

## Coping Kids: An Anxiety Intervention Group for Children with Special Needs and Their Parents

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## Coping Kids Anxiety Intervention:

### Learning Objectives:

To provide an overview of issues and approaches in treating anxiety in Children with special needs

- Incidence of childhood anxiety and presenting problems
- Brief overview of Cognitive Behavioral Therapy
- Challenges in implementing for Special Needs Children
  - Cognitive limitations
  - Behavioural issues
  - Parental Fatigue
- Coping Kids: an example of how to adapt existing psychological interventions for children with special needs

## Anxiety in Children

- Is usually a normal and transient experience – can increase with changing developmental events (e.g. starting school)

### But...

- Anxiety disorders are among the most prevalent disorders in children.
- About 10% of children have anxiety disorders severe enough to interfere with everyday functioning.

## Children with Special Needs

### Potential contributors to increased anxiety:

- Physical Challenges:
  - Decreased mobility
  - Challenges with ADL's
  - Increased dependence
- Cognitive challenges:
  - Decreased understanding
  - Fewer coping strategies

## Children with Special Needs

### Potential contributors to increased anxiety:

- Parental Concerns
  - Broader range of concerns
  - Treatments
  - Medications
  - Health risks
- Increased vigilance
- Children may have altered levels of development – so what should the expectations be?

## Parent-Child Interaction

- Children can sense the heightened anxiety/worries
  - What does it mean?
  - What do they do with it?
    - *increase the child's fears and concerns*
- Parents then also worry about their child's anxiety

## Common Fears in Children Aged 8 – 12

### List of Fears by ages (Foxman, 2004)

- **7 – 8** Supernatural beings, dark, fears based on television viewing, staying alone, bodily injury
- **9 – 12** Tests, school performance, physical appearance, thunder and lightning, bodily injury, death

## Common Presentations of Anxiety in Children

### Behavioural Aspects:

- Clinginess, difficulty separating, excessive shyness
- Avoidance of feared situations (i.e. transitions) or environments
- Freezing, clamming-up, or mutism in the presence of feared situation (s)
- Repetitive rituals

## Common Presentations of Anxiety in Children

### Cognitive Aspects:

- Frequent requests for reassurance
- "What if..." questions
- Intrusive thoughts that are distressing

## Common Presentations of Anxiety in Children

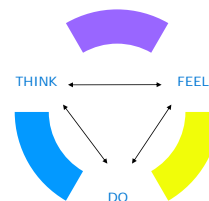
### Emotional & Somatic Aspects:

- Crying
- Stomachaches
- Headaches
- Panic attacks or hyperventilation
- Insomnia

## What Are The Evidence-Based Interventions?

- Cognitive Behavioural Therapy
- CBT is widely used as a treatment approach for reducing anxious symptoms in children
  - Coping CAT (Kendall, P.)
  - Coping Bear (Similar to Coping CAT)
- Medication
- Combination

## What is the Theory of CBT?



How we feel and what we do, is affected by our thoughts

## Where Can We Intervene?

- Thoughts
- Behaviours

## Challenges to implementation

- Clinical population at Bloorview consists of children with neurologically based disabilities who have learning or developmental disorders and co-morbid anxiety symptoms
- Intervention programs in the community were not developed for children with physical and developmental disorders:
  - Brain Injury
  - CP
  - Developmental Delay
  - Spina-Bifida

## Challenges to implementation

- Behavioural Issues:
  - Behavior issues are more prominent
  - Children with brain injury or developmental delay, tend to have decreased frontal lobe control mechanisms
    - *impulse control*
  - Co-morbid ADHD diagnoses
- Parental Fatigue:
  - Huge burden of care
  - Anxiety - 'The straw that broke the camels back'
    - *Can't deal with the behaviours anymore*

## Community Partnership

- To address this need:
  - Partnership with SickKids' Anxiety Disorders Clinic led to development of Coping Kids program for children aged 8-12 years and their parents

