An Anxiety Intervention Plan for Carey Tocher
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Background Information (Natalie Kenney)

Consultation was initially requested by Carey’s mother, Ms. Tocher, due to concerns regarding Carey’s emotional well-being and feelings of anxiety. Background history indicated significant changes in behaviour over the past 12 months. A thorough assessment was completed to clarify the severity and nature of combined presenting concerns and implement an integrated intervention plan. Carey is described by her mother as a little girl who has experienced significant changes in her state of emotional wellbeing throughout the year. Ms. Tocher described an increase in Carey’s anxiety when separated from her and onset of multiple somatic complaints before going to school or to Carey’s aunt’s house for childcare purposes. Carey is demonstrating both a loss of interest in previously enjoyed activities and a loss of energy, often remaining in bed for several additional hours in the morning. Ms. Tocher also states that Carey has become very clingy and becomes unreasonably upset at the prospect of separation from her mom, thus straining their relationship. Ms. Tocher has had to pick Carey up from school repeatedly during the last several months due to her level of agitation, and finds it increasingly difficult to leave Carey either with a babysitter, or with her aunt and cousin. Carey is no longer having play dates with her friends, stating that nobody likes her or wants to play with her.

Carey’s teachers report that she has become unable to take part in many classroom activities such as group work and will often refuse to answer questions. She no longer participates in large group activities such as physical education and peer play at recess. They report that she is often tearful and that she makes disparaging comments about herself in the school setting as well. Absenteeism has increased to 1-2 days per week, and when in class, Carey is unable to attend to her work. These issues are beginning to impact academic achievement and her ability to learn and to function in a classroom setting.
Carey meets criteria for a diagnosis of Separation Anxiety Disorder (SAD). Carey also demonstrated several secondary symptoms relating to depression and social problems. As such, the primary intervention (Coping Cat) will address Carey’s anxiety. Building a more positive relationship with her mother, her depressive symptoms and social problems will be addressed through concurrent interventions (i.e., the FRIENDS program and family counseling). Carey’s emotional health and feelings of anxiety will be reassessed in two months after implementation of interventions. Additionally, Carey has several risk factors, including age of onset, gender, and lower socioeconomic status (Camacho & Hunter; 2008). Although culture has not been found to be a risk factor, Carey’s is First Nations, which may impact considerations for interventions. A multidimensional intervention will be implemented including the school-based practitioner/psychologist (individual intervention), classroom teachers (classroom strategies), as well as school-wide universal preventative programming.

**Goals and Target Behaviours, Emotions, and Skills (Natalie Kenney)**

Anxiety is reinforced by certain behaviours, including seeking excessive levels of reassurance and avoiding situations that may trigger worry (Barrett, Farrell, Ollendick, & Dadds, 2006). As SAD is associated with developmentally inappropriate distress upon separation from a caregiver, interventions typically involve teaching children coping skills to be used in times of separation. Cognitive-behavioural therapy (CBT) has progressively gained empirical support for the use of treating anxiety disorders, including SAD. The focus of this approach is the use of self-talk or self-management strategies, (Mash and Barkley, 2006) which are used to change both the thought processes and behaviours that result in anxious and fearful reactions to non-threatening situations. The goals outlined below are also appropriate for addressing the social problems and depressive symptoms Carey is experiencing.
The goals addressing Carey’s symptoms related to SAD will focus on teaching her several major skills. Specifically, the recommended goals are:

1. To recognize anxious feelings regarding separation and to identify physical reactions to anxiety
2. To identify her thoughts in anxiety-provoking separation situations (at school, her aunt’s house)
3. To develop a plan to cope adaptively with the situation (i.e., separation from Ms. Tocher)
4. To evaluate the success of the coping strategies utilized
5. To praise herself for positive coping
6. To develop a more mutually adaptive relationship with Ms. Tocher

