DEVELOPMENT OF BIBLIOThERAPY FOR EMETOPHOBIA IN CHILDREN

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Abstract

Emetophobia has been cited in the literature as one of the least understood and largely understudied anxiety disorders and is estimated to impact 2-7% of the population (Boschen, 2007; Graziano et al., 2010; Hunter & Anthony, 2009; Marks, 1987; Veale & Lambrou, 2006). Even less is known about emetophobia in children, and research has primarily focused on case studies to highlight the phenomenology of emetophobia as well as the trajectory of treatment (Graziano et al., 2010). Given the limited knowledge on emetophobia, few resources exist to aid and facilitate treatment (i.e., children’s storybooks or treatment manuals). Including children’s books in treatment has been found to be successful in addressing a variety of social, emotional, and behavioral concerns with children (Heath et al., 2017). The purpose of this project was to highlight the need for a children’s storybook on emetophobia and to create a book to enhance treatment for children who have a fear of vomiting or serve as a standalone resource for families.

A literature review has been conducted on emetophobia and bibliotherapy to demonstrate the utility of children’s books in treatment. Existing children’s storybooks for anxiety disorders were reviewed to determine the number of evidenced-based practices. Results indicated that the storybooks reviewed had an average of 3.5 evidence-based practices embedded within their narratives. Finally, a children’s book proposal with 10 evidence-based practices was developed for submission to the American Psychological Association (APA), which includes a complete manuscript with accompanying reader’s note and a query letter with a brief synopsis of the book and a description of the intended audience. This storybook can serve as an adjunct to the treatment of emetophobia, allowing for the integration of bibliotherapy into treatment, which has not been previously possible. A children’s book on this topic also serves as an accessible and
alternative option for the delivery format of mental health services for children suffering from emetophobia.

**Development of Bibliotherapy for Emetophobia in Children**

Emetophobia has been referenced in the psychological literature as one of the least understood and most understudied anxiety disorders and is estimated to affect 1.7% to 3.1% of men and 6% to 7% of women (Boschen, 2007; Graziano et al., 2010; Hunter & Anthony, 2009; Marks, 1987; Veale & Lambrou, 2006). Emetophobia is an irrational and intense fear of vomiting which includes the fear of experiencing nausea, as well as seeing or hearing someone vomit (Boschen, 2017). These symptoms can cause daily distress and impact social, occupational, and emotional functioning (Lipsitz et al., 2001). The presentation of symptoms and main fear varies among people who have a specific phobia of vomiting. For example, some people mainly fear having to vomit themselves, while others fear being near or observing others vomit and risking contamination (McNally, 1997). This fear is maintained by several key processes such as selective attention to interoceptive stimuli (e.g., nausea), the intense avoidance of situations in which others may be likely to vomit, and the worry about witnessing vomit (van Hout & Bouman, 2012). This indicates that those with emetophobia are triggered by both internal sensations (e.g., a stomachache) and external stimuli (e.g., witnessing someone vomit).

Emetophobia is considered to be a DSM-5 Specific Phobia diagnosis (Kannappan & Middleman, 2020). Patients with emetophobia must meet the following criteria: marked fear or anxiety about a specific object or situation, the phobic object must always provoke immediate fear or anxiety and be avoided, the fear is out of proportion to the actual danger posed by the object/situation and causes significant distress and impairment in functioning. To meet criteria for this diagnosis, this fear must be pervasive, lasting more than six months and cannot be better
explained by another diagnosis or mental disorder. In the case of emetophobia, the feared object is vomit, and the feared situation may be vomiting (self or others).

A couple of studies reviewing the clinical features of emetophobia in primarily female samples found the symptoms had an early onset for most beginning before puberty ($M=9.2$ years old), followed a highly persistent course with intrusive symptoms, and had little to no remission without treatment (Lipsitz et al., 2001; Van Hout & Bouman, 2012). Another study explored the level of impairment in a sample of 56 adults and found that 62% of participants indicated their fear of vomiting caused them social impairment (e.g., avoiding parties involving alcohol) (Lipsitz et al., 2001). Of the female participants, 34% reported that it impaired their home and marital functioning (e.g., not wanting to be left alone with young children), and 44% indicated they had avoided or delayed pregnancy as a result of their fear. These results highlight some of the specific challenges that are unique to this specific phobia.

Previous research has demonstrated high comorbidity between emetophobia and other specific phobias, generalized anxiety disorder, and obsessive-compulsive disorder (Lipsitz et al., 2001; Skyes et al., 2016; Van Hout & Bouman, 2012). A research study conducted by Skyes and colleagues (2016) assessed comorbidity in emetophobia in a population of 64 adults with emetophobia. Participants were assessed utilizing the structured clinical interview for DSM-IV Axis I disorders (SCID-I). Compared to a normative sample, participants diagnosed with emetophobia were 13.1 times more likely to be diagnosed with GAD, 10.8 times more likely to be diagnosed with OCD, and 4.5 times more likely to be diagnosed with panic disorder (Skyes et al., 2016). Additionally, it is commonly noted that the clinical presentation of emetophobia includes symptoms and features that are present in OCD (Boschen, 2007; Lipsitz et al., 2001). Boschen (2007) explained that emetophobia patients’ obsessive preoccupation with their own
gastrointestinal state mimics some cases of OCD that include obsessions of the bowel. More specifically, the recurrent checking behaviors (e.g., checking food for ingredients) and other rituals utilized to prevent vomiting are also symptoms of OCD.

Very few studies have examined the treatment of emetophobia in adults. To the author’s knowledge, most existing studies have focused on the use of exposure therapy, which aims to decrease and eliminate safety-seeking behaviors and avoidance while increasing the intensity of the feared situation, including a few case studies (Maack et al., 2013; Mitamura, 2019; Roy, 2017), one open trial of a group (Ahlen et al., 2015), and one pilot randomized control trial (RCT) (Riddle-Walker et al., 2016). For example, Maack and colleagues (2013) published a case study of a 26-year-old female suffering of emetophobia. The patient indicated she wanted to become pregnant but was reluctant to due to the possibility of experiencing morning sickness and vomiting. Her fear of vomiting began in the sixth grade following a traumatic experience of vomiting. Her symptoms included: hypervigilance to stomach sensations that may lead to vomiting, rumination of her previous vomiting experience, fearing and expecting death to occur after vomiting, and avoidance of situations in which she may vomit. Her symptoms were assessed via self-report measures. She was treated over the course of five sessions with exposure therapy. The initial session (2.25 hours) focused on measuring symptoms, collecting patient history, providing rationale for treatment, creating a fear hierarchy, and engaging in exposures. She watched and rewatched several clips of individuals vomiting which increased in level of distressful vomiting; following each clip her SUDS rating was given. Outside of session she continued to watch 30 minutes of YouTube videos that included people vomiting and practiced fake vomiting. Subsequent sessions involved inducing feelings of nausea, and not allowing the patient to partake in safety behaviors (e.g., taking antacids after eating). The final session
included having her engage in vomiting by eating a large breakfast. She could not complete this item on the fear hierarchy, but reported experiencing a significant reduction in symptoms. This progress was maintained at a 3-year-follow-up, and she reported she was trying to conceive (Maack et al., 2013).

Riddle-Walker and colleagues (2016) randomly assigned a sample of 24 adults with emetophobia to a 12 session CBT intervention group (\(M_{age} = 35, \ SD = 8\)) or a waitlist group (\(M_{age} = 32, \ SD = 17\)). Symptoms were measured using a variety of self-report measures prior to treatment, in the middle of treatment, after treatment, and at a 1-2 month follow-up. Treatment was divided into four phases: Goal setting and psychoeducation, flashbacks and flash-forwards addressed with imaginal exposure, not engaging in safety-seeking behaviors, graded exposure for internal and external vomiting cues, and relapse prevention. Findings revealed that 50% of participants receiving the CBT intervention achieved clinically significant change compared to 16% in the wait list group, while 58.3% of participants achieved reliable improvement in the CBT group, as assessed by pre-treatment and post-treatment scores on the Specific Phobia of Vomiting Inventory, and Emetophobia Questionnaire. This trial indicated that CBT interventions can be utilized to treat emetophobia, however, more research is needed to demonstrate the efficacy of CBT for emetophobia.