## What is Coping Kids?

- Child and Parent Anxiety Group Intervention
- Bloorview Clients (Ages 8-12) and Parents
- Simultaneously Run Child group and Parent group
- 1 Session/week, for 10 weeks
- Session run for 75 minutes

## Staffing

- Three staff per group:
  - Trained Psychologist
  - Psychology staff person in training
  - Psychology Intern

## Screening Procedure

- Anxiety symptoms
- Behaviour
  - Ability to participate in a group
  - No History of disruptive behaviours
- Language:
  - expressive/receptive ability to participate in a discussion

## CBT Framework – What's involved

- CBT intervention involves use of strategies aimed at changing behaviours, cognitions, feelings and social factors which contribute to anxious symptoms
- Encourage problem-solving approach
- Encourage parents to model coping self-talk and problem solving behaviours to face fears

## CBT Framework – How It Works

- Involves use of Psychoeducation
- Exposure encouraged in low anxiety situations
- Imaginal exercises or in vivo situations between sessions
- Identify symptoms: physical, cognitive, Think of alternative thoughts, try one, evaluate and praise (STOP)
- Parent as Coach model to encourage use of strategies
- Teach relaxation to reduce physical symptoms
- Help for parents in identifying problem, breaking it down, trying and evaluating strategies used
- Behaviour management discussed in parent sessions

## What Child Program Looks Like

Teach child to:

1. Recognize Feelings
2. Identify physical signs of anxiety
3. Identify Anxious Thoughts
4. Think of Coping Thoughts
5. Use Problem Solving approach, Evaluation of Strategy used and Reward child for effort, Try another coping strategy if needed
6. Immediate reinforcement effective in encouraging exposure behaviours

## Adaptation of Child Materials

- Developmentally appropriate tools for children – Use of concrete visual and kinesthetic materials
- Less writing (scribing), drawing, coloring, cutting/pasting
- Games, Role plays, Discussion
  - Role play to illustrate STOP plan – Cards to keep in pocket
  - Games using scenarios
- Less homework/Practice

## STOP/FEAR

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• <b>S</b> feeling <b>S</b>cared</li><li>• <b>T</b> having fearful <b>T</b>houghts</li><li>• <b>O</b> think of <b>O</b>ther (coping) thoughts</li><li>• <b>P</b> evaluate &amp; <b>P</b>raise yourself</li></ul> | <ul style="list-style-type: none"><li>• <b>F</b> feeling <b>F</b>rightened</li><li>• <b>E</b> Expecting bad things to happen</li><li>• <b>A</b> Attitudes and actions</li><li>• <b>R</b> Results and rewards</li></ul> |
|--|--|

## CBT Coping Kids Children's 10 Sessions

SESSION 1	Introduction to the group and to CBT (Think-feel-do connection). Fill out questionnaires
SESSION 2	Feelings; Recognizing, Discussing, Game and Role playing
SESSION 3	Recognizing and identifying anxiety: physical reactions; identify words related to anxiety/afraid; Play exercises
SESSION 4	Relaxation

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## CBT Coping Kids Children's 10 Sessions

SESSION 5	Identifying anxious thoughts
SESSION 6	Generating alternative coping thoughts
SESSION 7	Evaluating result of coping strategies and using self-praise and rewards
SESSION 8	Overview of the whole STOP plan
SESSION 9	Practice working through the STOP plan
SESSION 10	Review STOP plan; Discuss use at home Fill out questionnaires Certificates and celebration.

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## Feeling Words, Feeling Charades

- Joyful
- Happy
- Outraged
- Sad
- Mad
- Embarrassed
- Scared
- Depressed
- Surprised
- Relieved
- Afraid
- Fearful
- Upset
- Lonely/Alone
- Angry
- Anxious
- Startled
- Suspicious
- Jealous
- Excited
- Shy
- Grateful

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## Recognizing Feelings

- **What are these people feeling?**
- Here are some pictures of people. Take a close look and think about how each person might be feeling. Write down one feeling for each person.