In addition, behavioural strategies such as modeling, role-playing, relaxation training, and reinforced practice will be used. Carey will be guided in developing a list of situations that are challenging for her, such as participating in play dates outside of her home without her mom, staying at her aunt’s house, or staying home with a sitter. She will be taught to implement learned coping skills while gradually facing each of these situations. An emphasis will be placed on praise for Carey’s successes by both the therapist and by her mom, as well incorporating the reward system as used within both the Coping Cat and FRIENDS programs (Barrett et al., 2006; Eisen & Schaefer, 2005). As parental involvement increases treatment effectiveness, Mrs. Tocher will be actively involved. During the parent sessions as outlined in both the Coping Cat and FRIENDS programs, Ms. Tocher will be taught alternative ways to provide reassurance to Carey so that her fears are not inadvertently reinforced. This comprises the final intervention goal.

Evidence-Based Intervention

Evidence Base (Sue Friesen)

The intervention for Carey has been designed based on Coping Cat, which is an empirically-supported, manualized treatment using trained therapists for SAD, Generalized Anxiety Disorder (GAD), and Social Phobia (SoP) (Camacho & Hunter, 2008). According to
Chambless and Hollon (1998), an intervention has *well-established efficacy* if at least two independent research teams have shown that it is statistically superior to the comparison condition, using either a randomized controlled trial (RCT) or controlled single-case experiment, with most of the data supporting efficacy. A program is considered *probably efficacious* if only one study was able to meet these required characteristics.

The evidence base for Coping Cat is supportive, as RCT’s have shown clinically significant improvements for children with a mixture of anxiety disorders, with results maintained from 1 to 3 years after treatment (e.g. Barrett, 1998; Kendall, 1994; Kendall & Southam-Gerow, 1996). Trials with Coping Cat and its variants show that between 50-72% of children with GAD, SoP or SAD who receive treatment do not meet criteria for their initial anxiety disorder following program completion (Podell, Mychailyszyn, Edmunds, Puleo, & Kendall, 2010). Coping Cat is considered probably efficacious for Carey, as the program has not been tested on a sample of children who only have a diagnosis of SAD.

Coping Cat for anxious youth has produced similar results regardless of a child’s gender or ethnicity (Treadwell, Flannery-Schroeder, & Kendall, 1995), but no studies have specifically included First Nations children, which means the therapist should discuss cultural and family values to find appropriate adaptations for Carey. Finally, the program will occur over 8 weeks in the school setting using a trained therapist, which are acceptable and recommended adjustments to the program (Camacho & Hunter, 2008; Mychailyszyn et al., 2011).

**Rationale (Sue Friesen)**

The selection of an evidence-based treatment is dependent upon the symptoms or diagnosis of the target individual (Lochman & Gresham, 2009). Carey exhibits symptoms that are indicative of SAD, as described in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV, American Psychiatric Association, 2000), and this disorder is the primary concern for
treatment. Carey meets diagnostic criteria for this disorder because she exhibits at least three symptoms related to developmentally inappropriate and excessive anxiety around separation from home or her close attachments. These include recurrent distress when separation from home or her mother occurs or is anticipated, persistent reluctance or refusal to go to school or elsewhere (e.g. aunt’s house) because of fear of separation, fear of being alone or without her mom (e.g. has tantrums while the babysitter is present), and complaints of physical symptoms when separation occurs or is anticipated (e.g. before school). The duration of this behaviour has lasted six months (more than the required four weeks), is causing clinically significant impairment in school attendance, Carey is under 18 years, and does not appear to have other symptoms regarding Pervasive Developmental Disorder, Schizophrenia, or a Psychotic Disorder.

Added to the complexity of this case, Carey also displays some depressive symptoms as well as social problems. According to the DSM-IV, a Depressive Disorder should only be diagnosed in addition to SAD “if the depression occurs at other times” (American Psychiatric Association, 2000, p. 124). In Carey’s case, she appears sad even when she is at home with her mother, and does not want to play with other children, which she used to enjoy doing. She also stays in bed much later than normal on weekends, when her mother is home. It is not clear whether these symptoms stem from SAD, or whether there is a comorbid condition, but for this case, we will address SAD first, keeping in mind some flexible adaptations for depression, and re-assess Carey after treatment in order to see if the depressive symptoms have been ameliorated, and whether Carey is better able to relate to her peers.