Ahlen and colleagues (2013) explored the treatment of emetophobia in adults (\(n=23\)) utilizing a one-group pretest, posttest, and follow-up design. Participants were divided into three treatment groups, and assessment was conducted at four different time points: five weeks prior to beginning treatment, right before treatment, and after the final treatment session at a 3-month follow-up. Self-reported measures were used to assess changes in symptomatology. Ten sessions were implemented over the course of ten consecutive weeks. Sessions 1-3 included
psychoeducation, setting treatment goals, identifying thoughts, avoidance, and safety-seeking behaviors, and constructing an exposure hierarchy. Sessions 4-8 focused on exposure, and sessions 9-10 focused on maintaining treatment gains. Treatment outcomes indicated that patients experienced a significant decrease in symptoms of emetophobia. The results of this study provide support for the use of CBT with adults with emetophobia.

**Emetophobia in Children**

Although little research discusses the treatment of emetophobia in children specifically, various CBT delivery formats have proven efficacious for youth with specific phobia such as systematic desensitization, exposure therapy, and one session treatment (OST) (Davis & Ollendick, 2005; Davis et. al., 2011; Vigerland et al., 2013). In the CBT treatment of specific phobia, there is a focus on replacing automatic and threatening thoughts with non-threatening thoughts derived from behavioral experiments (Davis & Ollendick, 2005). Furthermore, the literature has consistently documented the use of imaginal and in vivo desensitization and exposure as a method of treatment for youth with specific phobia (Davis & Ollendick, 2005; Ollendick & Ost, 2009; Ultee et al., 1982). In treatment, clinicians use gradual imaginal exposure to feared stimuli and incorporate relaxation techniques, while in vivo desensitization involves real-life exposure to feared situations in a controlled manner with relaxation techniques and skills (Ultee et al., 1982). The primary aim of systematic desensitization and exposure is to decrease and eliminate safety-seeking behaviors and avoidance while increasing the intensity of the feared situation (Davis & Ollendick, 2005). Additionally, OST has also been successful in treating specific phobia in youth (Davis et al., 2019; Davis & Ollendick, 2005; Muris et al., 1997; Vigerland et al., 2013). In OST, intensive graduated exposure is conducted for an extended 3-hour session. The clinician and the patient create and complete an individual’s fear hierarchy,
focusing on a reduction of physiological symptoms and phobic responses (Davis & Ollendick, 2005).

Despite the onset of emetophobia in childhood, there is a limited knowledge base on the course of treatment specifically for this disorder (Dosanjh et al., 2017; Graziano et al., 2010). A handful of case studies have reviewed symptoms that children experience and the course of treatment that clinicians have followed to treat emetophobia (Dosanjh et al., 2017; Graziano et al., 2010). Treatment in these case studies focused on CBT including exposure therapy, which resulted in positive outcomes and symptom relief and management (e.g., Dosanjh et al., 2017; Graziano et al., 2010).

Whitton and colleagues (2006) described a case study of a 7-year-old girl with comorbid generalized anxiety disorder and specific phobia (fear of vomiting). Her symptoms included significant worry about stomachaches, fearing they would result in vomiting. Additionally, her fear of vomiting had caused her to engage in food-restrictive behaviors and lose weight. Treatment was divided into three phases: psychoeducation about anxiety, behavioral coping skills training for the child and parents, and cognitive coping strategies and exposure. Over the course of 28 sessions, skills such as relaxation, breathing, cognitive restructuring, and positive self-talk were introduced. Additionally, imaginal exposure (i.e., imagining vomit “moving up my throat”) was conducted in phase 3 of treatment, significantly reducing levels of anxiety and distress surrounding vomiting. By the end of treatment, she had gradually reached a healthy weight for her age, and a 20-week follow-up revealed that she did not experience stomachaches as frequently and that they were no longer a distressing experience, indicating that treatment gains were maintained posttreatment.
Another case study focused on an 11-year-old male who presented with emetophobia and was treated through a CBT framework (Graziano et al., 2010). The child experienced the following symptoms: significant worry about the possibility of someone vomiting, avoidance of places where others have vomited in the past, and frequently checking and monitoring others who cough or sneeze in school. These symptoms negatively impacted his social-emotional functioning, as he experienced difficulty befriending classmates due to his avoidant behaviors. The child’s symptoms were measured via various psychological inventories and assessments completed by the child, parents, and the clinician. Scores on these measures were elevated and indicated that the child met the criteria for emetophobia. The course of treatment (22 sessions) included a thorough assessment and evaluation of symptoms, followed by psychoeducation, medication (75mg of Zoloft daily), the creation of a fear hierarchy, exposure (e.g., touching vomit with bare hands, seeing live vomit remains in a trash bin, watching a video of a person vomit), cognitive restructuring, and parent training. Overall, significant improvement was found posttreatment as measured by an emetophobia questionnaire indicating a reduction of worry, emetophobic complaints (e.g., I am afraid of vomiting), and avoidance, and this progress was maintained at a 6-month follow-up as well. Medication was discontinued shortly after the termination of treatment, as it was no longer needed.

Another case study involved an 8-year-old boy with comorbid emetophobia and secondary food restriction (Dosanjh et al., 2017). In this case, the child experienced significant food restriction in response to his fear of vomiting, as well as nausea, repeated hand washing, and significant weight loss. These symptoms caused significant interference in his daily functioning, as often he was unable to eat in front of others and engaged in ritualistic behaviors such as handwashing as well as checking behaviors, such as being preoccupied with checking the
expiration dates of food. In this case, study, avoidance and safety behaviors appeared to maintain this phobia and food restriction. Treatment focused on navigating an exposure hierarchy, introducing new foods to his diet, and challenging negative and unhelpful beliefs that were maintaining his symptoms. Over the course of 10 subsequent sessions, there was a successful introduction of different types of food in his diet, fewer complaints of nausea, and appropriate amounts of food were consumed during mealtimes. Additionally, Dosanjh and colleagues reported that he was less distressed by clinical exposure at the end of treatment and had maintained his treatment gains at a 3-week follow-up.

Fix and colleagues (2016) discussed a case study of a 16-year-old adolescent female with comorbid emetophobia and panic disorder who experienced panic attacks in response to her fear of vomiting when exposed to internal or external stimuli related to vomiting. To the author’s knowledge, this was the first study to review CBT and exposure therapy for emetophobia in adolescence. Her emetophobia symptoms were assessed utilizing self-reports and indicated the presence of emetophobia. Treatment took place over the course of 17 sessions and included: psychoeducation, cognitive restructuring, exposure therapy, and maintenance. Skills such as cognitive restructuring allowed her to challenge unhelpful thoughts that were maintaining her worry and anxiety about vomiting. Exposures included listening to a loud coughing or burping sound, hearing the word vomit, listening to someone indicate they are sick or that they vomited, watching someone vomit on TV comedically and seriously, going to an amusement park, and seeing someone else vomit in real life. The treatment was completed when she experienced minimal distress in response to exposures that initially caused great distress. Treatment gains were maintained at a 3-month follow-up posttreatment.
The limited treatment literature on children who have a specific phobia of vomiting discusses the implementation and success of evidence-based treatment in case studies (Graziano et al., 2010; Dosanjh et al., 2017; Whitton et al., 2006). However, these case studies do not mention the use of resources specific to the treatment of emetophobia in children such as treatment manuals and children’s books. This is an important consideration, as these types of resources can aid treatment for children with emetophobia and increase the availability and accessibility of treatment alternatives.

