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"Starving the Anxiety Gremlin" Program: Treating a 6-Year-Old Girl with Anxiety Symptoms

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Abstract

Anxiety symptoms in childhood are common and can adversely affect developmental and adaptive functioning. This single-case study evaluated outcomes of cognitive-behavioral therapy (CBT) for a 6-year-old girl ("S") who presented with excessive anxiety and pronounced distress when separating from her caregiver at school drop-off. Pre-intervention assessment comprised interviews with the child and her parents and direct observation to identify the child's anxiety manifestations. Post-intervention interviews and observations indicated the absence of previously reported symptoms—persistent worry, fear, and difficulty separating from the caregiver—across school and non-school contexts. The article offers practice-oriented recommendations for clinicians implementing similar interventions and proposes follow-up steps to support optimal social adaptation.

Keywords: anxiety symptoms; CBT; children; intervention

Anxiety is one of the most prevalent mental health problems experienced by adolescents and adults in Indonesia (Center for Reproductive Health, University of Queensland and Johns Hopkins Bloomberg School of Public Health, 2022; Kementerian Kesehatan RI, 2023). However, the onset of anxiety generally begins in early childhood and can develop chronically throughout one's lifespan (Cartwright-Hatton et al., 2006). Meek et al. (2020) suggested that most anxiety symptoms that emerge in adolescence and adulthood had begun to develop in childhood, even as early as six years of age.

Recent research has shown that childhood anxiety in many cases tends to continue into adulthood and potentially increases the risk of developing other mental disorders. Therefore, early psychological interventions aimed at addressing anxiety symptoms have significant potential to reduce the likelihood of more complex future psychological disorders (Bayer et al., 2010).

Cartwright-Hatton et al. (2006) suggested that in the pediatric population, cognitive behavioral therapy (CBT) has the highest level of efficacy in overcoming anxiety symptoms. CBT is a form of psychological therapy that focuses on identifying and modifying maladaptive thought patterns and behaviors (Beck et al., 1985). Research by Wang et al. (2017) demonstrated that CBT is effective in children aged 5 to 16 years old. In fact, this approach has been applied to treat anxiety disorder in preschool children (Garber et al., 2016).

CBT is a format-flexible form of psychological intervention that can be applied both to individuals and groups. For children, CBT often involves the active participation of parents or caregivers to strengthen the effectiveness of the intervention and support the continuity of the child's psychological adaptation process Meek et al. (2020).

Empirically, CBT is effective in treating anxiety disorders in children. Ruocco et al. (2018) reported that a seven-week "Get Lost Mr Scary" program, delivered to children aged 5 to 7 (with three educational sessions for parents), significantly reduced the use of maladaptive coping strategies and increased the use of cognitive restructuring techniques. Grave and Blissett (2004) identified distinctive characteristics of CBT that make it popular in children's intervention practice, e.g., a focus on teaching coping skills, promoting self-control, and strengthening self-efficacy. The approach also encourages active exploration of the child's thoughts as well as the partnership between the child and therapist, which is a part of an inclusive therapeutic process.

CBT can be applied in early childhood, as basic metacognitive capacities begin to develop as early as age 3 to 4, albeit in a simple form. Children aged 5-6 can understand cause-and-effect relationships in behaviors, both intrapersonal and interpersonal, and demonstrate the ability to recognize and assess emotional responses—including perspective taking and self-evaluation. The development of these abilities provides a cognitive basis for therapeutic interventions that are based on reflection on thoughts, emotions, and self-attribution.

Minde et al. (2010) also found that CBT can be effectively applied to children aged 3 to 7 with anxiety symptoms. Their eight-session intervention program, consisting of 40 minutes of direct work with children and 20 minutes of sessions with parents, resulted in significant improvements in Global Assessment of Functioning (GAF) scores. These findings suggested that children are able to understand that their thoughts can be reflected, reprocessed, and adjusted as part of psychological recov-

ery.

