onset of mental disorders: A 10-year prospective-longitudinal community study of adolescents and young adults. *Depression and Anxiety*, 33(7), 667–675. <https://doi.org/10.1002/da.22487>
- Manassis, K., Lee, T. C., Bennett, K., Zhao, X. Y., Mendlowitz, S., Duda, S., Saini, M., Wilansky, P., Baer, S., Barrett, P., Bodden, D., Cobham, V. E., Dadds, M. R., Flannery-Schroeder, E., Ginsburg, G., Heyne, D., Hudson, J. L., Kendall, P. C., Liber, J., ... Wood, J. J. (2014). Types of parental involvement in CBT with anxious youth: A preliminary meta-analysis. *Journal of Consulting and Clinical Psychology*, 82(6), 1163–1172. <https://doi.org/10.1037/a0036969>
- Meyer, J. M., Kelly, P. J., & Deacon, B. J. (2020). Therapist beliefs about exposure therapy implementation. *The Cognitive Behaviour Therapist*, 13, e10. <https://doi.org/10.1017/S1754470X20000112>
- Micai, M., Fatta, L. M., Gila, L., Caruso, A., Salvitti, T., Fulceri, F., Ciaramella, A., D'Amico, R., Del Giovane, C., Bertelli, M., Romano, G., Schünemann, H. J., & Scattoni, M. L. (2023). Prevalence of co-occurring conditions in children and adults with autism spectrum disorder: A systematic review and meta-analysis. *Neuroscience & Biobehavioral Reviews*, 155, 105436. <https://doi.org/10.1016/j.neubiorev.2023.105436>
- Muris, P., van der Heiden, S., & Rassin, E. (2008). Disgust sensitivity and psychopathological symptoms in non-clinical children. *Journal of Behavior Therapy and Experimental Psychiatry*, 39(2), 133–146. <https://doi.org/10.1016/j.jbtep.2007.02.001>
- Oar, E. L., Farrell, L. J., & Ollendick, T. H. (2015). One session treatment for specific phobias: An adaptation for paediatric blood–injection–injury phobia in youth. *Clinical Child and Family Psychology Review*, 18(4), 370–394. <https://doi.org/10.1007/s10567-015-0189-3>
- Oar, E. L., Farrell, L. J., Waters, A. M., & Ollendick, T. H. (2016). Blood-injection-injury phobia and dog phobia in youth: Psychological characteristics and associated features in a clinical sample. *Behavior Therapy*, 47(3), 312–324. <https://doi.org/10.1016/j.beth.2016.01.004>
- Ollendick, T. H., & Davis, T. E. (2013). One-session treatment for specific phobias: A review of Öst's single-session exposure with children and adolescents. *Cognitive Behaviour Therapy*, 42(4), 275–283. <https://doi.org/10.1080/16506073.2013.773062>
- Ollendick, T. H., Halldorsdottir, T., Fraire, M. G., Austin, K. E., Noguchi, R. J., Lewis, K. M., Jarrett, M. A., Cunningham, K. C., Allen, K. B., & Whitmore, M. J. (2015). Specific phobias in youth: A randomized controlled trial comparing one-session treatment to a parent-augmented one-session treatment. *Behavior Therapy*, 46(2), 141–155. <https://doi.org/10.1016/j.beth.2014.09.004>
- Ollendick, T. H., Öst, L. G., Reuterskiöld, L., Costa, N., Cederlund, R., Sirbu, C., Davies, T. E., & Jarrett, M. A. (2009). One-session treatment of specific phobias in youth: A randomized clinical trial in the United States and Sweden. *Journal of Consulting and Clinical Psychology*, 77(3), 504. <https://doi.org/10.1037/a0015158>
- Ollendick, T. H., Ryan, S. M., Capriola-Hall, N. N., Austin, K. E., & Fraire, M. (2018). Have phobias, will travel: Addressing one barrier to the delivery of an evidence-based treatment. *Behavior Therapy*, 49(4), 594–603. <https://doi.org/10.1016/j.beth.2017.11.003>

- Park, J. M., Small, B. J., Geller, D. A., Murphy, T. K., Lewin, A. B., & Storch, E. A. (2014). Does d-cycloserine augmentation of CBT improve therapeutic homework compliance for pediatric obsessive-compulsive disorder? *Journal of Child and Family Studies*, 23, 863–871. <https://doi.org/10.1007/s10826-013-9742-1>
- Parker, M. N., Clark, K. E., & Juarascio, A. S. (2023). An exploration of homework completion in cognitive behavioral treatments for bulimia-spectrum eating disorders. *Eating Disorders*, 31(1), 21–32. <https://doi.org/10.1080/10640266.2021.2022847>
- Peris, T. S., Thamrin, H., & Rozenman, M. S. (2021). Family intervention for child and adolescent anxiety: A meta-analytic review of therapy targets, techniques, and outcomes. *Journal of Affective Disorders*, 286, 282–295. <https://doi.org/10.1016/j.jad.2021.02.053>
- Powell, B. J., Proctor, E. K., & Glass, J. E. (2014). A systematic review of strategies for implementing empirically supported mental health interventions. *Research on social work practice*, 24(2), 192–212. <https://doi.org/10.1177/1049731513505778>
- Reardon, T., Harvey, K., & Creswell, C. (2020). Seeking and accessing professional support for child anxiety in a community sample. *European Child & Adolescent Psychiatry*, 29(5), 649–664. <https://doi.org/10.1007/s00787-019-01388-4>
