Transilvania University of Brasov

CISI

Co-funded by the Erasmus+ Programme of the European Union

Developing Behavior Plans for Children with Challenging Behavior

Assoc. Prof. Popa Daniela

Developing Behavior Plans for Children with Challenging Behavior

Cognitive-behavioural interventions in education:

- Anxiety disorders
- School refusal
- Selective mutism
- Depression
- Eating disorders
- ADHD
- Anger and aggression

Cognitive-behavioural interventions in education

I don't think Aaron Beck anticipated that cognitive therapy, which he developed to treat adult depression, would have applicability in a school context.

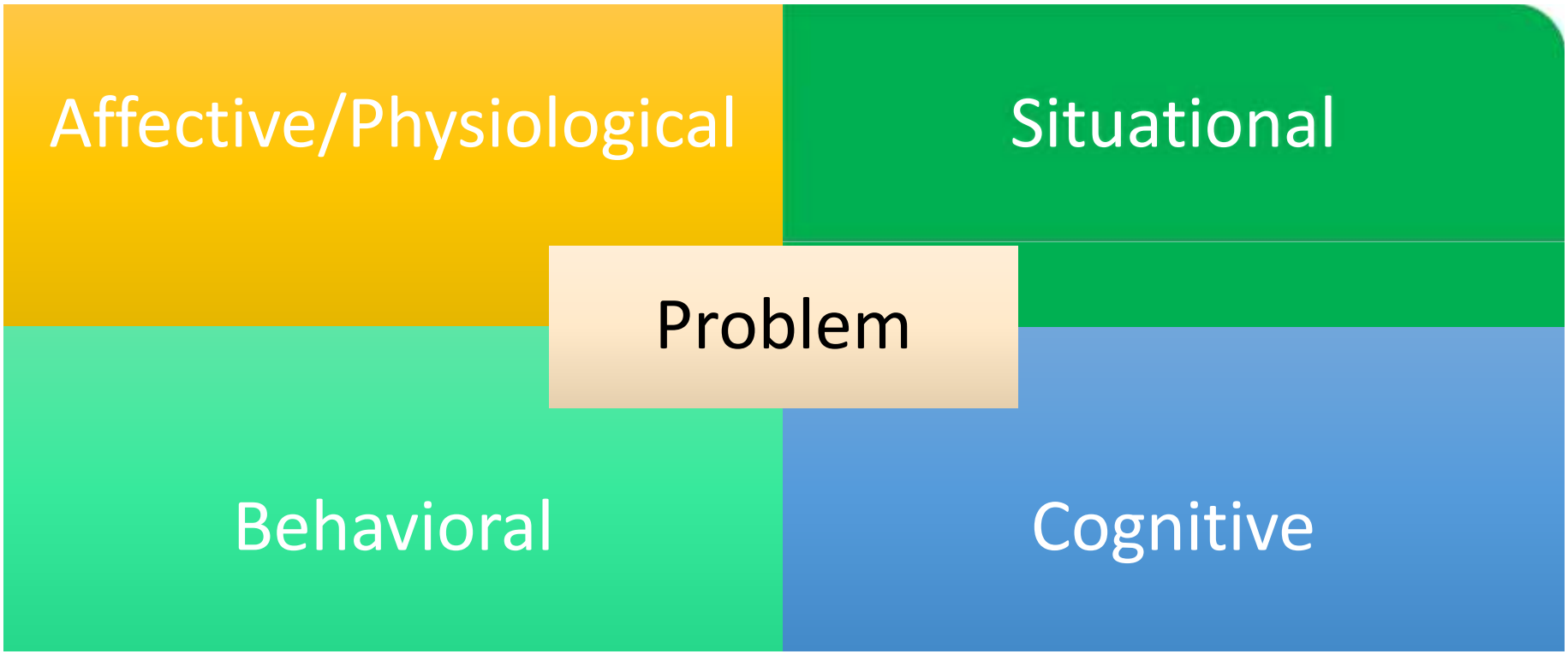
The essence of this approach lies in teaching people how to change their dysfunctional thinking and behaviors.

The CBT model is based on the fact that the connections between the situation, the belief system and the person's views of the event (positive or negative) determine certain emotions and attitudes.

CBT focuses on how a ***child interprets*** their experiences and how these thoughts ultimately influence their emotional functioning or behavior.

For example: avoiding situations that might trigger fear reinforces our negative thinking every time we experience the same problem, leading to stress, anxiety and/or depression, forming a vicious circle.

CBT model


Affective/Physiological
Situational
Problem
Behavioral
Cognitive

Cognitive behavioural interventions in school

- CBT interventions in schools are on a continuum from prevention to early intervention to direct individual services.
- **Cognitive distortions commonly encountered in student therapy**:

1. Dichotomous thinking (black/white, good/bad, no continuum).
2. Overgeneralization (one event becomes essential, one of many) never, everything, always
3. Personalization (the person considers himself solely responsible for an unpleasant event) my fault
4. Catastrophizing (makes predictions based on a single situation, therefore what follows is negative and catastrophic)
5. Comparison with others (I am worse than my colleague)
6. Labelling (general labelling instead of describing a behaviour) I am a loser vs. I played poorly today

etc.

