Anxiety Disorders—Any type
- One of most common mental health disorders (National Institute of Mental Health (NIMH, 2010)),
- 25.1% 13-18 year olds have an anxiety disorder
- 5.9% have a "severe" anxiety disorder
- Disorder criteria-excessive, negatively impacts daily life, difficulty controlling it
  - Includes
    - generalized anxiety disorder
    - post-traumatic stress disorder
    - obsessive-compulsive disorder
    - panic disorders
    - specific phobias
    - Co-occurring conditions

THE NEED
- Treatment received less frequently than externalizing behavior problems
- School systems have become de facto primary treatment source
Are we seeing more students with anxiety?

Poverty
Minimal Parent Education
Marital discord
Abuse and Neglect
School Failure
Ineffective Parenting
Social Rejection or Isolation from Peers
Lack of Adult Mentor
Parental Mental Illness

As a result….

- School personnel are being called upon to have a greater understanding of the conditions
- School personnel are being called upon to implement interventions that are evidence-based

Autism and Anxiety

- “Anxiety and excessive fearfulness” in original Kanner definition
- Between 11% - 84% of children with ASD experience anxiety
- Categories/types most frequently seen are:
  - Simple phobias
  - Generalized anxiety disorder
  - Separation anxiety disorder
  - Obsessive-compulsive disorder
  - Social phobia
- Qualitative differences
  - Anxiety more associated with externalizing challenging behaviors in children with autism than children typically developing or children with Down syndrome.
  - Anxiety symptoms may increase in severity in adolescence

Anxiety Symptoms and Effects

- Can include
  - Overall worrying
  - Somatic complaints (headaches, stomachaches)
    - May be more frequent in students of color (Gee, 2004)
  - Flushed cheeks, tense muscles
  - Intense social phobias preventing from doing activities
    - Attending parties
    - Participating in extracurricular activities
  - Specific phobias
    - Fear of the dark
    - Fear of dogs
  - Obsessive compulsions

Interventions for Anxiety

- Cognitive Behavior Therapy
- Functional Behavior Assessment
COGNITIVE BEHAVIOR THERAPY (CBT)

WHY CBT?

- Overall, CBT is the gold standard for treating students with anxiety disorders.
- Emerging research supporting use of CBT for individuals with autism

WHY DO CBT IN SCHOOLS?

- Maximal impact: Providing intervention within natural context
- Can provide more consistent and wide-spread care to students (who may not get any treatment outside of school)
- Can be more affordable than outside therapies

CBT ADAPTATIONS FOR AUTISM

- Making things visual
- Structured worksheets and homework
- More focus on fear desensitization

EXPOSURE (DESENSITIZATION)
EXPOSURE

- CBT-exposure therapy-gold standard
- Process of facing fears
- Systematic-gradually and repeatedly acknowledging and going into feared situations until anxiety is reduced
- Start with situations causing least anxiety/fear, work up to situations that cause high anxiety
- Repeated process/practice
- Specific steps outlined in CBT manuals
  - https://www.anxietybc.com/anxiety-PDF-documents
  - Handout: Facing Your Fears: Exposure
  - Handout: Fear Ladder

1. Make a list
2. Build a fear ladder
   a. Make a specific goal
   b. Arrange list from least scary to most scary
   c. When finished, put list on the fear ladder
   d. Multiple fears-arrange in categories and build a separate fear ladder for each
3. Face fears
   a. Start with least scary on fear ladder and practice it until it triggers less anxiety
   b. Plan activities in advance
   c. Track progress
   d. Move to next item on fear ladder
4. Continue to practice

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   b. Plan activities in advance
   c. Track progress
   d. Move to next item on fear ladder
4. Continue to practice
Find a partner
Practice developing a fear ladder for one (or both of you)
Practice an exposure activity
You can do this with a student in mind instead if preferred
Handout: Fear Ladder

ACTIVITY

CBT PACKAGED PROGRAMS

COPING CAT

COPING CAT

- Purpose: to reduce anxiety symptoms in children aged 9-13 who have anxiety disorders
- Teaches children to:
  - Identify when they are anxious
  - Coping skills
  - F-E-A-R Plan (i.e., Fear ladder, Fear pyramid)
- 16-week program
  - Modeling, role-playing, relaxation training, reinforcement
  - First 8 weeks introduce, practice, and reinforce
  - Second 8 weeks strengthen application in hypothetical and authentic situations
- Parent Sessions (2)

FEAR PLAN

Feeling frightened?