The Coping Cat program targets Carey’s internal and external environment in order to help her identify anxious feelings and her body’s response to anxiety, understand the role of self-talk in worsening anxiety, increase her capacity to deal with anxiety by using problem solving and coping techniques, evaluate her use of coping strategies, and uses appropriate rewards
(Camacho & Hunter, 2008). The Coping Cat program is a form of CBT, which helps clients to change their behaviour by altering their thoughts and feelings (Mayer & Van Acker, 2009). The intervention targets Carey’s thoughts by helping her identify anxious self-talk (e.g. worrying when her mother is not around), identify coping thoughts and actions for maladaptive thoughts and feelings (e.g. somatic symptoms), and enable Carey to come up with a plan for exposure. These sessions also engage Ms. Tocher for support and help with treatment, which is advisable since family involvement increases this program’s effectiveness (Barrett, 1998).

Adaptations to the Coping Cat program are needed for Carey, since she is on the younger side of those for whom the program has been tested, and also exhibits depressive symptoms. To address developmental issues, the therapist can incorporate concrete activities to help with recognition of thoughts and cognitions. For example, Carey can draw a life-sized body to locate somatic cues, and her therapist can use child-friendly terminology for feelings and how to cope with them, such as imagining blowing out candles during deep-breathing exercises (Beidas, Benjamin, Puleo, Edmunds, & Kendall, 2010). To address depressive symptoms, therapy should include enough time to build rapport, along with assistance in helping Carey distinguish between her ‘hopeless voice’ and her ‘worry voice’. Pleasurable activities like spending time with her Mom can be used as rewards for completing exposure tasks (Beidas et al., 2010).

**Implementation (Michelle Kerslake)**

The school-based practitioner (e.g., counsellor or school psychologist) will be in charge of implementing the Coping Cat program. Carey’s mother and teachers will also aid in the implementation of the treatment program.

The psychologist will implement the Coping Cat program (Appendix A) by following the implementation guidelines in the treatment manual (Kendall & Hedtke, 2006a). Carey will meet with the psychologist individually for 16 sessions during the school day (refer to the length
section for further information on the timeframe for sessions and Appendix A for the breakdown of each session). The psychologist and Carey’s teachers will need to work in collaboration with scheduling Carey’s treatment sessions (Franklin et al., 2008). Ideally, Carey would be pulled out of non-academic classes (e.g., gym) or classes where she could make up the school work at home (e.g., silent reading). The first eight sessions of the Coping Cat program will involve Carey learning to identify cues for anxiety and learning skills to help her cope with her anxiety symptoms (Kendall & Hedtke, 2006a). The latter eight sessions encompass the practice phase of treatment. During these sessions Carey will face her fears in a graded hierarchy that begins with exposure to low-anxiety scenarios and increases to high-anxiety scenarios (Kendall & Hedtke, 2006a). The psychologist will need to make adjustments to the treatment sessions to incorporate developmental considerations for Carey’s age and secondary symptoms stemming from her anxiety (i.e., depression symptoms and social skills deficits; Beidas et al., 2010). In order to address Carey’s complex needs, Kendall and Beidas (2007) propose flexibility within a fidelity approach. This approach asserts that the successful implementation of the Coping Cat program relies on the psychologist flexibly applying the concepts for each session.

As part of the implementation of the program, Carey will also be provided with a workbook that provides activities to foster increased understanding and application of the concepts taught through the treatment manual (Kendall & Hedtke, 2006b). Further, Carey will be required to complete homework assignments called Show-That-I-Can (STIC) tasks and will be given a notebook to record these tasks in (Kendall & Hedtke, 2006b).