One evidence-based protocol that has been developed to address anxiety in children aged 7-13 is Coping Cat (Crawley et al., 2013). The program is designed to be delivered individually or in groups, and comes with a manual, specifically a workbook. Originally, Coping Cat was developed as a 16-week intervention program, but was later simplified into an abbreviated 8-week version. Based on this approach, Child and Adolescent Mental Health Services (CAMHS) developed the Anxiety Gremlin program, designed for younger age groups and can be delivered in a shorter duration Meek et al. (2020). Although Anxiety Gremlin was created for groups, it was later translated by Collins-Donnelly (2014) into a CBT-based workbook that also allows for individual implementation.

In Indonesia, several studies have tried to explore the effectiveness of CBT approaches in addressing anxiety symptoms in children. Intani and Swasti (2023) applied play-based CBT therapy to treat a 9-year-old child refusing to go to school. This intervention combines CBT components, e.g., cognitive restructuring, reframing, differential reinforcement, exposure, and self-instruction, which are packaged as games. Meanwhile, Berliana and Nurtjahjo (2024) conducted a CBT intervention for an 11-year-old child with social anxiety symptoms, and found that this approach was effective in helping the child recognize and change negative thought patterns to be more positive and rational.

However, there is no systematic CBT protocol specifically designed for children with literacy limitations, especially those who experience anxiety symptoms related to separation from their parents. This suggests a need to develop more adaptive and inclusive interventions, both in terms of content and delivery methods, to effectively reach children with special needs.

This paper presents a single case study of the implementation of a modified "Starving the Anxiety Gremlin" CBT-based intervention protocol for a six-year-old girl with symptoms of separation anxiety and difficulties, particularly during school departure. The original English protocol was used without translation, taking into account that the child and the mother used English to communicate daily, so that the child already has sufficient linguistic familiarity with the intervention materials.

The CBT intervention was designed to assist the child in restructuring thoughts about the concept of separation, while providing adaptive emotional and coping skills. The intervention included recognition of emotions, identification of anxiety triggers, and training in developmentally appropriate coping strategies. The implementation and reporting of this intervention are expected to contribute to the development of more adaptive and applicable CBT protocols, especially for children with special needs and limited literacy in dealing with separation anxiety. The findings of this case study are also expected to be a practical reference for psychologists and practitioners who deal with similar cases.

1. Methods

This article presents a single-case study using a qualitative approach, providing an in-depth analysis of an individual. The participant in the study was a six-year-old girl who was an outpatient client at a growth and development clinic in Jakarta. The participant was purposively selected based on relevant case characteristics, specifically anxiety symptoms and separation difficulties. This study aimed to explore the child's psychological response to the intervention, as well as to understand the emotional and behavioral dynamics in the context of her daily life.

1.1 Case Description

The participant (S) in this study was a six-year-old girl, a grade 1 student in elementary school. Since entering elementary school, the participant had always cried every time she was dropped off by her parents at school. Usually, S would be dropped off by her father or mother, and during the trip, S would do her routine as usual. As they approached the school, S began to be gloomy, then cried and said that she did not want to be apart from her parents. S's caregivers, both her mother and father, had to walk her to the drop-off area. She was difficult to calm and said she did not want to be separated from her parents and was very afraid that they would leave her.

S's mother also said that at home, S could not easily accept if her mother told her that she was going somewhere. She would become restless, ask a lot of questions about her return, and state that she did not want her to be away. Other concerns were also conveyed by her mother and teachers, such as worrying that she would not be able to complete her assignments successfully or fearing that she would do something wrong. She would ask a few questions before starting a task to make sure she did it correctly. Sometimes, she would forget what she was going to do, so she would ask again or continue after being reminded of the steps. When S expressed her worries, she needed several repetitions to convince her about what to do. According to her mother, S showed fears across multiple settings, such as fear of the dark, fear of being alone, fear of loneliness, and so on. These fears were also shown at school, according to her teacher.

