Adaptations to Facing Your Fears: Considerations for Telehealth, Teens with Intellectual Disabilities and School Settings

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- Children/Adolescents with ASD and their families
- CBT researchers
Conflict of Interest:

Royalties:
Facing Your Fears: Group Therapy for Managing Anxiety in Children with High-Functioning Autism Spectrum Disorders
Paul Brookes Publishing Company
www.brookespublishing.com
http://facingfears.org
Adaptations to Facing Your Fears

- Telehealth
- Adolescents with ASD and Intellectual Disabilities
- Schools
Advantages of Telehealth

- Families can receive evidence-based interventions
- Fewer providers may be needed to run groups (minimum of 2 recommended)
- Reduce barriers of transportation, time away from work, child-care, etc.
- Some youth and families might prefer this approach to in-person
- Families do not have to wait for in-person options
- Ability to reach rural communities
TeleCopes Team (Hepburn PI)
Phase I: Development Activities

1. Explore technological options for home-to-clinic videoconferencing
2. Create technical support materials for families and therapists
3. Recruit families to participate in program development
4. Experiment with ways to build therapeutic alliance via videoconferencing
5. Translate FYF for telehealth delivery
6. Deliver the intervention to families
7. Gather data from families and therapists and reflect and revise
Telehealth Project: Reaching the Underserved
Results from Initial Trial

**Telehealth** (Hepburn et al. 2016) (N=33)
- Excellent fidelity 92.1%
- 86% of families completed intervention; overall mean attendance = 94%
- Mean parent satisfaction = 92.9%; Mean youth satisfaction = 86.4%
- Preliminary efficacy – significant reductions in parent report of youth anxiety, $F(1,31) = 8.73; p = .006; Eta squared = .22.$
- Improved parent sense of competence
Who is Appropriate for FYF via Telehealth?

- Similar screening criteria as to FYF
  - 8-14 year olds with ASD and interfering anxiety (not ID)
  - Social anxiety, generalized anxiety, separation, and specific phobias
- More conservative screening for safety/crisis risks
- Questions about how children would do in a video format (e.g., behavioral challenges, comfort with being on screen)
- Consideration of virtual format regarding types of worries and graded exposures
Getting Started

- Confirm video platform (security, connectivity issues). Consider test run
- Establish where/when group will occur (privacy issues, plans for other children in the home)
- Ensure all families have FYF workbooks and necessary arts/crafts materials (eg., play-doh)
- Make sure facilitators have electronic access to FYF videos
- Create a plan for what the children will do when you are meeting with parents alone
- Create clear visual structure/schedule systems (whiteboard function)
## Translate FYF for Telehealth Delivery

<table>
<thead>
<tr>
<th>Intervention Feature</th>
<th>FYF (Original)</th>
<th>Telehealth Version</th>
</tr>
</thead>
<tbody>
<tr>
<td># Sessions</td>
<td>14 + booster</td>
<td>12 session minimum</td>
</tr>
<tr>
<td>Session length</td>
<td>90 minutes</td>
<td>60-75 minutes (30-40 minutes of child participation)</td>
</tr>
<tr>
<td>Group size</td>
<td>4-6 families</td>
<td>similar (larger groups may require break-outs)</td>
</tr>
<tr>
<td>Session format</td>
<td>Large group</td>
<td>Large group, dyads and parent only</td>
</tr>
<tr>
<td></td>
<td>Dyads</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Youth only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents only</td>
<td></td>
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</tbody>
</table>
### Translate FYF for Telehealth Delivery

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<th>Intervention Feature</th>
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<th>Telehealth Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychoeducation</td>
<td>Worry bugs/helper bugs; active minds/helpful thoughts; false alarms; plan to get to green</td>
<td>Content remains the same; delivered via dyads and/or parent only groups</td>
</tr>
<tr>
<td>Show &amp; Tell</td>
<td>Presentation in group</td>
<td>Can be fun; showing prized possessions at home</td>
</tr>
<tr>
<td>Graded exposure</td>
<td>In-session practice</td>
<td>Families film at-home practice – upload weekly; or, “kid of the week” spotlight</td>
</tr>
<tr>
<td>Facing Your Fears videos</td>
<td>Youth create &amp; film an episode of “Face Your Fears”</td>
<td>No real opportunities</td>
</tr>
</tbody>
</table>
Telehealth Guide Forthcoming...