**Bibliotherapy for Children**

Bibliotherapy aims to address a variety of psychological, educational, social, and emotional concerns (Heath et al., 2017). Bibliotherapy includes the reading and discussion of a book between a child and a therapist or caregiver/parent (Mendel, Harris, & Carson, 2016). There are two major types of bibliotherapy: developmental bibliotherapy, which includes stories that focus on helping children with typical adjustment problems such as bullying, and friendship problems, and clinical bibliotherapy, which includes books that focus on addressing significant emotional needs such as sexual abuse, trauma, suicide, and mental illness (Heath et al., 2017). Bibliotherapy can be based on the foundations and components of CBT and has been found effective for treating children’s internalizing and externalizing behavior as a stand-alone treatment compared to waitlist (Yuan et al., 2018) and as an adjunct to enhance and support treatment as usual (Heath et al., 2017; Montgomery & Mauders, 2015).

Through bibliotherapy, children’s problems can be addressed in several ways. For example, children can receive validation for their feelings and thoughts when they read about characters in similar situations with similar feelings (Mendel et al., 2016). Additionally, bibliotherapy can allow children to explore painful or difficult topics that may be challenging to
address in a more confrontational manner (Mendel et al., 2016). The therapeutic story content may also challenge the validity of the child’s automatic thoughts or beliefs and allow the child to learn about potential resolutions to their challenge and how to implement them (Cook et al., 2004). Researchers have identified additional advantages of bibliotherapy such as the ease of its administration, the ability to enhance motivation for change, and its incorporation of therapeutic content in a format that is appealing to children (Coffman et al., 2013).

**Efficacy of Bibliotherapy**

Many studies have indicated that bibliotherapy is efficacious in assisting children with various social-emotional challenges and difficulties (Brewster, 2016; Heath et al., 2017; Montgomery & Maunders, 2015; Theron et al., 2017). A systematic review conducted by Montgomery and Maunders (2015) revealed a small to moderate effect of bibliotherapy on children’s externalizing, internalizing, and prosocial behaviors. Studies such as RCTs, pre-post-follow-up, and quasi-experimental studies have also indicated that bibliotherapy promotes healing and growth in children (Heath et al., 2005), as well as changes in perspective and attitude (Sakai, 2014).

Furthermore, bibliotherapy has been found to be successful with children and adolescents on a global scale to address a variety of social, emotional, and behavioral concerns (Abu-Hussain, 2016; Theron et al., 2017). Abu-Hussain (2016) conducted a study in an Arab school in Israel implementing group bibliotherapy with children (n=33) in first through sixth grade to address violent and aggressive behaviors based on teacher ratings on the Child Behavior Checklist (CBCL) (Achenbach, 1999) and Teacher Report Form (TRF) (Achenbach, 1986). Students were eligible to participate in this program as a result of exhibiting aggressive or violent behaviors. Prior to beginning bibliotherapy, therapists participated in a 3-month training where
they discussed theories of violence amongst school children and became familiar with the program format and methods of application. This program utilized books and folk stories that reflected themes of fear, helplessness, loss of control, and failure. Treatment implementation took place once weekly over the duration of the semester. Post-treatment, the same measures (CBCL and TRF) were administered to teachers and children. The results of this study revealed a decline in the level of violence and aggression among the children who received bibliotherapy.

Betzalel and Schtman (2017) also explored the impact of bibliotherapy on children in foster care (n=187), ranging from 7 to 17 years old, who had experienced parental absence (i.e., loss, abandonment, or abuse) in Israel. They utilized superhero stories as they focused on the loss of parents at a young age. Children were divided into three groups: bibliotherapy with superhero stories, bibliotherapy without superheroes, and no treatment. Treatment groups were run by trained bibliotherapists who held master’s degrees. The interventions included eight 50-minute sessions across ten weeks. The superhero bibliotherapy texts focused on parental loss, fear, trauma, and anxiety and were read to children and followed up by a discussion or film. Researchers assessed the children’s level of anxiety, violent behavior, aggression, and future orientations utilizing various self-report and teacher-report measures. The outcomes of this study indicated that the strongest positive outcomes for all four variables were associated with the bibliotherapy with superhero stories treatment group. In addition, children in the superhero bibliotherapy group were better able to identify dreams and goals for themselves than children in the other two groups.

Another study in Africa implemented bibliotherapy to assist children (n=345) with challenges and hardship (Theron et al., 2017). The children and teens (M=11.5, SD=1.57) were divided into two groups. The experimental group was read folktale stories on the theme of
resilience while one control group was read factual stories and a second control group received no bibliotherapy. Improvement was measured utilizing quantitative and qualitative measures. Theron and colleagues measured children’s experiences of resilience-supporting resources with the Child and Youth Resilience Measure (Ungar & Liebenberg, 2011) prior to the study and after the use of interventions. In order to collect more detailed information regarding the various resilience-supporting resources that children had available to them, a Draw-and-Talk/Write methodology was utilized. Of the three groups, the experimental group showed the greatest improvement in their awareness of personal and community-based protective resources, while there was no significant difference between the control groups. The results highlighted and confirmed the “resilience-enabling value” that derives from storybooks created for children and emphasized the successful and culturally sensitive implementation of bibliotherapy. Overall, these studies demonstrate the value, skills, and knowledge that children gained from engaging in bibliotherapy (Abu-Hussain, 2016; Theron et al., 2017).

Some studies have investigated the outcomes of bibliotherapy for children with anxiety disorders (Rapee et al., 2006; Yuan et al., 2018). One RCT assessed the efficacy of bibliotherapy for children (n=267, ages 6-12, SD= 1.6) with anxiety disorders compared to standard group treatment over the course of nine sessions (Rapee et al., 2006). A waitlist served as a control group. Parents in the bibliotherapy group were provided with the book “Helping Your Anxious Child: A Step-by-Step Guide” and were instructed to review, introduce, and implement anxiety management skills with their children. The standard group treatment was based on the 9-session Cool Kids Program, which is a CBT program for children with anxiety. It was found that bibliotherapy was beneficial for children relative to the waitlist, but not as efficacious as standard group treatment (Rapee et al., 2006).
Additionally, a meta-analysis reviewing eight RCTs assessing the efficacy and acceptability of stand-alone bibliotherapy for depression and anxiety for children and adolescents (n=979, *M* age =12.81) found that posttreatment, bibliotherapy was significantly more effective than waitlist groups, but not more effective than psychological placebos (i.e., educational brochures) at reducing anxious and depressive symptoms in youth (Yuan et al., 2018). Less robust effects were found for children and adolescents with anxiety in comparison to depression due to the incompletion of bibliotherapy treatment programs. Across these eight studies, parents of children in the bibliotherapy conditions were provided with self-help materials (e.g., *Helping Your Anxious Child: A Step-by-Step Guide, or Feeling Good*) (Burns, 2000; Rapee et al., 2000) which were followed up by weekly contact by the examiner (e.g., phone, or email). Time in treatment ranged from 4-12 weeks. Overall, research has consistently demonstrated the effectiveness of bibliotherapy for children with anxious and depressive symptoms (Rapee et al., 2006; Yuan et al; 2018).

Researchers have also explored the implementation of bibliotherapy to treat specific phobia in children with positive outcomes (Radtke et al., 2022; Lewis et al., 2015). Lewis and colleagues (2015) examined the efficacy of bibliotherapy with children ages 5-7 (n=9) with specific phobia pertaining to nighttime fears. This study followed a 4-week intervention model instructing parents to read *Uncle Lightfoot, Flip that Switch: Overcoming Fear of the Dark, Academic Version* (Coffman, 2012) with their children and also complete the activities in the book. Parents were instructed to read the 19-chapter book twice over the 4-week period and participate in some of the exposures outlined in the book (e.g., find toys in the dark, identify sounds, race to turn lights off). Symptoms were assessed via parent reports on clinical interviews and self-report measures. During treatment, parents completed daily monitoring forms to track
changes in the child’s nighttime behavior. Results of this study indicated that 8 of the 9 children demonstrated clinically significant decreases in anxiety. Additionally, parent report revealed increases in the frequency of nights that children slept in their own beds.