Another part of the implementation of the program is two parent sessions between Ms. Tocher and the psychologist. The first parent session is to occur after Carey’s third session with the psychologist to encourage Ms. Tocher’s parental cooperation in the program (Kendall & Hedtke, 2006a). The second parent session is to occur after the eighth session of treatment to
introduce Ms. Tocher to the practice phase of Carey’s treatment (Kendall & Hedtke, 2006a). In addition, the parent sessions provide an opportunity for Ms. Tocher and the psychologist to maintain an open dialogue and discuss Carey’s progress through the course of the program (Franklin et al., 2008). These sessions will also provide Ms. Tocher with the ability to give feedback about the program and receive coaching on how to effectively handle Carey’s anxiety (e.g., relaxation training and positive self-talk; Kendall & Gosch, 1994). Given Ms. Tocher’s work schedule, it may be difficult to meet with the psychologist during the day. Therefore, the parent sessions may need to occur over the phone (Franklin et al., 2008). As a further resource for parents completing the Coping Cat program, Ms. Tocher will be provided with a parent companion resource book that reviews information about the nature of anxiety, the treatments, and strategies for Ms. Tocher to use when Carey is feeling anxious (Kendall, Podell & Gosch, 2010). The resource book also informs Ms. Tocher about the experiences that Carey will have as she completes the program and will aid in Ms. Tocher’s understanding about the STIC homework tasks that Carey will be completing at home (Kendall et al., 2010).

Carey’s teachers will also implement program related treatments that are recommended by the psychologist. For example, Carey’s teachers can coach her in using self-calming techniques and provide a distracting activity when Carey’s mother drops her off in the morning. Moreover, Carey’s teachers will need to stay in communication with the psychologist regarding fluctuations in Carey’s behaviour throughout the duration of the program (Franklin et al., 2008).

**Length of the Intervention (Michelle Kerslake)**

The Coping Cat program involves 16 one-hour therapy sessions that take place over 12 to 16 weeks (Kendall & Hedtke, 2006a). However, the program will be modified to fit into the eight-week intervention time frame for Carey. Therefore, Carey will meet with the psychologist twice a week for eight weeks, which will total 16 sessions. Research has shown that
modifications to the delivery of the Coping Cat program do not lead to poor treatment outcomes (Kendall & Chu, 2000). However, the psychologist must ensure that Carey has conceptual understanding of the information covered in the sessions before moving onto the next session’s material. For example, if Carey has difficulty with specifically challenging her anxious cognitions, the psychologist can support her in finding one coping thought that can be used for all anxiety-provoking situations (e.g., “I can handle it”; Beidas et al., 2010). Also, given the STIC homework tasks, the therapy sessions should be spaced throughout the week to give Carey time to complete the tasks at home (e.g., sessions could occur on Monday and Thursday).

**People Involved (Michelle Kerslake)**

The psychologist, Carey’s teachers, and Carey’s mother will be involved in the intervention program for Carey. The psychologist will act as the team leader for the intervention program and will meet with Carey’s teacher and mother to facilitate an open dialogue about the Carey’s progress throughout the duration of the program, recommend strategies, and offer coaching support when needed. Carey’s teachers will be an instrumental part in observing her behaviour throughout the intervention program and reporting behavioural fluctuations to the psychologist (Franklin et al., 2008). As mentioned previously, Carey’s teachers will also aid in the implementation of the treatment program. Further, Ms. Tocher will be an integral part of the assessment, planning, and execution of treatment goals for the duration of the program (Franklin et al., 2008). Given that the treatment will be taking place in Carey’s school, the principal will need to be aware of the treatment plan being implemented and any other staff that may be in charge of organizational components of the school (e.g., office space for the sessions).