Contact Judy Reaven at judy.reaven@cuanschutz.edu for more information
Adaptations for Teens with ASD and Intellectual Disabilities
## Pilot Study:

### Participants

<table>
<thead>
<tr>
<th>N=23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Diagnosis Genetic Condition</td>
</tr>
<tr>
<td>73.9% (n= 17)</td>
</tr>
<tr>
<td>26.1% (n=6)</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>15.92</td>
</tr>
<tr>
<td>Full Scale IQ</td>
</tr>
<tr>
<td>M= 58.3, (40-79, SD= 12.16)</td>
</tr>
<tr>
<td>Adaptive Behavior Composite</td>
</tr>
<tr>
<td>M= 57.4, (40-79, SD= 13.24)</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>73% Male</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
</tr>
<tr>
<td>Caucasian: 56% (n= 13)</td>
</tr>
<tr>
<td>Hispanic / Latino: 13% (n= 3)</td>
</tr>
<tr>
<td>More than 1 race: 26% (n=6)</td>
</tr>
<tr>
<td>Other: 4.3% (n= 1)</td>
</tr>
<tr>
<td>Medication to Target Anxiety</td>
</tr>
<tr>
<td>69%</td>
</tr>
</tbody>
</table>
Assessment

- Differentiate behavior driven by anxiety from other forms of problem behavior via functional assessment interview (O’Neill et al. 1990)
- Anxiety Depression and Mood Scale (ADAMS; Esbensen et al. 2003)
- The Screen for Child Anxiety Related Disorders (SCARED; Birmaher et al., 1999) Parent version
- Fear Survey Schedule for Children-Revised (FSSC-R, Ollendick, 2006)
Results of Pilot Study:

**Feasibility and Acceptability:**

Of the 23 adolescent participants, 19 completed treatment and attended 94% of treatment sessions.

Parent acceptability ratings: M = 4.56 (likert scale 0-5, with 5 indicating extremely satisfied)

**Efficacy:**

Results from a linear mixed model analysis model indicated a main effect of time for:

ADAMS: $F(1, 22.55) = 20.89, p < .0001, \omega_p^2 = .45.$

SCARED: $F(1, 21.09) = 4.92, p = .038, \omega_p^2 = .14$

Fear Survey Schedule for Children-Revised (subsample n =16): $F(1,17.60)=6.01, p = .025, \omega_p^2 = .20.$
Who is Appropriate for FYF:IDD?

- Screening criteria:
  - 12-19 year olds with ASD, intellectual disability, and interfering anxiety
  - Single Words; Phrase speech
  - Teens with problem behavior (e.g., SIB, aggression, disruption) included; behaviors had to be manageable within group
<table>
<thead>
<tr>
<th>Intervention Feature</th>
<th>FYF (Original)</th>
<th>FYF:IDD</th>
</tr>
</thead>
<tbody>
<tr>
<td># Sessions</td>
<td>14 + booster</td>
<td>14 sessions</td>
</tr>
<tr>
<td>Session length</td>
<td>90 minutes</td>
<td>45 – 60 minutes</td>
</tr>
<tr>
<td>Group size</td>
<td>4-6 families</td>
<td>2-4 families</td>
</tr>
<tr>
<td>Treatment Modality</td>
<td>Large group Dyads</td>
<td>3 Parent only sessions</td>
</tr>
<tr>
<td></td>
<td>Youth only</td>
<td>11 Parent-teen dyads</td>
</tr>
<tr>
<td></td>
<td>Parents only</td>
<td></td>
</tr>
</tbody>
</table>
Teaching Emotion Regulation: Supporting Understanding and Practice

- Parents use video or pictures to support teens’ understanding of red, yellow and green zones

- Parents identify teens’ physical symptoms, teens sort pictures of physical symptoms into zones

- Parents develop a crisis plan for serious red zone behavior and model somatic management for teens

- Over the course of the intervention, parents begin to add FYF strategies for use in yellow zone
Somatic Management: Importance of Self Calming Strategies

- Many teens become reliant on caregivers to soothe them or are told to “take a break” when anxious. This does not reinforce self competence!

