

Facing Your Fears: Adaptation for Telehealth

The appendix lists all activities by session, with notes suggesting modifications for telehealth. Directions for completing the worksheets and activities are not reiterated here, as they can be found in the Facing Your Fears Facilitator’s Manual.

This appendix is intended to be used in combination with the published Facing Your Fears program (Facing Your Fears: Group Therapy For Managing Anxiety in Children with Autism Spectrum Disorder; Reaven, Blakeley-Smith, Nichols & Hepburn, 2011)

INTRODUCTION	Although FYF was created for in-person group treatment, there has been encouraging evidence that it can be delivered effectively via telehealth (Hepburn, Blakeley-Smith, Wolf & Reaven, 2016). Many lessons documented in this guide were learned during a telehealth research project, spear-headed by Dr. Susan Hepburn (TeleCopes: PI – Susan Hepburn; R40MC15593-01-00). Conducting FYF virtually may allow access to evidence-based interventions for many children with ASD and anxiety who otherwise may not have been able to receive these services. An additional advantage is that fewer providers may be needed to conduct the intervention (although a minimum of two facilitators is recommended; 2:1 ratio preferred).
TELEHEALTH MODIFICATIONS	Basic CBT content remains the same, as does the emphasis on the use of visual structure and support; however, there are additional modifications to consider in the implementation of FYF via telehealth:
	<ul style="list-style-type: none"> ✓ 25-30-minute segments for youth participation: We have found that about 25-30 minutes is the optimal amount of time for youth participation via telehealth. (although this may vary depending on the activities and group members). ✓ Increased parents’ involvement: The telehealth version of FYF includes more parental involvement than the clinic version, and we do not generally have separate parent and child groups (although group leaders may choose to include break out groups if they wish). ✓ Parent-guided assignments: There are more in between session activities or “homework,” particularly during the psychoeducation weeks than for the in-person group.
PREPARATION	<ul style="list-style-type: none"> ✓ Internet Connections: Families will also need a computer with a reliable internet connection and a web camera. ✓ Access to videos, workbooks, and stress-o-meter: All providers will need to have electronic access to the FYF videos (i.e., Relaxation video, Facing Your Fears movies), and all participating families need access to the child and parent workbooks and other materials, such as stress-o-meters.

	<ul style="list-style-type: none"> ✓ <u>Different Parent and Child Participation:</u> Since the parents will be in the session longer than the children, you will want to explain the timing of the sessions to the parents at the outset, so that they can make arrangements for their children once their participation for the day is complete. ✓ <u>Quiet Space/Free of Distraction:</u> Parents will need to find a quiet space to have group, free from distraction of other children in the home if possible. Adequate childcare for non-participating children in the home will also need to be considered, as consistent parent participation is an important component of therapy.
SELECTING FYF PARTICIPANTS	The same screening criteria used for an in-person FYF group, holds true for telehealth. Children between the ages of 8-14 (without intellectual disability) and clinically interfering anxiety are most appropriate. FYF has been most effective for children with ASD who present with social anxiety, separation anxiety, generalized anxiety, and specific phobias.
SELECTING FYF PARTICIPANTS VIA TELEHEALTH	<ul style="list-style-type: none"> ✓ <u>Technology:</u> <ul style="list-style-type: none"> ○ Assess a child’s tolerance for remaining engaged in a telehealth format. ✓ <u>Safety Screening:</u> Increased caution around safety screening (i.e., suicidality, aggressive behavior) during recruitment for FYF, as there may be increased challenges in monitoring and addressing those risk factors in a telehealth format. ✓ <u>Anxiety Symptoms:</u> Thoughtful review of the child’s current fears and whether they are well-suited for telehealth, given that practices will need to happen either within the telehealth format, or through parent-guided assignments in between sessions. It would be helpful (but not critical) to have at least one fear that can be addressed via the telehealth format so that parents may walk through “fear-facing” with group leaders during the session.
OTHER TELEHEALTH CONSIDERATIONS	<ul style="list-style-type: none"> ✓ <u>Confirm Location:</u> It is important to verify participant physical addresses, phone numbers, and email addresses prior to starting group. (Some states require that telehealth be conducted ONLY with families currently residing in the state where the providers conduct the intervention). ✓ <u>Send FYF Materials:</u> It is very useful to mail child and parent workbooks (and pre-constructed stress-o-meters if desired) to families well before the group begins. (If you are using a pre-post measure as a part of treatment, it is also important to consider how data will be collected from participants). ✓ <u>Check Technology:</u> It may be helpful to do technology “dry-run” before the first session (or even every session), to practice management of telehealth platform features according to your session plan for the day. ✓ <u>Use New Tools:</u> Consider maximizing your use of the technical features provided in your telehealth platform, including screen-sharing, the chat box, polling features, and break-out rooms. These features can create more cohesiveness in group activities, privacy for individual consultations, and variability to help with pacing and engagement. Consider creating an electronic scan of worksheets so that you may screen-share as you are describing the assignment. Some platforms may allow you to “annotate” or write on top