**Intervention Effectiveness (Michelle Kerslake)**

Intervention effectiveness will be determined by the observations made by the psychologist, Carey’s mother, and her teachers regarding the attainment of the agreed upon goals for the
program. To aide in the evaluation of the intervention program’s effectiveness, data will be collected regarding the occurrence and duration of anxiety symptoms for the three main incidences of Carey’s separation anxiety; at school, at her aunt’s house, and when being left with a babysitter. The occurrence of anxiety symptoms will be defined as Carey presenting or not presenting with anxiety behaviour. The duration of anxiety symptoms will be defined as the length of time that Carey presents with the anxiety behaviour. The anxiety behaviour will include Carey presenting with an upset affect (e.g., crying) and asking for her mother. Collecting data will ensure that the program effects are accurately measured and evaluated because it is possible to believe that an intervention is leading to goal attainment when it actually is not (Upah & Tilly, 2002).

At school, Carey’s teacher will first gather baseline data for two weeks before the start of the intervention program on the occurrence and duration of anxiety symptoms when Carey is dropped off at school in the morning. Also for the entire intervention program, Carey’s teacher will record the occurrence and duration of anxiety symptoms when Carey is dropped off for school each day. The information gathered by the teacher will be plotted on a graph to display the pattern of anxiety symptom occurrence and duration for each week of the intervention. Ms. Tocher will also gather baseline data for two weeks before the commencement of the intervention program on the occurrence and duration of anxiety symptoms when Carey is dropped off at her aunt’s house or left with a babysitter. She will continue to gather data on the occurrence and duration of anxiety symptoms when dropping Carey off at her aunt’s house or leaving her with a babysitter for the duration of the program. Each week, Ms. Tocher will place her observational data in Carey’s agenda to be given to the psychologist, who will plot the data on a graph.

When the intervention program has ended, the psychologist will visually analyze the data gathered during the program implementation and compare it to the baseline data (Upah & Tilly,
The data will be analyzed through a change in mean and a change in trend (Upah & Tilly, 2002). The change in mean will be evaluated by comparing the baseline average rate to the intervention average rate of occurrence and duration of anxiety symptoms. Next, the trend of anxiety symptoms will be analyzed by the increase or decrease of anxiety symptom occurrence and duration overtime. The change in anxiety symptoms will indicate the effectiveness of Carey’s intervention program. Further, the psychologist, Ms. Tocher, and Carey’s teachers will report on Carey’s attainment of the six goals established at the outset of the program. They will utilize their own personal observations and impressions of Carey’s behavioural changes (or no change) to weigh in on the effectiveness of the intervention program. Therefore, with the data gathered and the observations from the pertinent people involved, Carey’s intervention program will be deemed effective or ineffective.

**Treatment Integrity (Sue Friesen)**

Treatment integrity is the degree to which a treatment is implemented as intended (Gresham & Lochman, 2009). Carey will be treated by a psychologist at the school who has undergone training in the Coping Cat program, but it is known that clinic-developed programs provided at the school level can become ineffective if the accuracy and consistency of the treatment are compromised (Gresham & Lochman, 2009). Though creativity, flexibility, and the strengths and interests of the individual client are encouraged when using Coping Cat (Kendall, Gosch, Furr, & Sood, 2008), the psychologist must ensure that key treatment principles are still being used. The key principles include meeting the stated goals of each session, addressing anxiety management strategies, framing difficulties within a cognitive-behavioural perspective, using action-oriented methods to face fears (exposures), and employing social learning theory throughout, such as positively reinforcing completion of tasks (Kendall et al., 2008).

Indirect monitoring can occur for dosage, completion of session items, and student and
parent compliance with exposure tasks and other homework elements. The psychologist can check off items that are completed for each session to ensure that the content has been covered according to Carey’s overall treatment plan (see Appendix), and whether previous homework items were completed. For example, in session three, the items would include recognition of body responses to anxiety and depression, drawing a body and locating symptoms, and teaching about normal responses to anxiety and depression. The number of sessions missed can help calculate dosage, and missed sessions can be made up at another time.