- Provide a range of somatic management techniques through a visual menu, emphasizing deep breathing, and daily practice

- Embed within daily routines
Choose 1:

- Breathing
- Water
- Squeeze ball
- Chair Yoga
Cognitive Component: Importance of Replacing Negative Self-Talk

Pay attention to negative self talk, perseverative questions, and reassurance seeking

**Focus on replacement** not identification and challenge of negative cognitions

Use repetitive helpful thoughts designed to reinforce self competence:

- I can do it
- I can handle it
- I’m brave
Choose 1:

- I can do it!
- I’m brave!
- It’s no big deal.
- I’m okay. I’m safe.
<table>
<thead>
<tr>
<th>Fear and Exposure Hierarchies</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social</strong></td>
<td>Social faux pas, requesting help, requesting clarification, peer interaction</td>
</tr>
<tr>
<td><strong>Specific Phobia</strong></td>
<td>dogs, wind, public restrooms, dental and medical procedures</td>
</tr>
<tr>
<td><strong>Generalized Anxiety</strong></td>
<td>parents dying, access to preferred items/technology, future functioning, people who look different/disability status</td>
</tr>
<tr>
<td><strong>Separation</strong></td>
<td>being away family members</td>
</tr>
<tr>
<td><strong>Obsessive Compulsive Disorder</strong></td>
<td>tolerating cabinets/doors being closed and not removing contents</td>
</tr>
</tbody>
</table>
Exposure: Importance of Daily Routines

- Facing fears is similar to original FYF; decisions about fears to face should be based on degree of interference
- Teen “buy in” may be reduced, so routine and rewards are critical
- Visual schedules are instrumental in supporting engagement
- Practice “being brave” on a daily basis
- Share accounts of bravery
Adaptations for School Settings
Importance of Working in Schools

- Students with ASD display marked anxiety/problem behavior in school (Rotheram-Fuller & MacMullen, 2011).
- School professionals already experienced in working with students with varied challenges.
- Evidence-based interventions frequently unavailable in school settings.
- **Schools are the location of choice** (Mychailyszyn et al., 2011; Van Acker & Mayer, 2009).
Initial Adaptation

Facing Your Fears: School-Based Program (FYF-SB) in Singapore (Drmic et al. 2017)
FYF in Denver, Colorado

Denver Public Schools
Littleton Public Schools
Cherry Creek School District

Low income
Racially/ethnically diverse communities
Addressing the Needs of Diverse Youth with ASD and Anxiety in Public Schools: Stakeholder Input on Adaptations of Clinic-Based Facing Your Fears

Judy Reaven¹ • Nuri Reyes¹ • Katherine Pickard¹ • Tanea Tanda² • Megan A. Morris³

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Abstract
Anxiety disorders are among the most common co-occurring psychiatric conditions for youth with ASD (van Steensel et al. in Clin Child Fam Psychol Rev 14:302–317, 2011). Although modified cognitive behavioral therapies (CBT) have yielded significant reductions in anxiety, substantial disparities in access to mental health services exist for youth from diverse and low-income families. Schools represent a consistent resource for underserved communities; thus, there is a critical need to adapt and implement CBT programs in school settings. Engaging stakeholders in the initial phase of adaptation is essential to support adoption and sustainability of best practice interventions in schools. The primary purpose of the study was to adapt group CBT (Facing Your Fears (FYF); Reaven et al. in Facing your fears: group therapy for managing with high-functioning autism spectrum disorders, Paul Brookes Publishing, Baltimore, 2011) via iterative stakeholders to create a feasible, effective, and sustainable school-based program to manage anxiety in underserved students.
Students Included (n=29) 2018-2019

- Students with ASD or social/communication challenges similar to ASD
- Estimated IQ above 70/phrase speech
- Interfering anxiety symptoms
- 2nd – 8th grade students
School Providers (Trainers) 2018-2019

- Behavior Consultants (2.9%)
- Counselors/Occ. Therapist (11.8%)
- Social Workers (11.8%)
- Speech and Language Pathologists (20.6%)
- Special Education Teachers (26.5%)
- Psychologists (26.5%)
### Key Concepts and Activities in FYF-SB:

12, 40 minute sessions (during school day)

#### Session 1 & 2
- **Welcome & Introduction**
  - Getting to know you/ice breaker
  - Learning about emotions
  - Everybody worries and gets upset sometimes
  - How I react/feel when I worry