Expecting bad things to happen?

Actions and attitudes that can help

Results and rewards

FEAR PYRAMID EXAMPLE

Example fear ladder: 11 year old with social phobia
**COOL KIDS**

- Involves both child and parent
- Can be in groups or one-on-one
- Age range: 7-17
- Manualized
- Two versions: elementary and adolescence
- Adaptations for ASD and school settings
  - Fear desensitization
  - Child is a detective and identifies information that makes anxiety behaviors highly likely to occur
  - Social skills and coping strategies

**MATCH-ADTC**

- [https://www.practicewise.com/Portals/0/demo/match/index.html](https://www.practicewise.com/Portals/0/demo/match/index.html)
An FBA and BIP can help us:

- Understand the behavior and context
- Develop more effective intervention plans
- Addressing the setting events and immediate antecedents
- Teaching the student replacement behaviors serving function to perform when anxiety is present
- Develop functional reinforcement strategies (intrinsic and extrinsic)

**FUNCTIONAL BEHAVIOR ASSESSMENTS AND FUNCTION-LINKED BIPS FOR ANXIETY**

**WHY DO FBAS/BIPS FOR STUDENTS WITH ANXIETY?**

- An FBA and BIP can help:
  - Understand the behavior and context
  - Develop more effective intervention plans
    - Addressing the setting events and immediate antecedents
    - Teaching the student replacement behaviors serving function to perform when anxiety is present
    - Develop functional reinforcement strategies (intrinsic and extrinsic)

**SETTING EVENTS-REFRESHER**

- Antecedent (immediate push)
- Setting event antecedents distal from push-hours to days
- Sets the chain
WHAT IS NOT A SETTING EVENT?

• It is not
  • the “setting”
  • present every day
  • permanent, stable event

HOW DO SETTING EVENTS WORK?

• Delayed impact on behavior
• Temporarily change the value of the consequence or reinforcer
  • Example:
    • Susan is a quiet student.
    • Most days, Susan follows directions and stays engaged.
    • Susan has a class assignment on Thursday that requires her to get in front of the class and give a report.
    • Susan has been worrying about getting up in front of the class for a week.
    • Wednesday night and again Thursday morning, Susan tells her parents she does not feel well.
    • Susan’s parents send her to school anyways.
    • Immediately before the class begins, Susan begins to sweat, has a very dry mouth, and becomes dizzy. Susan tells the teacher she does not feel well and asks to go to the nurse.
    • Susan goes to the nurse and does not give her report.

WHAT IS THE SETTING EVENT? WHAT IS THE IMMEDIATE TRIGGER? WHAT IS THE FUNCTION OF SUSAN’S BEHAVIOR?

TRADITIONAL CONSEQUENCE-BASED PLANS—WHY NOT JUST USE THEM?

• Tokens, points, stickers, edibles may not be effective
• Criteria for earning based on performance when not anxious
  • Fluctuating state not considered (Minahan & Rappaport, 2012).
• Competing reinforcement-anxiety function stronger

SOME REPLACEMENT SKILLS FOR STUDENTS WITH ANXIETY

• Ask for a break or for soothing
• Recognize and manage anxiety
  • Self-regulation—calm self
  • Thought stopping/thought interruption-positive psychology-replacing negative thoughts with positive replacement thoughts
• Executive functioning—think prior to acting; intrinsic reinforcement; censoring behaviors; follow steps to achieve an outcome

GATHERING FBA INFORMATION FOR ANXIETY-DEFINING BEHAVIOR

• Don’t define as “anxious” or “anxiety”
• Operationalize behaviors performed when anxious
• Pre-cursor behaviors that indicate an anxious condition

GATHERING FBA INFORMATION FOR ANXIETY

• Interviews and observations
  • Identify antecedents
  • Consider setting events contribute toward the student’s anxiety
• Identify the consequences/responses
• Common FBA interviews can be used—add additional questions
• Interview the student!
• Develop the hypothesis
Ben is 8 years old with ASD.