S is the first of two children, coming from a mixed cultural background. She is a foreign national, while her mother is Indonesian. At home, besides the family, there was a household assistant who helped take care of the house. S attended an international school that aligned with her father's cultural background. At home, the family speaks a mixture of the father's and mother's languages, with a combination of English when speaking with the mother. Her mother described S as a cheerful and anxious child. S's mother admitted that she worried frequently, so she tended to prepare anticipatory plans. According to her mother, S's crying bursts had been witnessed by her friends and had become a topic of conversation among her peers. Lately, S's stories about school activities with friends had decreased, and there had been indications of problems with schoolmates. As a result, S played alone at school.

1.2 Assessment

To obtain the overall picture of the problem, in-depth interviews were conducted with the mother and S separately. In addition to interviews, especially for S, observation, psychological tests (e.g., Raven's Colored Pro-

gressive Matrices and draw a person (DAP)), as well as several informal tests, were used to observe her anxiety symptoms. To compare the condition before and after the intervention, a simple measurement was conducted by giving a vignette or roleplay. S was asked to imagine the scenario of going to school, then asking her to rate her anxiety (using the language she usually used to refer to these feelings: "scared and sad"). S rated her anxiety on the Subjective Units of Distress Scale (SUDS), which was modified to use a colored thermometer with scores ranging from 0 to 10. In addition to administering the SUDS to the child, the researcher also asked the parents to record daily behavior when the parents left S at school and discuss it with the researcher in every session.

1.3 Assessment Results

S's cognitive capacity was above-average, as shown by the results of the CPM test, which placed her in Group I, and the DAP, whereas she drew a complete and fairly detailed person. Based on the way she drew her lines, there were signs of hesitation evident from her line drawing and pressure, supported by her comments during drawing, such as "Is it okay if I draw like this?", or "I don't know if you will like my drawing". During the assessment meeting, the psychologist found that S expressed several times her fears and concerns about waiting alone, the mistakes she made, her poor work, and concerns about the whereabouts of her mother, who was not in the same room.

1.4 Intervention Procedure

The intervention was conducted using the cognitive behavioral therapy (CBT) approach outlined in the Starving the Anxiety Gremlin protocol (Collins-Donnelly, 2014). The intervention was designed to be completed in eight to 12 anxiety-targeted sessions, and the number of sessions could be adjusted as needed. The intervention was delivered in English, occasionally combined with the Indonesian language for parts that S did not understand. See Table 1

(Dia, 2001) found that a component of a successful child intervention is the involvement and influence of the family, especially the parents. By involving parents in the intervention sessions, the therapist can really get to know the child's world and, at the same time, parents also get an overview of the intervention process and gain developmental information during the sessions. In the program designed for S, modifications were made by adding psychoeducation sessions for parents and S separately, and providing 15–20 minutes at the end of each session to directly involve parents in the child's intervention. These modifications were made to provide a thorough understanding, not only to S but also to parents as companions.

1.5 Implementation

At the initial intervention stage, parents and S were informed about the symptoms currently experienced by S, their relationship with emotions, and the cognitive-behavioral model that would be used as the basis for treatment. Psychoeducation to parents was conducted in one session. In this session, parents were given an explanation of the symptoms of anxiety experienced by their child and the concept of the relationship between thoughts, feelings, and behavior that could explain these symptoms. After that, parents received an explanation of the intervention program that S would undergo. At the end of the session, the mother signed an informed consent sheet to indicate parental consent to S's participation in the intervention. In a separate session, S also received a similar explanation, modified by using the examples and stories listed in section 1 of the Starving the Anxiety Gremlin protocol, to help her understand the concepts of thoughts, feelings, and behaviors. Given S's limited writing skills at the time of the intervention, S's consent to the intervention was obtained verbally in the presence of her parents.