Most recently, a pilot study utilizing bibliotherapy to treat specific phobias of dogs in young children was utilized with a sample of children ages 4-7 (n=7, M age =5) (Radtkte et al., 2022). This study utilized an unpublished 9-chapter book titled *Addie and that Rambunctious Dog: From Fear to Friendship*, with CBT techniques embedded into the story over the course of a 4-week period. Cognitive-behavioral techniques included reframing negative thoughts, modeling appropriate behavior, and desensitization to a visual fear hierarchy. Parents were also provided with a guidebook directing them on reading the book and setting up specific exposure activities and notes about positive reinforcement. Symptoms were measured via clinical interview, self-report, and parent-report measures that assessed children’s anxious symptoms pertaining to dogs. Results indicated there were significant reductions in the diagnostic severity of specific phobia of dogs, parent-report and self-report of fear, and child avoidance during the Behavioral Approach Task.

Beyond the use of bibliotherapy as a treatment, children’s storybooks provide alternative and accessible options for the delivery of mental health services to support children’s social and emotional needs for healthy development. There is a demand for resources to facilitate children’s social and emotional skill development (Heath et al., 2017). The limited number of accessible mental health professionals in various areas presents challenges for children and families who are seeking care as well, which indicates a need for accessible resources (i.e., books, guides, etc.) (Heath et al., 2017). Books may serve as available, accessible, low cost and widespread interventions for youth with a variety of social, emotional, and behavioral needs.
Present Project

Given that bibliotherapy serves an important role in aiding children with a variety of psychological concerns, it is important to note that a storybook on the topic of emetophobia has not been published yet. Children’s books on other specific phobias such as fear of nighttime, heights, separation, doctors, bugs, and animals have been published (Anderson & Nakata, 2021; Annunziata & Nemiroff, 2009; Marcus et al., 1993; Penn, 1993; Propst & Simpson, 2021; Snicket, 2013; Ufer, 2012). A book addressing emetophobia would be beneficial for children with a specific phobia of vomiting, as they could connect and identify with a character in a story who has similar challenges and/or fears.

The purpose of this project was to highlight the need for a children’s storybook on emetophobia and to create a book to aid and enhance treatment for children (ages 7 to 11) who have a fear of vomiting. This project is innovative because it contributes a children’s storybook that can augment the treatment of emetophobia by allowing for the integration of bibliotherapy in treatment, which has not been previously possible. Additionally, this resource is a standalone book which increases accessibility to therapeutic aids and resources.

Method

The project began with a literature review exploring emetophobia in children and its treatment, as well as an overview of research on bibliotherapy for children. The author included literature on the clinical presentation of emetophobia to understand similar symptoms and fears that are reported in this under-researched area. Overall, this review served as the foundation and supports the rationale for creating a children’s book on emetophobia, since it highlighted the limited resources available for treating this disorder.
The second portion of this project entailed creating and preparing a children’s storybook about the fear of vomiting in an APA book proposal submission format. Creating the content and storyline for this children’s book has been influenced by reviewing emetophobia case studies to assess symptomatology and specific fears and worries within the phobia in combination with my clinical experience working with a child who had emetophobia, supervised by my dissertation chair.

In addition, a review of currently available children’s storybooks on the topics of phobias and anxiety was conducted. Keywords utilized to search for children’s storybooks included: children’s books for anxiety, children’s books for phobias/fears, therapeutic storybooks for fears, and storybooks for GAD. The inclusion criteria for the review were for the children’s book to be for children ages 7 to 12, and to include at least one evidence-based practice in the book narrative. Books were excluded from the review if they did not meet the age range, were chapter books instead of storybooks/picture books, or did not include at least one evidence-based practice within the text. The original eight evidence-based practices included in the review were identified in a review conducted and presented by Werntz and colleagues (2022), which reviewed 265 therapeutic storybooks for children. Specifically, the evidence-based practices sought amongst the narratives included: psychoeducation, relaxation, coping thoughts, problem-solving, contingency management, encouraging approach, and post-approach processing (Werntz et al., 2022). Their review revealed that on average books implemented only 2.37 evidence-based practices but included a wider range of books than the current project, including chapter books, other psychosocial concerns, and books for older children. In addition to Werntz et al.’s eight identified evidence-based practices, the current review assessed storybooks for mention of these practices and skills. Three additional EBPs were identified in the review including exposure,
labeling of feelings, and labeling of bodily sensations, and were added to the method. The search for the current project retrieved a total of 33 books, 10 of which titles were excluded due to being chapter books, and 10 excluded due to not meeting the minimum number of evidence-based practices within the storybook. Overall, 13 titles were included in the review.

For the development of the current storybook about emetophobia, we aimed to include more than the average 2.37 evidence-based practices in the narrative. Therefore, evidence-based techniques for treating child anxiety were embedded within the children’s book, and include psychoeducation, labeling of body sensations, labeling of emotions, coping thoughts, visual imagery, relaxation, exposure, problem-solving, contingency management, and post-approach processing (Kendall et al., 2003).

Additionally, a brief reader’s guide has been included to provide parents with a deeper understanding of their child’s fear, and present information on the implementation of skills. This resource was developed by reviewing other reader’s guides for parents in children’s storybooks to create a template of the important components to include for this unique topic. The reader’s guide incorporates psychoeducation about the features of the diagnosis as well as highlighting the evidence-based components placed throughout the narrative. This resource aims to provide information for parents on discussing and addressing the issue with their child. It includes components such as symptoms of emetophobia, CBT treatment, how parents can assist their child and walks through how to use the different skills that are presented in the narrative.

Resources discussing the creation of children’s storybooks were also taken into consideration while putting together the characters, plot, and takeaway message. For example, Cook and colleagues (2004) discuss a 5-step storytelling technique that incorporates the following components: introducing the character, sharing the problem, talking to a wise person,
trying a new approach, and summarizing the main lesson. This format and outline helped inform the components and the structure of this storybook. This structure allows children to connect with the characters in the book and derive meaning from reading the story. Cook and colleagues explain that this connection allows the child to not feel isolated, as they are not the only ones experiencing these challenges. The bibliotherapy format helps the child pay attention and be motivated to consider the coping skills and actions they can take to manage the challenges they experience.

Finally, this dissertation includes an APA book proposal. Specifically, a query letter with a brief synopsis and a description of the intended audience, and a complete manuscript have been included in the final dissertation. APA does not require book submissions to include illustrations.

**Products**

**Book Review**

As part of the book review mentioned in the above Method section, a chart was created to display the 13 books included in the final review (see Table 1). Seven books included narratives on specific phobias (i.e., bedtime fears and fear of dogs), while six books focused their narratives on generalized anxiety or social anxiety. The chart indicates which of the 11 identified evidence-based practices are embedded within the storybook. On average, books reviewed had 3.7 evidence-based practices. Of the 13 books, six included a parent guide. Additionally, a description of how each book embedded the practices with specific text examples is provided. Lastly, the table provides a summary of each book’s unique storyline and its therapeutic elements and benefits.

**Book Manuscript**
The therapeutic storybook titled, *Whiskers Meets CBT*, is a story about a cat, Whiskers, who suffers from emetophobia and learns how to overcome his fear of vomiting (see Appendix A). The book incorporates 10 evidence-based practices: psychoeducation, symptom identification, labeling of emotions, coping thoughts, visual imagery, relaxation skills, exposure, problem-solving, contingency management, and post-approach processing.

The storybook is designed for children ages 7-12 and includes developmentally appropriate language checked by the Flesh-Kincaid Grade Level Scale. The story is about 16 pages long and will be illustrated. This narrative was developed utilizing Cook and colleagues’ (2005) 5-step storytelling technique involving: introducing the character, sharing the problem, talking to a wise person, trying a new approach, and summarizing the main lesson. On his journey to managing his fear of vomiting, Whiskers encounters three wise friends named Chip, Benny, and Tori, whose names form the acronym CBT. Each wise friend teaches Whiskers a CBT skill or technique that will assist him in managing his anxiety and his fear. Chip teaches Whiskers how to practice belly breathing and visual imagery as techniques to cope with his anxiety. Benny then assists Whiskers in evaluating and addressing his negative thoughts of vomiting that intensify his anxiety and teaches him how to utilize cognitive restructuring to adopt helpful beliefs. The third wise friend, Tori, introduces Whiskers to exposure and helps him identify some initial exposures to try and ways to reward himself for his effort. Tori also emphasizes the importance of practicing all of the skills Whisker has learned to manage his worry. The end of the story allows Whiskers to continue practicing his skills so that his fear becomes less intense and does not interfere with his life.