Types of intervention in schools:

universal (prevention programmes e.g. bullying 100%),

targeted (supplementary and strategic, targeted to a small group 20%),

intensive (targeted to those who have followed universal and targeted interventions but still need help 5% of the school population)

Cognitive behavioural interventions in school

- Relaxation, breathing control,
- Social skills development,
- Control of physiological reactions
- Cognitive restructuring and exposure
- Problem solving
- Modification of contingencies
- Exposure

Anxiety disorders

- School life is full of moments when anxiety grips us, but when a student's anxiety begins to break out of the norm and vitiate much of everyday life events, they may have an anxiety disorder.

- Anxiety is defined as chronic and/or generalized worry, fear, or nervousness that students express a lot of the time.

Types of Anxiety Experienced by School-age Children	
	Generalized Anxiety Disorder
	Panic disorder
	Separation anxiety disorder
	Social anxiety disorder
	Specific phobias
	Selective mutism
	Post-traumatic stress disorder

The Coping Cat Program

1. Presentation of the programme
2. Education about emotions
3. Identifying somatic cues of anxiety
4. Psychoeducation and normalization of anxiety reactions
5. Relaxation techniques
6. Cognitive restructuring
7. Problem solving
8. Evaluation and reward
9. Recap
10. Individual meetings
11. Preparation for exposure sessions
12. Exposure and FEAR plan - group practice and individual practice (several sessions)
13. Closure and relapse prevention
14. Child assessment and programme closure

School refusal

School refusal is a term used to describe the signs of anxiety a school-aged child has and his or her refusal to go to school. It is also called school avoidance or school phobia. It can be seen in different types of situations, including:

- **Young children going to school for the first time.** This is a normal type of school refusal. This develops with a child's normal separation anxiety, or uneasiness about leaving a parent figure. This type of fear often goes away a few days after the child starts school.
- **Fear.** Older children may have school phobia based on a real fear of something that may happen to them at school. This could be a bully or a teacher being mean. In this situation, it's important to talk with your child to find out what is causing his or her fears.
- **Distress.** The final type of school phobia is seen in children who are truly distressed about leaving their parent and going to school. Often these children enjoy school. But they are too anxious about leaving their parents to attend.

Selective mutism

- Selective Mutism is a complex childhood anxiety disorder characterized by a child's inability to speak and communicate effectively in select social settings, such as school.
- These children are able to speak and communicate in settings where they are comfortable, secure, and relaxed.

Selective mutism

- genetic predisposition to anxiety
- severely inhibited temperaments
- difficulties in processing specific sensory information
- inflexibility, frustration, abuse, neglect or trauma
- social isolation and withdrawal
- poor self-esteem and self-confidence
- The Psihopedagogical Program incorporates anxiety lowering techniques, methods to build self-esteem, and strategies and interventions to help with social comfort and communication progression. This may include bridging from shut down to nonverbal communication and then transitioning into spoken communication.

Selective mutism, if left untreated, it can have negative consequences

- Worsening anxiety
- Depression and manifestations of other anxiety disorders
- Social isolation and withdrawal
- Poor self-esteem and self-confidence
- School refusal, poor academic performance, and the possibility of quitting school
- Underachievement academically and in the work place
- Self-medication with drugs and/or alcohol
- Suicidal thoughts and possible suicide

Selective mutism, Strategies and interventions

- desensitizing method
- anxiety lowering techniques,
- methods to build self-esteem,
- strategies and interventions to help with social comfort and communication progression,
- bridging from shut down to nonverbal communication and then transitioning into spoken communication
- possibly the use of augmentative devices
- ***individualized treatment plan***

Depression

- The incidence, notably in girls, rises sharply after puberty and, by the end of adolescence, the 1 year prevalence rate exceeds 4%.
- Highest in low-income and middle-income countries.
- Risk factors for depression in adolescents are a family history of depression and exposure to psychosocial stress.
- Inherited risks, developmental factors, sex hormones, and psychosocial adversity interact to increase risk through hormonal factors and associated perturbed neural pathways. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3488279/

Depression - Symptoms

- Apathy
- Complaints of pains, including headaches, stomach aches, low back pain, or fatigue
- Difficulty concentrating
- Difficulty making decisions
- Excessive or inappropriate guilt
- Irresponsible behavior -- for example, forgetting obligations, being late for classes, skipping school
- Loss of interest in food or compulsive overeating that results in rapid weight loss or gain
- Memory loss
- Preoccupation with death and dying
- Rebellious behavior
- Sadness, anxiety, or a feeling of hopelessness
- Staying awake at night and sleeping during the day
- Sudden drop in grades
- Use of alcohol or drugs and promiscuous sexual activity
- Withdrawal from friends
- Feeling helpless
- Unexplained crying
- Extreme sensitivity to rejection or failure

Programme 9 -11-session

identify and recognise their personal strengths and the importance of maintaining good self esteem and positive mood.
cognitions and encouraged adolescents to identify, check and challenge unhelpful cognitions and to replace them with more balanced, enabling and helpful ways of thinking.
emotional management
development of problem-solving skills
identifying support networks to draw upon to help with problems
keeping the peace and how to use these skills to resolve interpersonal problems and to promote harmony.