#### Session 3-4
- **Understanding My Worry/Upset and Calming My Body**
  - Time Spent Worrying/Upset
  - Externalizing worries: Worry bugs
  - False Alarms; Stress-o-meters
  - Measuring worry/upset; Deep Breathing

#### Sessions 5-6
- **Managing the Mind; Calming the Body**
  - Identifying relaxing activities
  - Active Minds and Helpful Thoughts
  - Putting it Altogether
  - Plan to Get to Green

#### Sessions 8-12
- **Practice Facing Fears**
  - Introduction to Exposure: Facing Fears
  - Creating exposure hierarchies/steps to success
  - Optional: Facing Your Fears Movie Making
  - Review & Graduation

#### Two Parent Sessions
- **Session 1:** Overview of FYF-SB; introduce tools/strategies
- **Session 2:** Introduction to Graded Exposure; Wrap-up and review student progress
Core Components of FYF-SB
Core Components of FYF-SB

Psychoeducation

- Increase emotion vocabulary
- Identify Anxiety Symptoms (enhance self-awareness)
- Identify physiological symptoms of worry/anxiety/upset
- Emphasize decreasing symptom intensity and interference
- Calming the body/managing the mind
- Plan to Get to Green
Everybody Worries and Gets Upset Sometimes

- Storms/thunder and lightening
- Bugs/bees/spiders
- Being late
- Making mistakes
- People correcting my work
- Forgetting homework
- Changes in schedule
- A substitute teacher
- People touching my stuff
- People breaking the rules
- Talking to peers/adults I do not know well
- Talking in front of the class
- Reading aloud
- Asking for help
- People teasing me
- Losing a game or competition
- Not being first
- _____________________
- _____________________

- Using a public bathroom
- Loud noises
- Fire alarms
- Toilets flushing
- School assemblies
- Eating in the cafeteria
- Busy hallways
- Getting lost
- Going to school
- _____________________
- _____________________
Core Components of FYF-SB

Graded Exposure

- Identify anxiety/fears that interfere with school functioning
- Develop a fear hierarchy (least anxiety-provoking to most anxiety-provoking steps)
- Practice facing fears a little at a time to manage/conquer the fear
Using Videos to Teach Exposure: Facing Your Fear of Toilet Flushing

1. Student stands outside the bathroom door and toilet flushes.
2. Student in the doorway of the bathroom and toilet flushes.
3. Student flushes the toilet himself.
4. Student stands close to a stall and several toilets flush and a peer washes hands.
Facing Your Fears in Schools: Common Fears

- Talking/presenting in class
- Coming in late
- Asking for help
FYF-SB Materials
N=5 excluded in screening [N=4 not interested in enrolling; N=1 No response]

N=76 caregivers sent measures online
N=18 caregivers completed measures in-person
Total of N=94

N=13 did not enter study [N=3 were siblings randomized; N=2 moved; N=1 withdrew interest; N=7 late or no paperwork]

N=81 students/caregivers entered study (N=39 Fall; N=42 Spring)
Preliminary Data: Provider, Parent and Student Acceptability
FYF is easy to understand and put into practice (N=33).
FYF enhances my ability to manage my students’ anxiety (N=33).

Preliminary Data: Fall Schools 2019-2020
Parents:
My child is less anxious after participating in the Facing Your Fears program (N=68).
Students: How much did you enjoy participating in the Facing Your Fears group? (N=28)
Students:
Do you feel better after participating in Facing Your Fears (less worried, anxious or upset)? (N=28)
Did Students Improve? (N=29)

Anxiety Symptoms
- Parent Report
- Child Report

2018-2019
Facing Your Fears Advisory Board 2017-2020

Front Row: Nuri Reyes, Michelle Butler, Judy Reaven, Sheri Katzman, Susan Snowdon
Back Row: Tanea Tanda, Rachel Kerstiens, Ron Ramirez, Frances Woolery-Jones, Emily Eisman, Lynette Lang

Facing Your Fears Advisory Board February 2020
FYF – Colorado School Based Team
Summary – Final Thoughts

- It is critical to expand FYF and other similar interventions to meet the needs of individuals across the ASD spectrum (and possible to do so)
- Interventions can effectively be delivered outside of traditional clinic settings (e.g., telehealth, schools)
- More work needs to be done to implement evidence-based programs in community settings to increase access to care
Thank You!!