**Reader’s Guide**
A reader’s guide is also included within the storybook at the end to provide parents with a deeper understanding of their child’s fear and ways in which they can utilize the skills presented in the storybook to help their child overcome their fear. The reader’s guide provides psychoeducation on a variety of topics: emetophobia and anxiety, the purpose of vomiting, CBT Techniques, ways parents can support their children, as well as resources for professional help.

**Query Letter**

The query letter inquires if the therapeutic storybook would be a good fit for APA’s Magination Press Children’s Publishing Company (see Appendix B). It includes an overview and a summary of the book as well as its intended purpose. The letter indicates that the book would be appropriate for children ages 7-12 who have a fear of vomiting and that the reader’s note is meant for parents and caregivers to provide them with a deeper understanding of emetophobia and assist their children in utilizing the skills mentioned in the storybook. It also includes the authors’ credentials and the reasons for developing a children’s storybook on this topic.
References


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How do readers use books as therapy? Plotting the reading experience:


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https://doi.org/10.1002/cpp.1964


https://doi.org/10.1016/0005-7967(82)90009-2


<table>
<thead>
<tr>
<th>Book Title, Author, and Publisher</th>
<th>Psychological Concern Intended for</th>
<th>Number of EBPs within narrative</th>
<th>Type of EBPs</th>
<th>Examples of EBPs</th>
<th>Summary of Storybook</th>
</tr>
</thead>
</table>
| Sometimes I’m scared. by Jane Annunziata and Marc Nemiroff (Magination Press, 2009) | Variety of phobias: bedtime, natural disasters as well as generalized anxiety. | 4 | • Psychoeducation  
• Relaxation  
• Coping Thoughts  
• Visual Imagery | 1. Psychoeducation: Encouraging practice of skills and step-by-step exposure to a feared stimulus (psychoeducation about exposure)  
2. Relaxation skills: deep breathing walkthrough  
3. Cognitive Restructuring Techniques: Positive self-talk with examples, and cognitive restructuring. Reframing the situation (i.e. escalator just goes up and down, stairs that move) This skill makes them appear less scary.  
4. Visual imagery w/examples: Pretending to be the thing that worries you w/ example (dog for dog phobia). | A storybook that addresses a variety of different kinds of phobias that present in childhood such as the fear of the dark, heights, dogs, bedtime, natural disasters, and the uncertainty of the future. The book provides a variety of examples of each fear and how it may present in kids, normalizes having fears, and includes different skills children can utilize to manage their fears such as a detailed deep breathing walk through, and examples of cognitive restructuring that can help children perceive their feared situations or objects as less scary. |
| Avocado Feels a Pit Worried by Brenda S. Miles (Magination Press, 2022) | Generalized Anxiety Disorder | 6 | • Psychoeducation  
• Labeling of Feelings  
• Labeling of Body Sensations  
• Relaxation  
• Exposure  
• Contingency Management | 1. Psychoeducation: Discussion of avoidance’s role in anxiety (the avocado buries its pit of worry).  
2. Labeling of feelings (i.e., anxiety and nervousness)  
3. Labeling of body sensations (heart pounding, sweating, pit stomach).  
4. Relaxation Skills: deep breathing.  
5. Exposure: The main character engages in exposure and learns how to overcome anxiety.  
6. Contingency Management: Main character’s efforts are rewarded and progress is maintained. | A story about an Anxious Avocado, Avi, who feels a pit in its stomach. He becomes anxious about engaging in several activities and has negative thoughts about what might go wrong (i.e., What if...”). While trying to get rid of the pit in his stomach, he runs outside to dig a hole in the ground to place the pit. He buries the pit, and it blossoms into an avocado tree. The avocado tree grows avocados who each have a hobby that they would like Avi to join them in doing. He is reluctant at first but successfully engages in each activity that the other avocados suggest (serving as exposure). As a result of engaging in the exposures, he recognized that the activities were not as bad as he had anticipated. |
**Too Shy to Say Hi**
by Shannon Anderson
(Magination Press, 2021)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Anxiety</td>
<td>5</td>
</tr>
<tr>
<td><strong>Guide for Parents</strong></td>
<td></td>
</tr>
<tr>
<td>1. Labeling of feelings (i.e., anxiety, worry)</td>
<td></td>
</tr>
<tr>
<td>2. Labeling of body sensations (i.e., stomach in knots, skin flushing red)</td>
<td></td>
</tr>
<tr>
<td>3. Relaxation skills: Use of deep breathing</td>
<td></td>
</tr>
<tr>
<td>4. Coping thoughts: &quot;I can smile and say, &quot;hello&quot; without having a speech prepared.&quot;</td>
<td></td>
</tr>
<tr>
<td>5. Post Approach Processing (i.e., this was not as bad as I thought)</td>
<td></td>
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</table>

*Guide for parents focuses on providing psychoeducation on the differences between shyness and social anxiety, the fight-or-flight response, and skills/strategies for parents to help their child overcome their anxiety.

**Scary Night Visitors- a story for children with bedtime fears**
by Marcus and Irene Wineman
(Magination Press, 1990)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nighttime Fears</td>
<td>2</td>
</tr>
<tr>
<td><strong>Guide for Parents</strong></td>
<td></td>
</tr>
<tr>
<td>1. Psychoeducation: Information for parents about nighttime fears and emotions.</td>
<td></td>
</tr>
<tr>
<td>2. Coping Thoughts: Cognitive restructuring about fears.</td>
<td></td>
</tr>
</tbody>
</table>

*Guide for parents about the use of books with children.

*Book includes a guide for parents providing them psychoeducation about anxiety, using SUDS ratings to measure fear, and discourages parents from utilizing reassurance. Introduces parents to strategies of worry-time, reframing, cognitive restructuring.

This storybook is about a girl named Shelli who has a dog named Barnabus. Shelli has social anxiety and fears interacting with others. However, she walks her dog every day and often encounters people in her neighborhood while walking her dog. Some of the other children reach out to her and ask her to join them while they play. Shelli's worry gets in the way of her playing with the other children and she continues to walk her dog. However, her dog loves meeting other dogs on their walk and often approaches other dogs and people, which serves as modeling for Shelli. Shelli creates a plan of how to say hello to others and practices at home with other pets and then in the mirror. She then uses her practiced skills to make friends in school and connect with others. She uses positive self-talk to encourage herself along the way and eventually realizes that she does not need to prepare what to say to others due to her practice.