The intervention was conducted in eight sessions over three months. Each session lasted 60-75 minutes, including a consultation session with parents to discuss the progress, with an interval of at least one week between meetings. Matters discussed in the consultation with parents post-session encompassed a review of what was done during the session, obstacles that occurred during the session, as well as discussions related to the skills learned and the possibility of delivering them at home.

Since the initial meeting, the psychologist, parents, and S agreed that the short-term intervention objective was that S would no longer cry when she parted ways with the person taking her to school in the morning. Because of this agreed objective, the psychologist and parents discussed the progress of the school run to determine the achievement of the target. See Table 2 At the time of the intervention, S was still unable to read and write fluently in Indonesian and English, so the reading and writing activities were done orally. If there were worksheets that needed to be done, the activities were done orally, and the results were written down by the psychologist. In addition, an adjustment was made from the beginning of the session, teaching one of the self-soothing strategies from the very beginning, given that S expressed her fear of the Gremlin character that appeared in every part of the manual. Therefore, since her introduction to the Gremlins, S was provided with a simple relaxation technique by the psychologist, namely the deep breathing relaxation (DBR), specifically five-finger breathing. It is characterized by extended inhalation and exhalation while tracing the fingers. For somatic exercises, the child was taught to perform a body scan, encouraging her to recognize their bodily sensations from top to bottom, and mirror dance, in which S was encouraged to dance in front of the mirror (practicing stretching moves) accompanied by happy music or music that she liked.

The psychologist could not assess S's level of anxiety before and after the intervention for comparison because S had difficulty using the SUDS instrument provided. In the first intervention session, SUDS was administered to S to assess how anxious she felt during the session. The

Table 1
Intervention Plan of the 'Starving the Anxiety Gremlin' Program

Session	Component	Activity	Duration
1	Introduction to CBT for Anxiety	Building rapport Explaining the structure and goals of therapy Clarifying the therapist-client roles Measuring Subjective Units of Distress Scale (SUDS)	30–45 minutes with the child; 30–45 minutes with the parent
2	Introducing the Gremlin Character as a Symbol of Anxiety	Reviewing the previous session Introducing the concept of anxiety Activity scheduling (daily routines) Parent session: Identifying emotional patterns, responses, and expressions at home Psychoeducation on activity scheduling	45 min (child); 15 min (parent)
3	Introduction to Emotions and Feelings	Reviewing the previous session Emotion identification Psychoeducation on the connection between emotions, thoughts, and behaviors Parent session: Explaining the cognitive triangle model Presenting therapy goals and targets	45 min (child); 15 min (parent)
4	Introduction to Anxiety	Reviewing the previous session Identifying negative automatic thoughts Psychoeducation on the link between automatic thoughts and behavior, using a vignette Parent session: Psychoeducation on anxiety, its sources, and how it manifests in the child	45 min (child); 15 min (parent)
5–6	Sources of Anxiety and Reasons for Feeling Anxious	Reviewing the previous session Identifying maladaptive thoughts Cognitive restructuring Coping skills training Parent session: Explaining the cognitive restructuring process and the role of parental support Psychoeducation on parenting strategies and coping skills to support the child Homework: Recording the child's behavior during daily separation moments	45 min (child); 30 min (parent)
7–9	Physical Responses to Anxiety and Anxious Behaviors	Reviewing the previous session Identifying bodily reactions to anxiety Training in relaxation techniques, grounding, and somatic exercises Systematic exposure, starting with scenarios, role-play with the therapist, and in-session practice (parent involvement in session 9) Homework assignment (practice at home) Parent session: Training in somatic exercises provided to the child Psychoeducation and training on conducting gradual exposure when accompanying the child to school	45 min (child); 30 min (parent)
10–12	Strategies for Coping with Anxiety	Reviewing the previous session Practicing relaxation, grounding, somatic exercises, and coping strategies Behavioral activation: identifying enjoyable activities and hobbies for regular practice, and creating a plan; adding one short enjoyable activity to the morning routine Parent session: Monitoring and evaluation of gradual exposure	45 min (child); 15 min (parent)

Note. CBT = Cognitive Behavioral Therapy; SUDS = Subjective Units of Distress Scale; ID = Identification.