of the sheets. This provides some nice visual modeling and helps the activity feel more cohesive for the group.

- ✓ **Monitor Time:** It may be helpful to use an online visual timer during parent-child dyads (which can be shown to the group via screen share) to help families keep track of how much time they have to complete a given worksheet.
- ✓ **Review Schedule:** Review a written schedule through a screen-share at the start of each session, emphasizing the activities for the children. Refer back to this schedule during key transitions to help the group keep track of progress in the session. You may even choose to cross activities off as you go.
- ✓ **Virtual Social Rewards:** The in-person FYF group provides stickers and rewards for participation and other desired behavior. Group leaders may use the chat box to send words of praise and appreciation to individual group members. Alternately, consider keeping “points” and tracking them in a spreadsheet and show progress with a bar graph at the end of the session to celebrate the group’s good effort.

NOTES

Note: This Appendix was developed by Judy Reaven, Lisa Hayutin, Caitlin Middleton, Lindsey DeVries, Tammy Rosen, and Nuri Reyes

References:

Hepburn, S.L., Blakeley-Smith, A., Wolff, B. & Reaven, J. (2016). Telehealth delivery of cognitive-behavioral intervention to youth with autism spectrum disorder and anxiety: A pilot study. Autism: International Journal of Research and Practice, 1 20(2):207-18. DOI: 10.1177/1362361315575164; PMID: 25896267.

Reaven, J., Blakeley-Smith, A., Nichols, S., & Hepburn, S. (2011). Facing Your Fears: Group Therapy for Managing Anxiety in Children with High-Functioning Autism Spectrum Disorders, Paul Brookes Publishing Company, Baltimore.

Session 1

TIPS for Telehealth

- ✓ **Written Schedule:** Include a written schedule (e.g., share your screen) of the session, emphasizing the activities for the children.
- ✓ **“Name Tags”:** Consider asking each family to display the first names of the parent and child so the group can learn one another’s names. Some electronic platforms allow participants to change their names. Otherwise, they may simply write them in bold letters somewhere that is visible to the group, to make it easier to get to know each other by name.
- ✓ **“Favorites”:** When you conduct the “Getting to know you” activity (as described in the FYF manual), facilitators can begin with a “favorite” category – as indicated. While sharing your screen write the children’s names. Once someone indicates their “favorite” food, write it under their name, and then ask them to call on one of other children so that they can identify their favorite foods. You will keep a running list of everyone’s “favorites”. You may do as many categories as you would like, giving the children a chance to participate, as well as get used to the technology and seeing each other on screen.