- Reid, A. M., Guzik, A. G., Fernandez, A. G., Deacon, B., McNamara, J. P., Geffken, G. R., McCarty, R., & Striley, C. W. (2018). Exposure therapy for youth with anxiety: Utilization rates and predictors of implementation in a sample of practicing clinicians from across the United States. *Journal of Anxiety Disorders*, 58, 8–17. <https://doi.org/10.1016/j.janxdis.2018.06.002>
- Reynolds, S., Wilson, C., Austin, J., & Hooper, L. (2012) Effects of psychotherapy for anxiety in children and adolescents: A meta-analytic review. *Clinical Psychology Review*, 32(4), 251–262. <https://doi.org/10.1016/j.cpr.2012.01.005>
- Schmidt, N. B., & Woolaway-Bickel, K. (2000). The effects of treatment compliance on outcome in cognitive-behavioral therapy for panic disorder: Quality versus quantity. *Journal of Consulting and Clinical Psychology*, 68(1), 13. <https://doi.org/10.1037//0022-006x.68.1.13>
- Severeijns, R., Vlaeyen, J. W., van den Hout, M. A., & Weber, W. E. (2001). Pain catastrophizing predicts pain intensity, disability, and psychological distress independent of the level of physical impairment. *The Clinical journal of pain*, 17(2), 165–172. <https://doi.org/10.1097/00002508-200106000-00009>
- Shean, G. (2014). Limitations of randomized control designs in psychotherapy research. *Advances in Psychiatry*, 2014(1), 561452. <https://doi.org/10.1155/2014/561452>
- Tang, W., & Kreindler, D. (2017). Supporting homework compliance in cognitive behavioural therapy: Essential features of mobile apps. *JMIR Mental Health*, 4(2), e20. <https://doi.org/10.2196/mental.5283>
- Thulin, U., Svirsky, L., Serlachius, E., Andersson, G., & Öst, L. G. (2014). The effect of parent involvement in the treatment of anxiety disorders in children: A meta-analysis. *Cognitive behaviour therapy*, 43(3), 185–200. <https://doi.org/10.1080/16506073.2014.923928>
- Trivasse, H., Webb, T. L., & Waller, G. (2020). A meta-analysis of the effects of training clinicians in exposure therapy on knowledge, attitudes, intentions, and behavior. *Clinical Psychology Review*, 80, 101887. <https://doi.org/10.1016/j.cpr.2020.101887>
- Van der Bruggen, C. O., Stams, G. J. J., & Bögels, S. M. (2008). Research review: The relation between child and parent anxiety and parental control: A meta-analytic review. *Journal of child psychology and psychiatry*, 49(12), 1257–1269. <https://doi.org/10.1111/j.1469-7610.2008.01898.x>
- Van Steensel, F. J. A., Bögels, S. M., & Perrin, S. (2011). Anxiety disorders in children and adolescents with autistic spectrum disorders: a meta-analysis. *Clinical Child and Family Psychology Review*, 14(3), 302–317. <https://doi.org/10.1007/s10567-011-0097-0>

- Van Steensel, F. J. A., Zegers, V. M., & Bögels, S. (2017). Predictors of treatment effectiveness for youth with ASD and comorbid anxiety disorders: It all depends on the family?. *Journal of autism and developmental disorders*, 47(3), 636–645. <https://doi.org/10.1007/s10803-016-2956-5>
- Waters, A. M., Farrell, L. J., Zimmer-Gembeck, M. J., Milliner, E., Tiralongo, E., Donovan, C. L., McConnell, H., Bradley, B. P., Mogg, K., & Ollendick, T. H. (2014). Augmenting one-session treatment of children's specific phobias with attention training to positive stimuli. *Behaviour Research and Therapy*, 62, 107–119. <https://doi.org/10.1016/j.brat.2014.07.020>
- Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Bearman, S. K., Daleiden, E. L., Ugueto, A. M., Ho, A., Martin, J., Gray, J., Alleyne, A., Langer, D. A., Southam-Gerow, M. A., Gibbons, R. D., & the Research Network on Youth Mental Health. (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: A randomized effectiveness trial. *Archives of general psychiatry*, 69(3), 274–282. <https://doi.org/10.1001/archgenpsychiatry.2011.147>
- Whiteside, S. P., Deacon, B. J., Benito, K., & Stewart, E. (2016). Factors associated with practitioners' use of exposure therapy for childhood anxiety disorders. *Journal of anxiety disorders*, 40, 29–36. <https://doi.org/10.1016/j.janxdis.2016.04.001>
- Zieve, G. G., Persons, J. B., & Yu, L. A. D. (2019). The relationship between dropout and outcome in naturalistic cognitive behavior therapy. *Behavior therapy*, 50(1), 189–199. <https://doi.org/10.1016/j.beth.2018.05.004>
- Zlomke, K., & Davis, T. E. (2008). One-session treatment of specific phobias: A detailed description and review of treatment efficacy. *Behavior Therapy*, 39(3), 207–223. <https://doi.org/10.1016/j.beth.2007.07.003>