This storybook is about a boy named Davey who has bedtime fears. The story depicts his mother putting him to sleep and as soon as she closes the door, Davey has some scary nighttime visitors who has named Leethul the Lion, Tera the Tiger, and "something" who was the scariest visitor of all. These visitors keep Davey awake and he screams for his mother. Once she turns the light on, he recognizes that the shapes in the night were made from his toys. His parents teach him some cognitive reframing skills to look at the situation differently. They instruct him to imagine he is a lion tamer, or that the tiger is merely a kitten. Davey learns how to fight back his scary night visitors so they no longer visit him at night.
<table>
<thead>
<tr>
<th><strong>Orion and the Dark</strong> by Emma Yarlett (National Geographic Books, 2015)</th>
<th><strong>Nighttime fears/Fear of the Dark</strong></th>
<th>1</th>
<th>Exposure</th>
<th>1. Exposure: Character visits dark places and rooms in the home to learn to manage his anxiety. This storybook is about a boy named Orion who has several fears and worries but his biggest worry is that of the dark which has caused him to fear and dread bedtime. His imagination causes him to see objects in shadows, interpret noises, and feel scared. Orion introduces himself to the &quot;dark&quot; who invites him on a nighttime adventure. This dark was not what he expected and was kind and friendly. The dark asked Orion where the scariest parts of his house lie. Orion explained to the dark that he was most scared of his closet, under his bed, and the basement. The dark accompanies Orion to these places in his house, revealing that they are not so scary after all. They also took a walk outside and listened to all the nighttime sounds together which also helped calm Orion's fear. Orion found a friend in the dark.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scaredy Squirrel</strong> by Melanie Watt (Kids Can Press, 2006)</td>
<td><strong>Generalized Anxiety Disorder</strong></td>
<td>2</td>
<td>Exposure, Problem Solving</td>
<td>1. Exposure: Scaredy-Squirrel leaves his spot in the tree. 2. Problem-solving: Creates a plan of how to cope with his worry. This storybook is about Scaredy-squirrel, a squirrel who does not leave his spot in a tree because he fears the uncertainty outside his home. Scaredy-squirrel worries about his safety and other creatures that live outside of his tree. Staying home in his tree allows him to feel that he is in control and has predictable days. He makes a list with an emergency kit to help prepare himself to leave his tree, however he gets stung by a bee, which is a scenario he was not prepared for. In this situation he jumps and begins to glide and he learns that he is a flying squirrel. He lands safely on the ground recognizing that nothing horrible happened to him.</td>
</tr>
<tr>
<td><strong>Hannah and Sugar</strong> by Kate Berube (Abrams, 2016)</td>
<td><strong>Fear of Dogs</strong></td>
<td>2</td>
<td>Relaxation, Problem Solving</td>
<td>1. Relaxation Skills: Hannah learns how to utilize deep breathing to calm her body down. 2. Problem Solving: Hannah learns how to create a plan to cope with her worry. A story about a young girl named Hannah who has a fear of dogs but takes the bus to school on a daily basis. Every day she returns home from school, a classmate’s dog, Sugar, is waiting outside the bus. Hannah runs home to avoid the dog because of her fear. One day, Hannah learns that Sugar is lost in the community. As a result, the entire town is keeping an eye out for Sugar. Hannah, feeling bad for her classmate, decides to spend some time looking for Sugar. She hears something in the bushes, takes a couple deep breaths, and uncovers Sugar in the bushes. She calls Sugar to her, slowly approaches the dog, and returns her to her</td>
</tr>
</tbody>
</table>
### After the Fall

**Fear of Heights**

1. **Exposure**
   
   1. Exposure (i.e., climbing up the wall after the fall.)

   This storybook is about how Humpty Dumpty got back up after falling off of a wall. This caused Humpty to develop a fear of heights which was getting in the way of him doing some of his favorite things like sitting on a wall, bird watching, or grabbing a snack in a high shelf. One day he decided to build a paper airplane to fly with the birds, however, he recognized it was not the same as being closer to the sky. As a result, Humpty decided to climb up the wall again- step-by-step until he was no longer afraid.

### The Not-So-Scary Dog

**Fear of Dogs**

1. **Psychoeducation**
2. **Labeling of Feelings**
3. **Labeling of Bodily Sensations**
4. **Exposure**
5. **Coping Thoughts**
6. **Problem-Solving**
7. **Post-approach Processing**

*Guide for Parents*

1. Psychoeducation on exposure treatment
2. Labeling of feelings (Scared, worried)
3. Labeling of body sensations associated with anxiety (i.e., hands shaking, heart racing, tears, short breath)
4. Exposure Therapy (not to avoid things that alarm you- best way to learn is to get close to them) Character started looking at pictures of big, small, and scary dogs. Notice of body sensations subsiding in participating in exposures. Went to videos, visited a farm. Choosing not to run away because it wasn’t agreed upon. Ended with petting a dog and playing with it in the park.
5. Coping Thoughts: Thought identification: “this isn’t hard.”
6. Problem-solving: Creating a plan of how to cope with difficult exposures and helping another child overcome their fear.
7. Post-approach processing: Character tells himself it was not as difficult as he initially believed.

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A story about a young boy who has a fear of dogs, and received an invitation to attend a friend's birthday party but feels opposed to attending due to his fear. His father provides some psychoeducation about fear and phobias and also related to the boy by sharing his own fear that he overcame with exposure. The boy's mother helps him overcome his fear by engaging in exposure activities as part of a fear hierarchy. He begins slowly by looking at photos of all kinds of dogs, he eventually watches videos, visits a farm, and ends up playing with a dog in the park. He discusses his emotional reactions and decides to attend the party without fear. The story ends with him helping another child at the party with the fear of dogs.
### Booma Boom

**Fear of Storms**

2

- **Coping Thoughts**
  1. Cognitive restructuring: "Thunder is just the clouds talking to the earth.
  2. Relaxation skills: The use of deep breathing techniques and self-soothing.


**Booma Boom**

By Gail Silver

(Magination Press, 2022)

This storybook is a little different than other Magination Press books, as it follows a rhyme. It is a story about a little boy who is afraid of storms, thunder, and lightening who is accompanied by his three stuffed animals. He is able to soothe his fear by holding his stuffed animals close to him, and explaining to them what thunder is framing it in a way that indicates, "Thunder is just the clouds talking to the earth." The boy also points out the positive elements of rain such as growing trees and plants. The boy brushed the fur of his stuffed animal to help calm himself down. The boy practices a breathing exercise several times throughout the book to calm his worry. The boy's parents also join in on the breathing exercises and the story ends with the boy feeling relaxed and using his cognitive restructuring skills to fall asleep and go to bed.

### A Little Spot of Anxiety: A Story About Calming Your Worries

**Generalized Anxiety Disorder**

8

- **Psychoeducation**
- **Labeling of Feelings**
- **Labeling of Bodily Sensations**
- **Relaxation**
- **Exposure**
- **Coping Thoughts**
- **Problem Solving**
- **Post Approach Processing**

1. Psychoeducation on anxiety, its symptoms, and how it manifests.
2. Labeling of Feelings (Scared, worried, nervous).
3. Labeling of Bodily Sensations (Tummy Ache, sweats)
4. Relaxation (getting rest, eating healthy, drawing, listening to music, deep breathing)
5. Exposure (going to school & going to a party)
6. Coping thoughts: "I can do this! I can be calm!"
7. Problem Solving: creating a plan of ways/strategies to cope with anxiety.
8. Post Approach Processing: "This party was fun!"

This storybook is part of a series in which spots represent emotions. This spot is of anxiety. The narrator provides an overview about the feeling of anxiety, how it manifests, and encourages the characters to find their "peaceful spot." The book also provides examples of negative thoughts that accompany the anxiety spot and encourages the characters to reply confidently with positive self-talk. The narrator normalizes experiencing all feelings but acknowledges when feelings begin to grow that they need to be managed. The story provides examples of healthy coping strategies to protect against anxiety spot (i.e., getting enough sleep, eating well) and how to deal with it as it arises (i.e., listening to music, drawing/art). It also provides a guided deep breathing exercise and gives the characters opportunities to utilize their skills by attending a party, going to school for the first day, etc.
<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
<th>Year</th>
<th>Conditions</th>
<th>Intervention Approach</th>
</tr>
</thead>
</table>
| *When Lizzy was Afraid of Trying New Things.* | By Inger Maier (Magination Press, 2004) |      | Generalized Anxiety Disorder/ Social Anxiety Disorder | 1. Labeling of Feelings: Anxiety  
2. Relaxation  
3. Exposure: Trying new activities (starting with easier activities first, then moving to harder activities).  
4. Coping Thoughts: "I can try to say hi, I will get another rock."  
5. Visual Imagery: Character imagines a happy place.  
6. Contingency Management: Reinforcement by providing the character with a reward for every new activity tried and rewarding effort.  
7. Post Approach Processing: "See how many things I have tried! And most have been fun." |
| *Me and My Fear.*          | By Francesca Sanna (Flying Eye Books, 2018) |      | Generalized Anxiety Disorder | 1. Psychoeducation: Normalizing fears and highlighting that each character has a different fear.  
2. Labeling of Bodily Sensations: sensation of alertness interfering with sleep. |

This storybook is about a sheep who has anxiety about engaging in new activities. Lizzy's siblings often try to get her involved in fun games and activities but she often declines due to her worry and fear that something bad may occur or that someone may evaluate her negatively/make fun of her. Lizzy's friends decide to implement a reward system for Lizzy: if she engages in new activities, she will be gifted a stone. Her friends encourage her by telling her the number of stones she has will represent how many new activities she has tried. As a result, they started with simple activities that did not provoke too much anxiety and worked their way up to other activities that Lizzy was less familiar with. Her friends also teach her a deep breathing strategy and visual imagery to help calm her nerves.