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## Parental Involvement

- There is evidence to suggest that concurrent parent involvement with CBT for children increases treatment effects (Mendelowitz et. al., 199; Barrett & Short, 2003).
- Coping Cat – a few parental sessions
- Coping Bear – weekly parental sessions
- Coping Kids – weekly parental sessions
  - More direct teaching because the children have more learning and physical challenges need more specific assistance

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## For Children with Additional Needs and Challenges, Parental support is Key

- Developmental factors and learning problems make it difficult for children to learn and apply knowledge gained to feared situations
- Parents need additional skills and supports to:
  - clarify for themselves what the underlying issues are
  - understand and breakdown problem situations
- Model of 'parent-as-coach', to enhance treatment efficacy

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## CBT Coping Kids Parent's 10 Sessions

SESSION 1	Emphasize coaching role of parents; Review CBT principles
SESSION 2	Discuss how to Know When their Child is Anxious; Encouraging their Child to Face Their Fears
SESSION 3	Introduce concept of Baby Steps when Encouraging Children to Face their Fears
SESSION 4	Screen Part I of video: 1-2-3 Magic

## CBT Coping Kids Parent's 10 Sessions

SESSION 5	Screen Part II of 1-2-3 Magic & Relaxation
SESSION 6	Thinking Errors
SESSION 7	FEAR Plan; PASTE Approach reviewed
SESSION 8	Discuss how Parental Attitudes Relate to Child's Anxiety
SESSION 9	Review obstacles to implementing coping strategies and behavioural programs
SESSION 10	Review, evaluate, celebrate

## Parent Session: PASTE APPROACH

- **P** Pick a problem
- **A** list Alternative solutions
- **S** Select an alternative
- **T** Try it out
- **E** Evaluate the results

## Parent Sessions: Breaking Down Behaviours

### Behavior Breakdown Exercise:

- 1) Pick a problem behavior/situation
- 2) Describe the specific behaviour(s):  
(e.g. cries, becomes angry, runs away, hits, sits quietly, goes to room)
- 3) Record how often it happens
- 4) Record how intensely your child reacts (1-10 scale)
- 5) Record how long the episode lasts (Minutes)
- 6) Record how much support or reassurance is needed from someone else (0=none 3=moderate amount to 5=a lot)



"It's the lions and the tigers that scare me."

## Parent Sessions: Implementation

Steps	Breaking Down <u>Sleeping</u> Behavior
	Situation now: Going to sleep with mom sitting on bed
1	Mom/dad sitting on chair beside bed, read story, do relaxation tape together, coping thoughts
2	Read story, Johnny listening to relaxation tape, mom/dad sitting on chair further away from bed, coping thoughts
3	Read story, Johnny listening to relaxation tape and then music, mom/dad sitting in chair in door way
4	Read story, Johnny using coping strategies, mom/dad leave but check in on him at regular 10 minute intervals (gradually increasing time intervals over days)
5	Read story, mom/dad leave room, Johnny using coping strategies, mom/dad checking in on him 30 minutes later
Goal	Realistic desired outcome: Going to sleep on their own, with a nightlight and the door open (expect some difficulties when daily stress increases – e.g. exam time)

## Parent Session:

- Modeling
- Modeling
- Modeling

## Evaluation Measures - Outcome

The following outcome measurers used:

- Multi-dimensional Anxiety Scale for Children (MASC)
- Screen for Child Anxiety Related Emotional Disorders. (SCARED) Developed by B. Birmather, S. Kharatapal, M. Cully, D. Brent and S. Mc Kenzie, (1997)
  - Parent and Child
- Behavior Assessment system for Children – Second Edition (BASC-II)
- Parent and Child Satisfaction Questionnaires – specifically related to topics covered in sessions related to the intervention (PASTE, STOP, etc.)

## Limitations of Measures

- Reliability and Validity of Child Measures within this population
- When to measure?
  - Pre
  - Post
  - F-Up
- Parent Satisfaction Questionnaire
- Child Satisfaction Questionnaire

## Program Evaluation Preliminary Results

## Participant Comments

## Satisfaction

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Thank you