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

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Propositions accompanying the dissertation

**When Children Face Fear**

Treatment, Child, and Family Factors in Cognitive Behavioral Therapy for Childhood Anxiety

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1. Researchers should include the role of homework practice when studying exposure-based treatment for childhood anxiety. (*Chapter 2*)
2. It is easy to underestimate the effort it takes to create and implement digital tools and to overestimate their effectiveness. (*Chapter 4*)
3. Self-efficacy is a meaningful construct in exposure-based treatments. (*Chapter 5*)
4. Family functioning is an important contextual factor in childhood anxiety treatment, particularly in families of children with autism spectrum disorder. (*Chapter 6*)
5. Adjuncts to effective treatments, such as digital tools, should focus more on non-responders. (*Chapter 7*)
6. Including children with comorbidities in anxiety treatment research increases the clinical relevance of findings.
7. Psychotherapy research underprioritizes measurement quality, leading to inconsistent operationalization of key clinical constructs.
8. Good treatment implementation in clinical practice has greater societal impact than experimental augmentation of evidence-based treatments.
9. The daily-life impact of childhood-specific phobias is often underestimated.
10. Collaboration between clinicians, researchers, and patients is key.
11. Framing long COVID as a psychological problem and reflexively directing patients to CBT risks harm to patients and the credibility of CBT.