Table 2
Implementation of Intervention

Session	Component	Activity	Duration
1	Providing knowledge of symptoms and the intervention program	Explanation of therapy structure and goals Explanation of therapist-client roles SUDS measurement Agreement and therapy commitment	30 min (child); 30 min (parent)
2	Introduction to the protocol and psychoeducation on anxiety as the therapy target (Gremlin)	Child session: Review of previous session Explanation of the protocol Introduction to the concept of anxiety (storytelling) Breathing relaxation skill (five-finger breathing) Parent session: Review of previous session Explanation of the protocol Homework: daily behavior log	45 minutes (child); 15 minutes (parent)
3–4	Giving an understanding of emotions and emotional expression	Child session: Review of previous session Emotion identification and introduction Cognitive triangle education (emotion-thought-behavior link) Parent session: Homework review (journal) Education on a child's emotional literacy Parenting guidance to improve emotional literacy Education on the cognitive triangle	60 min (child); 20 min (parent)
5–6	Providing knowledge of anxiety, its symptoms, causes, and impact	Child session: Review of previous session Identification of maladaptive thoughts Psychoeducation using images and stories Cognitive restructuring Coping skill training Parent session: Homework review (journal) Explanation of the cognitive restructuring process Parental role and support for education Parenting strategy and coping skills education	60 minutes (child); 20 minutes (parent)
7–8	Teaching strategies to manage anxiety	Child session: Review of previous session Identification of bodily anxiety responses (body scan) Review of relaxation skills - Grounding and somatic exercises Systematic exposure through vignette, role-play, and practice with the parent Behavioral activation: adding an enjoyable activity to the morning routine Parent session: Homework review (journal) Training in relaxation and grounding techniques Psychoeducation and guidance for gradual school exposure	60–75 minutes total (child + parent)
9–10	Providing knowledge of symptoms and the intervention program	Explanation of therapy structure and goals Explanation of therapist-client roles SUDS measurement Agreement and therapy commitment	30 minutes (child); 30 minutes (parent)

Figure 1
Five Fingers Breathing – Relaxation

Image source: Google Images (accessed for educational purposes)

Figure 2
Grounding Technique

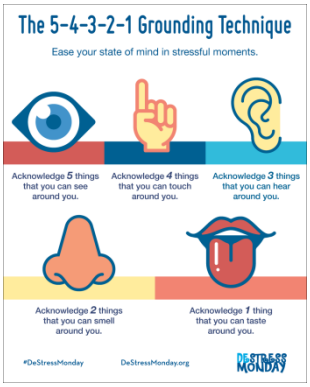

Image source: www.verywellmind.com (accessed via Google Images)

Figure 3
Mirror Dance as a Somatic Exercise

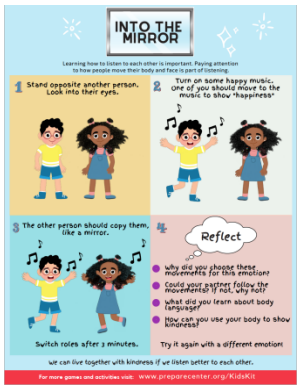

Image source: Google Images (accessed for educational purposes)

researcher used an emotion thermometer, with a scale of 1 to 10—each number was represented by a different color to distinguish the level of emotion. She gave a maximum rating in the red area, but the observations that day were not in line with her self-assessment. Based on the observation that day, S did not exhibit symptoms of high anxiety as per her own assessment. Her facial expressions and intonation were positive, and the stories she told were emotionally neutral and positive. She recounted her interaction that day with her friend, which was good and involved cooperation. There were no shaking, sweating, or other signs of anxiety.