Ben displays anxious behaviors when forced to socially interact with peers or adults or is not with his parents, particularly right before lunch or in the PM (after 3 hours). This includes peer group work, recess, speech therapy, and lunch.

Ben sees his parents as his only “safe” people and performs his behaviors more often when he is separated from them for an extended time (more than 3 hours) and when one of them is out of town for work.

Most of the time, the teachers send him to the nurse’s office where he receives reassurance from the nurse and at times, his parents are called (when soothing doesn’t work). At times, his parent picks him up to take him home.

When one or both of Ben’s parents are out of town and Ben is asked to do an activity that requires social interaction with peers or adults, specifically after 11:00 am, he will complain of stomach pains, nausea, dizziness, dry mouth and will ask to see the nurse. This can escalate into verbal refusals to do the task and elopement from the classroom. As a result, he gets to escape the social activity/school day and get attention/soothing from the nurse and parents.

Ben

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Example of Hypothesis

• When one or both of Ben’s parents are out of town and Ben is asked to do an activity that requires social interaction with peers or adults, specifically after 11:00 am, he will complain of stomach pains, nausea, dizziness, dry mouth and will ask to see the nurse. This can escalate into verbal refusals to do the task and elopement from the classroom. As a result, he gets to escape the social activity/school day and get attention/soothing from the nurse and parents.

Example of Behavior Intervention Plans for Anxiety Hypotheses

• Prevention interventions:
  • Setting Up a Communication System with the Family: Set up a communication system with the family to be notified on the days that Ben’s parent will be out of town. On those days, Ben will go to the school psychologist, counselor, or teacher and identify his anxious behaviors and rate his anxiety using a fear thermometer. Practice in engaging in fear reduction strategies (positive thoughts, thinking about better times, etc.) will be provided.
  • Providing Choices: On the days that Ben’s parent is out of town, he will be given choices when asked to engage in an activity requiring social interaction. The choices can include (a) the length of time to engage in the activity, (b) who to do the activity with, (c) choosing the activity that he will do alone instead of with a peer.

• Replacement behavior:
  • Developing a Fear Ladder for Social Interaction: Have Ben practice the events from the least to the most fearful.
  • Teach Ben to ask for an escape—selecting from break passes that indicate different times (5 min., 10 min., 15 min.).
  • Prompt Ben to use his anxiety reducing strategy (e.g., stress relievers, etc.)

Example of Behavior Interventions Linked to Hypotheses

• When one or both of Ben’s parents are out of town and Ben is asked to do an activity that requires social interaction with peers or adults, specifically after 11:00 am, he will complain of stomach pains, nausea, dizziness, dry mouth and will ask to see the nurse. This can escalate into verbal refusals to do the task and elopement from the classroom. As a result, he gets to escape the social activity/school day and get attention/soothing from the nurse and parents.

• Reinforcement:
  • Each time Ben uses a break pass, he gets a break from the social activity for the requested amount of time.
  • Each time Ben uses his anxiety reduction strategy, he gets positive verbal reinforcement (e.g., “You’re doing a good job”).
  • Each time Ben uses his anxiety reduction strategy, natural reinforcement (reduction), gets praise, and attention from the nurse, he gets to do a preferred task in exchange (see the nurse for positive attention).
  • When Ben meets a goal for using his anxiety reducing strategy, his parents will provide positive attention and planning a activity in which he spends time with them.
**SCHOOL REFUSAL ANXIETY**

**SCHOOL REFUSAL BEHAVIOR**
- “Child-motivated refusal to attend school or difficulty remaining in classes for an entire day.” (Kearney, 2002).
- Affects between 5-28% of students.
- No gender difference.
- Average to above average cognition.

**IMPACT OF SCHOOL REFUSAL BEHAVIOR**
- Child, teacher, family stress.
- Limited access to social, academic, mental health and vocational supports.
- Reduced social functioning/academic performance.
- Long-term outcomes:
  - Correlations - mood disorders, incarceration, dropping out, poverty.
  - Risk increases contingent upon length of time child avoids school.