Children/Parents Together

	Activity	Suggested Adaptation
1	Group Logistics and Expectations (p. 15)	Following this discussion, it is important to review Logistics for group (e.g., meeting time, duration, expectations for group, and confidentiality – what happens in group stays in group. For expectations, it may be helpful to ask families to stay on mute when not talking and raise their hands when they wish to participate).
2	“Getting to Know You” (p. 15)	Getting to Know You (or any other ice-breaker activity). Two rounds will likely be sufficient.
3	Emotion Game (Session 2: p. 36-37)	If there is time and if you think the children could benefit from the Emotion Game, briefly engage them in the game. Encourage the children and their parents to generate more than one emotion for a particular situation. You can read one scenario at a time and have them “lock in” their answers – then check with the other family groups and discuss similarities and differences between them. Tip: If your telehealth platform allows for it, consider using features such as the “chat box” or “polling questions” to increase child engagement and explore a variety of communication modalities that may be a good fit for participants.
4	Assignment (p. 23)	Show the children the <u>Word Search</u> and ask them to complete if they wish (independently or with their parents before next session).

5	Advice for Friends (p. 24)	This activity can be completed as a group via screen share and the group leaders can keep a document to add on to each week.
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Parents Only (Children Dismissed)		
	Activity	Suggested Adaptation
1	Discussion (p. 16-17)	Review any additional logistics not already covered. Parents may want to talk about how their children handled telehealth participation. This is also a nice opportunity for parents to share their expectations for group and specific worries that their child experiences.
2	Goals for group (p. 17/20)	
3	Complete the Reinforcement Survey (p. 17/21)	Parents and children together can complete this survey in anticipation of using rewards later in the program. Have parents share a few things from the list with the group. This can also be completed as homework between sessions.

End Group

Notes	
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Session 2

TIPS for Telehealth

- ✓ **Break Out Rooms:** When Session 2 is provided in person, facilitators join parent-child dyads to provide coaching when they seem “stuck”. Some telehealth platforms allow for break-out rooms, which would create a space for more private coaching.
- ✓ **Transitions between Activities:** In addition, it may be difficult to determine when families have completed one worksheet and are ready to go onto the next. You may consider telling participants to write “done” in the chat box to signal their completion. This lets you know when a majority are complete, and also may help pace the other participants. Others may be able to raise their hand or provide another visual cue to indicate that they are complete. It is important to pace this part of the session so that you do not spend more than 30 minutes working together, or you may risk losing the children’s attention; remember, you want to try to end the children’s time in group on a positive note. Therefore, if some families are taking a long time to complete the work, have them provide at least a couple of responses to each worksheet, even if they have not thoroughly completed the work.

Children/Parents Together

	Activity	Suggested Adaptation
1	Discussion: Brief update (p. 26)	Check-in with the families, ask if they had a chance to do the word search, and if so, what words did they find? What words do they prefer to use to describe anxiety/upset? This could be a good time to use the poll feature for the children to pick their favorite worry words.
2	Completion of worksheets (p. 27)	Complete this set of worksheets just as it is laid out in the Facilitator’s manual. <i>Make note of the child’s worries here and use them as examples for additional activities (e.g., active minds/helpful thoughts; exposure).</i>
3	Share time (p. 27)	
4	Assignment (p. 37)	
5	Advice (p. 38)	Complete as described in Session 1 above

Parents Only (Children Dismissed)

	Activity	Suggested Adaptation
1	Complete Session 1 Activities	If needed, complete <u>Goals for Group</u> and the <u>Reinforcer Survey</u> .
2	Intervention Overview (p. 32-33)	Spend the majority of the parent portion of this session reviewing the FYF intervention and answering any questions they may have about the program.