Eating disorders

- Eating disorders, such as anorexia nervosa and bulimia nervosa, commonly emerge during adolescence and young adulthood.
- Eating disorders involve abnormal eating behaviour and preoccupation with food, accompanied in most instances by concerns about body weight and shape.
- Anorexia nervosa can lead to premature death, often due to medical complications or suicide, and has higher mortality than any other mental disorder.

Eating disorders

Milestones in cognitive behavioural interventions in eating disorder

- Establishing the therapeutic relationship
- Assessment of symptom severity
- Building the multidisciplinary team
- Counteracting negative thoughts
- Increasing independence from symptoms
- Developing healthy lifestyle skills
- Body image psychoeducation
- Treating comorbidities: anxiety, depression, etc.
- relapse prevention plan
- Establishing supportive factors

ADHD

Behavioural disorders are more common among younger adolescents than older adolescents.

Attention deficit hyperactivity disorder (ADHD), characterized by difficulty paying attention, excessive activity and acting without regard to consequences, occurs among 3.1% of 10-14 year-olds and 2.4% of 15-19 year-olds(1).

Conduct disorder (involving symptoms of destructive or challenging behaviour) occurs among 3.6% of 10-14 year-olds and 2.4% of 15-19 year-olds(1). Behavioural disorders can affect adolescents' education and conduct disorder may result in criminal behaviour.
https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

Anger and aggression

Establishing objectives
Organisational and study skills
Awareness of emotions
Anger management
Understanding the perspective of others
Solving problems that arise in a social context
Managing peer pressure
Exercises to divert attention to other issues to deal with anger
Relaxation exercises
Exercises in identifying the consequences of actions

Increasing psychological resilience in schools

Increasing psychological resilience in schools

RISE includes modules of training and resources on 8 key areas of resilience and wellbeing: Confidence, Character, Connectedness, Coping Skills, Contribution, Sense of Control, Competence, Enjoyment https://www.edpsyched.co.uk/rise

Support and training for staff to build skills and capacity in own resilience, Support networks that enable pupils to develop social relationships, Teaching and learning that develops resilient learners, A curriculum that develops life skills including social and emotional skills, Specific help for vulnerable pupils, Effective partnerships with parents, Clear vision and values that are understood and consistently communicated, Digital Resilience

https://wwc.barnet.gov.uk/wwc/working-children-barnet/information-schools/resilient-schools-programme/about-resilient-0

UPRIGHT program 18 sessions (each session at least 40 min) with adolescents (1 session to present the program; 14 sessions dedicated to each skill of the Coping, Efficacy and Socio-Emotional Learning components; and 3 sessions dedicated to the skills, concerns, or preferred activities suggested because of the co-creation process in their countries.
https://journals.sagepub.com/doi/pdf/10.1177/1474904120947890

References

- Agah, J. J., Ede, M. O., Asor, L. J., Ekesionye, E. N., & Ejionueme, L. (2021). Managing examination induced stress among students using FEAR-model of cognitive behavioural intervention: Policy implications for educational evaluators. *Current Psychology*, 1-13.
- Feltner, C., Peat, C., Reddy, S., Riley, S., Berkman, N., Middleton, J. C., ... & Jonas, D. E. (2022). Screening for eating disorders in adolescents and adults: evidence report and systematic review for the US Preventive Services Task Force. *JAMA*, *327*(11), 1068-1082.
- https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health
- Krysanski, V. L. (2003). A brief review of selective mutism literature. *The Journal of Psychology*, *137*(1), 29-40.
- Martenstyn, J. A., Aouad, P., Touyz, S., & Maguire, S. (2022). Treatment of compulsive exercise in eating disorders and muscle dysmorphia: A systematic review and meta-analysis. *Clinical Psychology: Science and Practice*.
- Mennuti, R. B., Christner, R. W., & Freeman, A. (2005). *Cognitive-behavioral interventions in educational settings: A handbook for practice*. Routledge.
- Morote, R.; Las Hayas, C.; Izco-Basurko, I.; Anyan, F.; Fullaondo, A.; Donisi, V.; Zwiefka, A.; Gudmundsdottir, D.G.; Ledertoug, M.M.; Olafsdottir, A.S.; et al. Co-creation and regional adaptation of a resilience-based universal whole-school program in five European regions. Eur. Educ. Res. J. 2020.
- Stallard, P., & Buck, R. (2013). Preventing depression and promoting resilience: feasibility study of a school-based cognitive-behavioural intervention. *The British Journal of Psychiatry*, *202*(s54), s18-s23.
- Thapar, A., Collishaw, S., Pine, D. S., & Thapar, A. K. (2012). Depression in adolescence. *The Lancet*, *379*(9820), 1056-1067.

Thank you for your attention! ☺

გმადლობთ ყურადღებისთვის

danapopa@unitbv.ro