**PRIMARY FUNCTIONS OF SCHOOL REFUSAL BEHAVIOR**
- Typical functions of school refusal behavior (Kearney & Silverman, 1996)
  - Escape/Negative Reinforcement
    - Somatic complaints, seek parents to remove from school/home-school.
    - Escape aversive school-based social/and or evaluation situations
    - Multi-functional-negative reinforcement (escape)
    - Many students refuse school for both of the above avoidance/escape function
  - Obtain/Access-Positive Reinforcement
    - Get attention from others.
    - Get tangible reinforcers outside of school.

**RATIONALE OF FUNCTIONAL THINKING ABOUT SCHOOL REFUSAL BEHAVIORS**
- Covers all students who miss school.
- Can generate function-linked strategies that can be feasibly implemented in school by typical practitioners (Kearney & Albano, 2000).
- School refusal due to anxiety - CBT most commonly used.
- School refusal not due to anxiety- CBT strategies used for anxiety *NOT* effective.
- CBT Study (Kearney & Silverman, 1999)
  - Compared function-based and non-function based treatment for eight children/youth.
  - Function-based treatment improved.
  - Non-function-based treatment resulted in worsening school-refusal rates.
**FBA METHODS**
- Interviews will be the primary tool
- Direct observations when possible
- Standard FBA interview
  - School Refusal Assessment Scale-Revised (version for family and child) supplement
  - Identifies primary function of school refusal behavior
  - Adequate psychometrics

**CELIA—14 YEARS OF AGE**
- School Refusal Behavior Definition—cries (shouts, sobs, reports illnesses) daily at home with parents protesting going to school, eats sparingly, sleeps intermittently through the night, expresses feelings of illness at school including nausea, hot flashes, palpitations, breathlessness, lightheadedness
  - Celia does attend school but is distressed throughout the day. The behaviors above happen every day at home (morning and evening)
- Setting events—the behaviors are more likely to occur or occur with higher frequency/intensity if the previous night/week, Celia watches a video in which harm comes to parents or hears a news story in which parents die. Although the parents try to monitor Celia’s TV viewing, Celia gets on YouTube and accesses videos.

**CELI-A-FBA**
- School antecedents—Non-preferred tasks—being in social situations including PE, eating in cafeteria, parties, riding on school bus, speaking up in class, talking to teachers and administrators, doing tasks that are perceived boring
- Consequences/responses from others—Home: parents talk, cajole, promise activities and items if Celia goes to school, soothe and calm
  - Teachers provide soothing/calming, other educators provide soothing/calming. Celia rarely gets sent home due to behaviors.

**SAMPLE INTERVENTIONS FOR CELIA**
- Prevention intervention-
  - Setting event modification (for separation anxiety) Upon arrival each day in school, teacher or other adult prompts Celia to rate her level of anxiety of specific events using a fear thermometer—can also be used by mom the night before or the morning of
  - Antecedent modification—providing choices at home and in school that would allow her to get attention in an appropriate way. At home, choose among activities that naturally get attention such as cooking with mom (Before school-breakfast, After-school, dinner).

**HYPOTHESES**
- Hypothesis 1: When Celia is: (a) required to be in a setting that separates her from her parents, (c) when she has recently viewed a video in which harm comes to parents, and (d) when asked to do a non-preferred activity in school (require social interaction or are perceived as boring), she will exhibit school refusal behavior. As a result, she gets attention from her parents, specifically her mother, and secondarily from teachers and other adults in school, and obtains soothing of her separation anxiety.

**SAMPLE INTERVENTIONS FOR CELIA—HYPOTHESIS 1**
- Teach interventions—Celia would be taught an appropriate way of getting mom’s and the teacher’s attention.
  - At home or school, Celia can be taught to say, “I’m anxious. Mom or teacher can respond with attention and can implement a CBT.
  - CBT teach Celia a way to self-calm and address her anxiety—e.g., positive thoughts
SAMPLE INTERVENTIONS FOR CELIA-HYPOTHESIS 1

• Reinforce appropriate attention-seeking behaviors: Celia would get praise from mom for the choice behaviors.

• Discontinue reinforcing school refusal behaviors (e.g., somatic complaints) at home (parent does not respond with attention when Celia is engaged in a school refusal behavior). Parents redirect to selecting and participating in appropriate choice activity and/or redirect to replacement behavior and CBT.