This storybook includes a main character who has a secret friend named Fear. Fear accompanies her everywhere she goes and keeps her safe. As she moves to a new school, fear keeps her isolated and alone but safe. One day she realizes that everyone has a secret fear and that she is not alone in her fear.

*Note.* Evidence-based practices = EBPs.
Appendix A

Book Manuscript and Reader’s Guide


Book Manuscript

[COVER PAGE]

TITLE: Whiskers meets Chip, Benny, and Tori (CBT).

[PAGE 1]
Dear reader,

Meet Whiskers, a curious and adventurous cat who has a very special problem. Whiskers has a fear of vomiting, also known as emetophobia.

[PAGE 2]
One day, Whiskers went on a picnic with his friends. One of his friends ate too much food. He started to feel sick and threw up. Whisker’s stomach was tied in knots and his heart started to beat quickly. He started to worry: “What if I vomit myself?” and did not want to eat anything.

[PAGE 3]
Whisker’s friends noticed that something was wrong and asked him, “What’s wrong Whiskers?” Whiskers was embarrassed to tell them about his fear of vomiting, but his friends were understanding and wanted to help him. One of Whiskers friends shared with him “Did you know vomiting is our body’s superhero move?” “Why?”, Whisker’s replied. “Because if you eat or drink something your body doesn’t like or have a stomach bug, your body tells your brain to get rid of it by getting it out!” his friend said. Whiskers feeling grateful responded “Wow! I never thought about it that way! I guess it is not so scary when you think of it like that!”

[PAGE 4]
Together, they set out on a journey in the forest to help Whiskers overcome his fear. Whiskers met three animals along the way, a rabbit, a squirrel, and a turtle. Each animal they met had a special skills to share with Whiskers. Whiskers can learn CBT skills with the help of his friends, Chip, Benny, and Tori.
C stands for cognitions or thoughts that Whiskers may have about vomiting, B stands for Whisker’s behaviors such as avoiding animals that may vomit, and T stands for techniques or skills that Whiskers can learn to handle his fear!

The first animal Whiskers met was a rabbit named Chip. Chip had a strong fear of vomiting just like Whiskers, but he learned how to handle it. Chip told Whiskers, “It's normal to feel scared or nervous about getting sick, but you can change what you do to help you handle this fear.” You can also learn to change the way you think about things that scare you.”

Chip said to Whiskers: “Now I am going to teach you how to take some deep breaths. Pretend you have a big red balloon in your belly. Breathe in through your nose slowly to fill the balloon. Once the balloon is full, imagine you have a straw in your mouth blowing the air out slowly until all the air is out and the balloon is flat.” Chip told Whiskers, “If you practice these breathing exercises every day you can help relax your body and quiet your heart. Then when you feel scared of vomiting you will know how to take deep breaths to help you calm down.”

Chip cheered: “Great job practicing, Whiskers!” When you practice taking deep breaths you can imagine you are in your happy place. Whisker’s shared “I feel happiest laying in the sun when I can feel the heat on my fur”. Chip replied, “That is a wonderful happy place, Whiskers! When you try this, picture the gentle rays hugging you, warming your fur and making you feel safe and calm. When you feel anxious, close your eyes and go back to that sunny spot in your mind!”

Whiskers thanked Chip and continued his journey.

Next, Whiskers met a squirrel named Benny. Benny told Whiskers, “The next step is to identify negative thoughts that make your fear of vomiting worse.”

Whiskers asks Benny, “What are negative thoughts?” Benny explained, “Negative thoughts are things you say to yourself that make you feel scared.” Whiskers realized that he often thought things like “Vomiting is disgusting, and I can’t handle it,” and “I’m going to get sick and it will ruin my day.”
Benny said, “The next step is to challenge these negative thoughts and come up with more positive and helpful thoughts. You can say things to yourself like, ‘Vomiting is a natural part of life and I can handle it,’ or ‘If I do get sick, I will get better and it won’t ruin my entire day.’ Whiskers was amazed at how much better he felt just by changing the way he thought about vomiting.

Benny told Whiskers, “Practice finding your negative thoughts every day.” Whiskers was ready to put his new knowledge to the test!

The next day, Whiskers met a turtle named Tori. Tori told Whiskers, “I know of another way to help you. It is called exposure, which means slowly doing things that scare you a little bit, while you’re in a place you feel safe, and then doing scarier things over time so you see you can handle them. Do you want to try it?”

Whiskers said, “I am a little nervous, but I want to give it a try.”

Tori said, “We will start small. Imagine you are talking to another animal who vomited.”

Whiskers closed his eyes and did what Tori told him to do.

“Great work!” Tori said. “Now you can work your way up to more difficult situations, Can you think of one?”

Whiskers replied, “Watching a video of someone vomiting is a harder one.”

“Nice idea!” Tori told Whiskers, “Be sure to practice every day!” After each exposure, Whiskers allowed himself a special treat.

With the help of Chip, Benny, and Tori, (CBT), Whiskers learned how to overcome his fear of vomiting. He started with deep breaths while imagining sitting on a fluffy pillow in the warm sun. Then he replaced his negative thoughts with positive ones like, “If I vomit, I will be able to handle it.”

He also started exposures. He put himself in situations that made him a little anxious, like meeting his friends for picnics and talking to other animals who have vomited. Once Whiskers
learned how to handle the little anxiety that he had when he practiced those situations, he started practicing more difficult ones.

With time and practice, Whisker’s fear of vomiting became less and less. He felt proud of himself for facing his fears and learning how to manage his negative thoughts. Whiskers realized that whenever he was scared, he could use his new CBT skills to help himself so that he can have fun and enjoy playing with his friends!

Product A2.

Reader’s Guide

Reader’s Guide for Parents:

Understanding Emetophobia and Anxiety:
Emetophobia is the intense and irrational fear of vomiting or seeing others vomit. This fear can cause children to avoid situations in which they may be likely to vomit such as refusing to eat certain foods, avoiding places where they might get sick (i.e., rollercoaster rides, jumping on play structures), and engaging in excessive handwashing or sanitizing. Additionally, it can also include avoiding situations in which others may be likely to vomit such as avoiding children who are sick.

Why do we Vomit? Given that vomiting can occur abruptly and unexpectedly, understanding the purpose of vomiting can also help put children at ease. Explaining to a child that throwing up is the body’s way of getting rid of things that might make them sick can help them understand the function of vomiting. You can do this by telling a child, “When you eat or drink something that your body doesn’t like or when you have a bug/germ in your stomach, your body sends a message to your brain saying, ‘Something isn’t right here!’ Your brain tells your stomach to squeeze really hard, and your mouth opens up, letting out the stuff that your body wants to get rid of. This is your body’s superhero move to protect you from things that could harm you.”

Anxiety related to emetophobia can present as physical symptoms (i.e., stomachaches, nausea, headaches) or emotional symptoms (i.e., constant worry, rumination, and restlessness). It is important to remember that your child’s fear and worry are real and can be overwhelming for them. It is also essential to rule out any other underlying cause of vomiting such as medical/gastrointestinal concerns.