S still had great difficulty assessing her anxiety level both during examination/therapy and when recounting past events. There were differences in the self-assessment of emotion done by S and direct observation results, where S showed anxiety and asked questions like "....if green is okay?" or "....where's my mom?". Her hands began to tremble, but she filled the SUDS with number 8. Considering this, the researcher tried to replace the 10-level SUDS with only three options: happy (green), neutral (yellow), and unpleasant (red) emotions, but S had difficulty choosing these options. The assessor then no longer used the SUDS measurement directly on S.

2. Results

The intervention began with providing psychoeducation about the situation experienced by S to parents and the child in separate sessions. During the session with parents, the psychologist not only offered an explanation but also opened a discussion with parents regarding the conditions and factors that might have caused S's present issue. The psychologist then explained the CBT model and how the intervention process would take place.

Meanwhile, the explanation to S was delivered in a more relaxed situation, via storytelling. An explanation of the main character, Gremlin, was also introduced in this session. In this session, S showed strong discomfort toward Gremlin, labeled as "fear". She avoided looking at it, always tried to cover up the image of the Gremlin, and asked the psychologist to cover it up. When questioned further, she said that she didn't like looking at the character, and it made her feel scared, regardless of the image size. This happened when the psychologist taught the relaxation breathing technique. S completed the session on introducing the Gremlin by applying the relaxation technique before turning the next page. From initially having the psychologist turn the page, over time, S was able to turn the page herself.

S showed enthusiasm in participating in the intervention. In the fourth session, the first thing S did when entering the room was to tell the psychologist that she had a strategy to make herself not afraid of the Gremlin that would appear on the worksheet during the intervention. She proposed covering the Gremlin image with another paper and coloring it. After a discussion, the psychologist set up some colored paper, glue, colored pencils, and scissors in front of her. S took a deep breath before turning the page, and then invited the psychologist to help her modify the Gremlin. After the activity was completed, S smiled more freely and said out loud that she had been brave with the Gremlin that day. Then the session went

on as usual.

During the discussion at the end of the intervention with parents, parents were given an explanation of the activities on that day and the topics discussed at the session with the child. In addition, parents were also asked to talk with S about the topics discussed on that day. Parents were also provided with parenting skills specifically related to separation at school. In this regard, parents were advised to establish new rituals from the preparation before leaving, on the way, and when arriving at school. Parents were asked to share the plans and situations they expected to experience before leaving for school, that there would be time-consuming travel, that they would have company and activities along the way, and that when they arrived, they would agree on how to part ways. This was discussed with the parents starting from the third session, and each session thereafter.

Based on parents' information, by the fourth session, S was still crying when parted ways from parents in the school lobby, but was more willing to go in with the school staff. After the sixth session, S began to stop crying, albeit still expressing reluctance to part ways with parents. After the seventh session, S was able to separate without any crying and apparent objections. S only made sure that her mother would be there at pick-up time and walked away with a smile.

3. Discussion

Following the application of the modified "Starving the Anxiety Gremlin" program, the target no longer cried and showed anxiety symptoms when separated from parents, both at school and in the practice room. Before the end of the final session and at the follow-up session a month later, S's mother reported that her child no longer cried during school drop-off. With the briefing from parents and skills taught during the intervention, S could prepare herself for the journey and was able to get out of the car in good condition. The farewell went well, and she was able to enter the school in a good mood.

One of the things that made this program work, even with modifications, is the availability of the "Starving the Anxiety Gremlin" protocol, specifically designed to address anxiety symptoms in children. Giani et al. (2022) found that younger children, from preschool to early school age, received more significant benefits from CBT interventions with disorder-specific protocols. More specifically, Giani et al. (2022) said this CBT intervention technique was found to be effective for reducing symptoms of separation anxiety. Although this protocol was designed for groups, this single case study also proved that it worked to help reduce the symptoms of separation anxiety in client S. Several studies have shown that children with anxiety disorders appear to improve with CBT, whether administered in a group or individual format (Manassis et al., 2002). Group-designed CBT protocols, when implemented individually, have likewise produced significant reductions in anxiety symptoms. However, when anxiety is primarily linked to social situations, delivery in a group format may be more appropriate.