End Group

Session 3

TIPS for Telehealth

- ✓ **Required Materials:** To complete the worry bug activities, families will need to have some art supplies at home. In the clinic group, we supplied markers/crayons or play-doh; however, when relying on what families have at home, it is appropriate to expand that list to include other craft materials (e.g., pipe cleaners, Legos, clay, aluminum foil, etc.).
- ✓ **Flexible Time:** This session requires some flexibility and “game-time” decisions with regard to planning. The parent/child portion of this session may run long because parents and children complete a series of worksheets as well as the worry bug/helper bug activities. However, most children enjoy creating the worry and helper bugs, so they may be able to handle the increased amount of time together. You may have the families take breaks if needed to prevent video fatigue (unless you think it may be difficult to bring them back to the session!). If you do not finish all of the activities for session 3, you may have them complete their worry and helper bugs between Session 3 and 4. They may share with the group at the next session, either by holding them up to the camera or by uploading a photo and sending them to you electronically so that you may show the group via a screen-share. Try to plan the timing of the session, such that you still have a few minutes to connect with the parents alone before you end for the day.

Children/Parents Together		
	Activity	Suggested Adaptation
1	Time Spent Worrying Worksheets (p. 41-42)	
2	Share time (p. 41)	
3	Introduce worry bugs/helper bugs (p. 49-50).	Although this activity typically occurs in the child only group when FYF is delivered in person, for the telehealth version, you can have parents/children work on this activity together, and have each of the parents as well as the children create their own worry/helper bugs. Alternatively, you may introduce the concept of worry/helper bugs and the importance of externalizing anxiety, and then give the craft assignment for homework. Participants may then bring their “bugs” to show in session #4 or send photos of them to leaders to screen-share during session #4.
4	Assignment, Show and Tell Planning (p.50)	You will need to decide if you want to do the Show and Tell activity via telehealth (beginning in Session 4). Rotating this opportunity may be the best option for doing this activity via telehealth. Keep in mind that the telehealth format creates new and delightful ways to get to know one

		another through meeting pets, seeing favorite cozy places, or viewing precious collections that would be much harder to glimpse in a typical in-person clinic group.
5	Advice (p.53).	

Parents Only (Children Dismissed)

	Activity	Suggested Adaptation
1	Finish intervention overview if needed. (p. 47)	
2	Preview and home assignment	Provide a preview for next week and encourage parents to complete <u>Things I Like to Do to Relax</u> , (self-care) either in session (if time) or during the week.

End Group

Notes

Session 4

TIPS for Telehealth

- ✓ Heads up about Content/Time: When this session is completed in person, parents and children are together for the duration of the appointment. Given that there is a lot of content to get through in this session, it might be helpful to give the group members advanced notice of this and let the children know that their time on video may be longer today than in the other weeks.
- ✓ Playing Videos over Telehealth: To complete these activities, providers will need to have the ability to play the Instructional video over telehealth. If you haven't played videos via telehealth before, please take the time to complete a trial-run to ensure that both the audio and visual components come through well. You may need to adjust settings in your screen share to optimize for audio/video sharing.
- ✓ Access to the stress-o-meters: Each family will need to either make or have access to the stress-o-meters. You will likely not have time to complete all of the activities listed below. If the children are appearing restless you can always consider assigning the What I Like to Do to Relax worksheet, as well as personalizing stress-o-meters during the week to share next session.

Children/Parents Together		
	Activity	Suggested Adaptation
1	Check-in and brief share (p. 56-58)	The children may want to share worry/helper bug photos if they completed this activity over the week.
2	Body's reaction to fear activity.	
3	Adaptations for False Alarm vs. Real Danger activity.	<p>When FYF occurs in-person, we review the concepts then go through several scenarios and have the participants indicate whether the situation is a "real danger" or a "false alarm." This kind of discussion can be cumbersome via telehealth. Adaptations to consider include:</p> <p>a. <u>Use the polling feature</u>. You may set up the scenarios as polling questions and have participants complete the poll. Then ask for someone who voted "real danger" to make the case for that answer and vice versa.</p> <p>b. <u>Hold up signs</u>. Ask participants to go get a marker and two pieces of paper. Have them right "real danger" on one and "false alarm" on the other. Then present the questions via a PowerPoint screen-share and have them hold up their signs. Then ask for someone who voted "real danger" to make the case for that answer and vice versa.</p>