Without treatment, phobias and anxiety disorders can have little remission and create significant difficulties in a child’s daily life. A child may start avoiding others in fear of becoming ill and vomiting and may restrict their diet to avoid vomiting, which can have lasting consequences on
their physical and emotional health. Fortunately, phobias and anxiety disorders are very treatable. This storybook includes a narrative of how Whiskers uses skills from cognitive-behavioral therapy to overcome his phobia which is an approach that can help treat several types of anxieties.

**Cognitive Behavioral Therapy (CBT) for Children**

Cognitive-behavioral therapy (CBT) is an evidence-based treatment that focuses on the idea that our thoughts, feelings, and behaviors are all connected. By changing the way we think and behave, we can change the way we feel. CBT focuses on helping children understand and recognize their thoughts and emotions. They learn that the ways they think can impact how they feel so by changing unhelpful thoughts they can improve their emotions. CBT also teaches strategies to help children manage and deal with difficult emotions and behaviors which can include things such as relaxation techniques, problem-solving skills, and methods to challenge their negative thought patterns. For children with phobias, CBT often includes exposure to gradually expose children to their fears in a safe way to reduce anxiety. In many cases, parents are also involved in CBT as they can learn and support their child’s progress at home.

**CBT Techniques**

**Belly Breathing:** Whiskers learns some helpful and effective techniques to manage his symptoms of anxiety (i.e., racing heart, stomach in knots). Chip teaches Whiskers how to keep his body calm by taking slow deep breaths from his tummy. In psychology, we call this belly breathing. This strategy includes taking a deep breath and imagining your belly is a balloon. Your goal is to inflate the balloon in a slow and controlled way. Once the balloon is filled with air and you see your belly rise, you can deflate the balloon by imagining you are breathing out of your mouth through a straw, in a paced and consistent way. Repeating this 3-5 times for 60 seconds helps to reduce heart rate and allow the body to take a relaxed state. The best way to teach this to a child is to join them in belly breathing and lead by example!

**Guided Imagery:** Another strategy that Whiskers learns along his journey is guided imagery, or to imagine his happy place. This is another fun skill to teach your child. Asking a child to think of their happiest memory or favorite place is a good way to start this exercise. It can be helpful to have the child draw their happy place and add as many details as possible (i.e., who is there, what can they hear, what they can smell, and what is enjoyable about this place/memory?). The aim of this exercise is to help relax the child and elicit a happier feeling by changing their thoughts. Phobias and fears can often leave children feeling in a lonely and scary place. Imagining their happy place can help them to relax and feel at ease.

**Positive Self-Talk:** Whiskers learns how to use positive self-talk as a way of encouraging himself in moments when he feels very scared. Teaching children how to use positive self-talk assists them in reducing the negative thoughts they may have (i.e., I can’t do this). Parents can help a child come up with positive self-talk, which can further facilitate this process. Having a child think about what kinds of things they can tell themselves is important, as this skill can be used in moments when they feel worried. Positive self-talk can also include some things your child is good at. Some examples of positive self-talk include I can do this, I am brave, or I will give this a try.

**Exposure Strategies**
Exposure therapy is a form of cognitive-behavioral therapy in which someone is gradually exposed to situations in which they feel fear or anxiety. When avoiding a situation or object that elicits anxiety, our anxiety is immediately reduced, which teaches us that we are safe since we avoided the feared situation/object. However, the approach in exposure therapy allows us to learn that we can still maintain safety and handle being close to the feared situation/object. This approach of facing our fears takes place in a controlled manner, in small steps until the anxiety is minimal and well-managed. In the story, Whiskers is exposed to small situations first (i.e., talking about vomiting, learning about the purpose of vomiting), and then works his way up to more challenging items, such as watching a video of someone vomiting. In these examples, Whiskers utilizes the skills that he has learned to manage his discomfort.

Helping a child plan their own list of tasks to conquer their fear serves as the starting point for exposure, which is also known as creating a fear hierarchy. The items on the list should increase in difficulty, with the top being the situation that frightens them the most. The bottom of the list should include something that frightens them the least and would cause them minimal anxiety. The middle should entail situations that would elicit low to moderate anxiety. An important part of completing items on this list is to practice them over and over until each situation becomes less anxiety provoking for your child.

**Reassurance Versus Strategies to Support and Encourage Your Child:**
When a child is in the height of their distress our instinct is to comfort them and reassure them that everything will be okay. However, providing excessive reassurance while skill-building is not recommended. Telling a child that “everything will be okay” or “there is nothing to worry about” can immediately alleviate a child’s worry, yet strengthen it in the long run. When the child experiences worry and anxiety in situations where you are not present, it may leave them feeling unequipped to manage their worry. There are several ways you can assist your child by being present to support and encourage them. This can include being patient and understanding that effectively managing anxiety is a process that may take time, creating an environment where the child can share their feelings with you, and using a scale from 1-10 (1 being not worried to 10 being very worried) while completing exposures to understand their level of worry. Lastly, praising children for their efforts in practicing exposures (i.e., Great job practicing this activity, it was difficult, but you were able to complete it!) and utilizing their skills to cope with their anxiety (i.e., That was a big deep breath, nice work!) is important as it rewards their efforts and encourages them to continue.

**Support and Resources**
Emetophobia and anxiety can be challenging, but with the right support, your child can learn to manage their fears and live a fulfilling life. By providing a safe and understanding environment, using effective coping strategies, and praising your child’s effort to use skills and improve, you can assist your child in overcoming their fear of vomiting. If you continue to have concerns about your child’s anxiety and level of worry, seek support from a mental health professional who has been trained in treating childhood anxiety with cognitive-behavioral therapy.
Appendix B

Query Letter

Katerina Levy
720 Northern Boulevard
Brookville, NY 11548
DATE

EDITORS NAME
EDITORS TITLE
NAME OF PUBLISHING COMPANY
ADDRESS

Dear EDITOR,

I hope this letter finds you well. My name is Katerina Levy and I am writing to inquire if a children’s storybook on the topic of emetophobia would be a good fit for APA’s Magination Press Children’s Publishing Company. To my knowledge, this would be the first children’s book to address this topic. I have admired Magination Press’ mission to publish therapeutic children’s storybooks on a variety of clinical topics and related concerns. I believe that my work aligns with your readers and audience’s interests.

I, along with my coauthor, have developed a therapeutic children’s storybook on the topic of a Cat who suffers from emetophobia and learns how to overcome his fear of vomiting. The story incorporates evidence-based strategies that are typically used in treatment of anxiety disorders and provides a way to teach coping skills that are developmentally appropriate. This book would be appropriate for children ages 7 to 12 who have a fear of vomiting. Additionally, a reader’s guide for parents is also included to provide parents with a deeper understanding of their child’s fear and ways in which they can utilize the skills presented in the storybook to help their child overcome their fear.

The development of this storybook was inspired by a clinical case I treated early on in my graduate school career of a child with emetophobia. In my research to find resources to adjunct treatment, I learned that a children’s storybook on this topic with evidence-based strategies did not exist and that this diagnosis was largely understudied. In my search, I recognized the importance of utilizing bibliotherapy in treatment with children and learned how few therapeutic storybooks included evidence-based practices within their narratives. My coauthor for the book, Dr. Hilary Vidair, supervised this case. As an effort to address this gap in children’s literature, we developed this story with 10 evidence-based strategies tailored for children who suffer from the fear of vomiting. I am currently entering my last year of a clinical psychology doctoral program and have a major area of study in the assessment and treatment of children. Over the course of my training, I have held several practicum experiences working with children with a wide range of social, emotional, and behavioral concerns as well as comorbid chronic medical illnesses at NYU Child Study Center and The Children’s Hospital at Montefiore. Dr. Vidair is an
associate professor at Long Island University, Post campus and a clinical psychologist who specializes in cognitive-behavioral treatment for children and their parents.

I have enclosed the complete manuscript for your review. I would be grateful for the opportunity to discuss the project further and explore the possibility of working together.

Thank you for your time and your consideration. I look forward to the opportunity to discuss how my project can contribute to the mission and quality content that Magination Press consistently provides for its readers.

Sincerely,
Katerina Levy