The Starving the Anxiety Gremlin protocol itself consists of more pictures than text. Selvapandiyan et al. (2018) stated that picture-based interventions can make them more accessible and effective to implement with pediatric clients. The effectiveness of these images will vary depending on the child's level of cognitive maturity, comprehension ability, and insight; therefore, it is essential to tailor the use of these images to the child's specific needs and developmental level. In addition, pictures can evoke a stronger emotional response in children than verbal stimuli, making them a powerful tool for addressing emotional issues in children (Simpson & Arntz, 2020). As in S's case study, seeing the Gremlin immediately elicited fear, even when this character appeared in different styles, versions, and contexts.

Other parts of the protocol that have pictures and involve stories could be carried out as they are, except for parts where S must read by herself, which were modified by the researcher reading the task for S instead. Some activities that require children to write were also modified by the researchers to involve pictures and storytelling. Ni'mah et al. (2024) found that the use of stories to reduce anxiety can create an emotional bond between the storyteller and the child, which provides a sense of comfort and security (reassurance) that helps children relieve their worries. In this case, storytelling is used to build a sense of security, which is important for children with separation anxiety. The psychologist recommended storytelling to the parents as a regular activity to do at home with S. In addition to replacing the child's role as a storyteller, it can distract children from their fear and worry, which is an indirect training for children to engage in activities with positive emotional content.

One of the key components that also serves as a supporting factor for the success of this intervention—besides the child's own participation—was the support and cooperation from parents and family throughout the process. Although parents were not directly involved in the core intervention sessions, post-session consultation provided an opportunity for parents to understand their child's developmental progress and allowed the psychologist to work more holistically with the child. These parental sessions allowed psychoeducation to be delivered, not only regarding the child's therapeutic process but also concerning what parents could do at home to support it.

Giani et al. (2022) stated that parental involvement in the CBT process is especially crucial for younger children, as parents play a key role in managing and observing factors that may contribute to separation anxiety disorder. Monga et al. (2015) found that 48.9% of children who initially showed anxiety symptoms no longer met the diagnostic criteria for an anxiety disorder after receiving CBT together with their parents. These results were more effective and significant compared to those in the group that received parent-only CBT, particularly considering the age of the children. In terms of long-term outcomes, 78% of children in the parent-child CBT group no longer exhibited anxiety symptoms 12 months post-intervention and showed lower relapse rates.

By involving parents, the psychologist could synergize with them regarding the S's activities at home, what forms of support parents could provide during the intervention, adjustments to parenting styles, and rules or habits in the family. The mother's characteristics, curious and open, also contributed to the progress of this

intervention. During the intervention, the father only came once due to scheduling conflict, but according to the mother, all information was conveyed and discussed together with the father so that changes were applied simultaneously at home. This is consistent with the findings of Barrett et al. (1996), Dia (2001), and Creswell et al. (2023), who asserted that most successful interventions for children's problems involve the family.

One of the contributing factors that significantly influenced the treatment provided to S was her limited reading and writing abilities. Although S could communicate fluently in both Indonesian and English, with English being the dominant language, at the time of the intervention, S had not yet mastered reading skills. She recognized letters and numbers, but could not string them together in Indonesian or English.

The "Starving the Anxiety Gremlin" protocol can be used on children under seven, but there are activities that require language literacy skills, such as word puzzle activities, writing feelings, and so on. Despite that, S's age and her limited literacy skills made it difficult for her to independently complete several activities within the intervention. Consequently, certain activities had to be adapted to accommodate these limitations—e.g., a word puzzle or crossword activity that was initially designed to be completed on a worksheet was transformed into a guessing game. In some cases, the psychologist discussed the words or sentences directly by incorporating additional visuals, creating stories, or using case examples to facilitate understanding.