4	Facing Your Fears Instructional video (p. 57).	Play video on relaxation/deep breathing – starting and stopping the tape to demonstrate tense vs. relaxed.
5	Practice deep breathing (p. 59).	
6	Complete “What I Like to Do to Relax” (p. 60, 67)	
7	Introduce “stress-o-meter” (p. 61 – 63)	Introduce them and have children personalize them (either during the session or for a home assignment). You will likely begin to have them practice using the stress-o-meters by measuring anxiety related to fears/worries in the next session. Stress-o-meters may be mailed to families, or you may opt to email a pdf for them to print at home.
8	End with “Show and Tell,” if appropriate (p. 56)	

Parents Only (Children Dismissed)		
	Activity	Suggested Adaptation
1	Practicing deep breathing at home (p. 68)	Encourage parents to support their children to practice deep breathing on a regular basis, (see schedule) to regularly practice deep breathing and other calming activities. There are a number of free deep breathing visual aids that can be used online and shared via screen share if you would like to practice with the group as well. Encourage parents to model coping and calming strategies for their children.
2	Assignment (p. 61)	Parents can help the children to complete any work they did not get to finish, including “What I Like to Do to Relax” and personalize stress-o-meters (if they did not complete them in group).

End Group

Notes

Session 5

TIPS for Telehealth

- ✓ Heads up about Content/Time: Similar to Session 4, the time for children/parents to work together may run long and you may have trouble maintaining the children’s attention. If this is the case, know that some of the content in this session will be intentionally repeated in Session 6, so there will be additional opportunities to gain content. Some families may also be able to finish some of the activities over the week.

Children/Parents Together		
	Activity	Suggested Adaptation
1	Discussion (p.74)	Ask the children if they had a chance to engage in any calming/relaxing/fun activities. Consider awarding more “points” if participants tried a new relaxing activity, as an incentive to broaden their repertoire. Share assignments (briefly). Have families share any worksheets/stress-o-meters they worked on over the week.
2	Deep breathing together.	
3	Complete worksheets	<ol style="list-style-type: none"> 1. Rating fears/worries with the stress-o-meters p. 62-63. 2. Finding My Target worksheet p. 76, to address in treatment. 3. Transfer the top worries to the Fear Tracker (p. 77) 4. Steps to Success- Finding My Target (p. 76).
4	Introduce Active Mind/Helpful Thoughts (p. 78-82)	Complete the sample set together, and after completing the example, ask parents/child to generate a potential fear/worry that is unique to each child. There will likely not be time to complete this second set of worksheets, but you can either assign this to them to complete over the week or follow up in Session 6.
5	Homework (optional; see notes in session 6).	Consider having the participants take photos or brief videos of themselves relaxing or a favorite place they go to relax. Parents may participate too, and kids might have fun capturing their parents relaxing. They will have to have a way to submit them to you so that you can share them with the group at the start of session 6.
6	Show and Tell and/or deep breathing together.	

Parents Only (Children Dismissed)		
	Activity	Suggested Adaptation
1	Introduce and “Create a Plan to Get to Green” (p. 83)	
2	Discuss adaptive protection and excessive protection (p. 84-90)	Because acknowledging the parental role can be hard for some parents, it may be helpful to normalize the occurrence of excessive protection, (via facilitator’s sharing personal examples of excessive protection as appropriate). You may then be able to ease into a discussion with a polling question (e.g., “Do you think there are areas in which you might be engaging in some excessive protection?”) and then ask for a “brave” parent to share.
3	Review the Cycle of Anxiety/Anxiety components and anxiety graph (p. 84-90)	

End Group

Notes

Session 6: Introduction to Exposure

TIPS for Telehealth

- ✓ Recalling False Alarms: Beginning this week it is important to start asking group members if they have experienced any “false alarms” during the week. This can be done in a variety of ways (e.g., polling questions, chat box feature, discussion) and a few of the group members can be chosen to describe their false alarms and how they handled it.