Lehrer (2024) introduced the term therapist flexibility to describe the importance of therapists possessing a range of modalities to work effectively, particularly with very young children. Therapists must be able to adapt their methods and employ a variety of therapeutic approaches to meet each child's unique needs. With this flexibility, therapists can shift between different techniques as needed to ensure that therapy sessions remain comprehensive and aligned with treatment goals. Additionally, Lehrer (2024) emphasized that therapists must have a solid understanding of child developmental stages, the ability to build strong relationships with both children and their parents, and a sensitivity to the cultural backgrounds of the children and families they work with.

Among the limitations of this intervention was the absence of traditional measurement of client anxiety. Initially, the psychologist provided a modified Subjective Units of Distress Scale (SUDS) in a simple numerical form to measure her anxiety level, but the client also did not yet have numerical literacy related to the concept of numbers, making her unable to assess her anxiety level using numbers. Even when replaced with the emoji version, S did not respond as expected. Based on this finding, there is an opportunity to develop an anxiety symptom measurement instrument for young children who do not possess adequate literacy skills, to ensure that these symptoms can be measured throughout the intervention.

4. Conclusion

This study showed that a modified Starving the Anxiety Gremlin protocol based on the CBT approach could effectively reduce symptoms of separation anxiety in children. The intervention includes emotion and thought identification sessions that aim to increase children's awareness of their internal responses, while equipping children with skills in developing alternative thoughts that are more adaptive to anxiety-provoking situations.

In addition, the intervention also involves relaxation and coping skills training for both children and parents, delivered through behavior modification and psychoeducation. A special session for parents after the child's session serves as a feedback loop as well as education on symptom management strategies and the supportive environment during the intervention process. It is hoped that after the intervention is completed, parents will have the capacity to independently support their children continuously.

The presentation of the protocol in a systematic format, equipped with illustrations and narrations, provides a sense of security and comfort for children, allowing children to be in a more stable emotional state when facing unpleasant situations. The active involvement of parents in the intervention sessions, although not designed as part of the main protocol, proved to be a contributing factor to the overall success of the intervention.

4.1 Reccomendation

Future research is encouraged to replicate this study with more diverse samples to strengthen the evidence of this protocol to help children with anxiety problem, especially separation anxiety. Employing mixed-method or experimental designs will allow for more robust evaluation of effectiveness, including standardized measures of anxiety that are specifically tailored to children with limited literacy. In addition, comparative studies examining individual versus group implementation could further clarify which format yields the best outcomes across different developmental and cultural context, since this protocol was initially developed for group intake.

From a practical perspective, mental health practitioners and school-based psychologists are advised to adapt CBT protocols flexibly to the child's developmental stage and literacy skills. Incorporating visual and story-based materials, as demonstrated in this study, can enhance engagement and emotional understanding. Active involvement of parents throughout the intervention process—through psychoeducation, regular consultations, and structured separation routines—should be emphasized to maintain and generalize treatment gains beyond the clinical setting. These strategies can help create a consistent and supportive environment that promotes children's resilience and reduces the risk of long-term anxiety problems.

5. Declaration

5.1 Acknowledgment

The researcher extends sincere thanks to S's parents for their willingness to participate in this study, as well as to all other contributors—from client-scheduling administration through to the study's implementation.

5.2 Funding

This study received no external funding and was supported solely by the researcher.

5.3 Author Contributions

The researcher was solely responsible for this study, including its planning, implementation, and manuscript preparation.

5.4 Conflict of Interest

The author declare that they have no conflict of interest with any party

5.5 Declaration of Generative AI in Scientific Writing

During the preparation of this article, the author used OpenAI's ChatGPT 5.0 in order assist in refining the language and elaborate some ideas. After using this tool, the author carefully reviewed and edited the content as needed and takes full responsibility for the content of the publication.

5.6 Orcid ID

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