Children/Parents Together

	Activity	Suggested Adaptation
1	Deep breathing	
2	Art activity (p. 97).	As described. Alternatively, you may opt to show the submitted photos and videos of participants relaxing.
3	Revisit Previous content	<ol style="list-style-type: none"> 1. Revisit Active Minds/Helpful Thoughts activities. 2. Revisit calming/relaxing activities and how well the child has been able to practice these activities.
4	Watch the video on Facing Your Fears of Dogs	Start and stop the video as described, so the child and family highlight both the strategies for managing anxiety as well as the steps to facing fears of dogs.
5	Complete Fear Tracker.	
6	Create hierarchies (p. 114)	Practice creating hierarchies by completing the Facing Fear of Snakes OR Facing Fear of Talking in Class (p. 114) (select one).
7	Create hierarchies	If time in this session, begin to generate a hierarchy for the child’s own fear.

Parents Only (Children Dismissed)

	Activity	Suggested Adaptation
1	Alarm Chain Reaction (p. 99-102)	Even if you are not able to do this in group, it may be helpful to review the activity together, and even consider sharing with their children.
2	Complete any work from Session 5 you did not cover.	
3	Parent’s role in exposure as “coach”. (p. 108-111). See p. 103 for additional activities.	Review with the parents the examples in the manual on hierarchies and how to generate specific steps.

End Group

Session 7: Introduction to Exposure (continued)

TIPS for Telehealth

- ✓ Consider establishing a specific plan for rewarding children for facing fears and engaging and calming/relaxing activities, and for staying in green. You will need to establish a plan for how you want children to face fears in group to promote group learning and promote accountability for follow-through with practices. Options may include:
 - Spotlighting one child at a time as a “kid of the week.” This person will complete an in-vivo exposure during the session while other group members have the opportunity to observe and offer support and encouragement.
 - Have parents record their child facing fears and send you their videos to show the group the next week via a screen-share.
 - A combination of these approaches.
 - Even though much of exposure planning will be with parents alone, it is essential to find a way for the children to weigh in on what fears they want to face.

Children/Parents Together

	Activity
1	Deep breathing
2	Discussion on facing fears, p. 118
3	Video on Facing Your Fears of Talking on the Phone (p. 119)
4	Fear tracker
5	Create hierarchy for facing fears p. 119
6	Show and Tell and/or Deep Breathing

Parents Only (Children Dismissed)

	Activity	Suggested Adaptation
1	Create Hierarchies	Work with parents directly to create hierarchies and trouble shoot ways to practice exposure. Refer back to worries/fears identified in Session 2 for suggestions on fears to face. Help parents form a well-developed step to work on in the coming week.

End Group

Sessions 8-13

Sessions 8-13: These sessions are essentially identical, so once you establish a plan for these sessions, subsequent meetings will be the same. See Session 7 for tips on conducting exposure.

Session 14

Session 14: Follow the activities as listed in the Facilitator’s Manual. In addition, consider including a brief virtual celebration. Possible ideas are listed below:

Activity	
Scavenger Hunt	A scavenger hunt in which participants are given clues to find things that most people have in their home (e.g., backpacks, an item that the child made, a towel, etc.).
Extended Show and Tell	
Certificates	Presentation of Certificates of Completion and Awards (which may be displayed via share-screen at the time and then emailed to families).
Snacks/Drinks	Have everyone bring a snack and drink to the group and do a toast together
Coping Packages	Mailing special “coping packages” to the children that you open together during the last session. Items such as play-doh, fidget spinners, small journals, or other objects that signify bravery, courage, or coping can be appropriate.
A closing ritual	<ul style="list-style-type: none">○ Take turns offering a wish to the group and then blowing out a candle. Group leaders may prepare personalized “wishes” to say to each child, aimed at celebrating their accomplishments and encouraging continued growth.○ Having group members write a fear on a helium balloon and release it.○ Having group members write a fear on a piece of paper and tear/crumple it up○ Taking a screenshot of the group meeting as a “group photo” and sharing it with the families.

End of FYF Program