Treatment monitoring allows the therapist and district special education personnel to determine whether the intervention was carried out properly so that outcomes can be attributed correctly to the treatment (either successful or not for the individual). In this case, the psychologist will keep records of checklists which will remain with Carey’s file. This allows for adjustments which can increase effectiveness for the school setting and for the particular clientele the therapist is likely to work with (e.g. First Nations). The psychologist can discuss treatment integrity with Ms. Tocher and Carey during the process of informed consent so that Ms. Tocher can be reassured that any information needed for these purposes will be erased within guidelines set forth by school district policies. Overall, the purpose of treatment integrity in this case works towards ensuring that Carey will be receiving treatment that has been successful with other children with similar concerns. Though this does take time, the district will have evidence to support the use of Coping Cat, and it may even reduce the number of interventions that need to be implemented (Kern, Hilt-Panahon, & Sokol, 2008).

**Classroom-based Strategies (Dianne Ballance)**

Research shows that anxiety symptoms and behavioural avoidance contribute to school functioning and this is clearly demonstrated in Carey’s case (Camacho & Hunter, 2008; Kearney & Bates, 2005; Weissman, Antinoro, & Chu, 2009). Carey’s anxiety is resulting in direct school-
related consequences including school refusal (sporadic attendance/leaving early), poor academic performance and learning, limited social networks, and overall participation. Given the significance of the school setting and related development concerns implementing classroom-based strategies and interventions in the school setting is a special area of emphasis in Carey’s treatment plan (Camacho & Hunter, 2008; Mychailyszyn et al., 2011; Weissman et al., 2009).

**Classroom Support for Coping Cat**

Collaboration between the school-based practitioner and the teacher is fundamental to Carey’s treatment. The school-based practitioner can provide teachers with informational sessions and guidance regarding treatment and techniques, and teachers can provide information and reports on absences, symptoms, and facilitate treatment by participating in exposure exercises, monitoring somatic symptoms, limiting Carey’s contact with her mother during the school day, and reporting on Carey’s responses to the intervention (Camacho & Hunter, 2008).

The teacher will likely have multiple opportunities to provide direct support through modeling and correcting coping self-talk, cueing to use relaxation exercises or coping strategies, and providing praise for Carey throughout the school day to support skills learned in individual sessions. Environmental supports such as the “survival pack” (stickers, positive thoughts, etc.), the “feelings barometer”, posters, or the wallet-sized FEAR card can be made available in the classroom to help Carey remember strategies and practice self-monitoring, self-rating, and rewarding her responses to situations (Camacho & Hunter, 2008). Additionally, the teacher is in a unique position to help create naturally occurring scenarios for exposure exercises (Camacho & Hunter, 2008). Carey’s “STIC” homework tasks may involve class exposure or participation; which can be monitored, rewarded, and co-evaluated by the teacher and the school-based practitioner (Kendall & Barmish, 2007). During the later stages of the treatment program the teacher can support Carey in her efforts to share her newly learned skills and celebrate her
accomplishments with others through the Coping Cat’s commercial exercise or in distributing a “brochure” on anxiety (Camacho & Hunter, 2008).

Additional Strategies

**Teacher-student relationship.** The teacher-student relationship is at the heart of social interactions and the learning process, and research shows the association between aversive relationships and negative feedback on student outcomes (Cooper, 2011). It will be important for the teacher to demonstrate empathy and personal warmth for Carey during the treatment to counter potential negative effects associated with her behaviours (Camacho & Hunter, 2008). Specifically, the teachers ability to communicate, ask meta-cognitive questions, and to mediate learning in a social constructiveness manner (i.e., scaffolding) would be successful in enabling Carey to achieve success and develop reflective thinking (Cooper, 2011).

**Utilize peer influence.** Research suggests that peers are aware of anxiety in children and that peers prefer children whom they rate as less anxious (Verduin & Kendall, 2008). As illustrated in Carey’s case it is evident that her withdrawal and anxiety symptoms are resulting in increased social problems and peer rejection. Friendships may have a protective factor and should be a component of Carey’s treatment plan. Peer-assisted learning has been found to be effective in improving positive engagement and performance (Cooper, 2011). Assigning a “buddy” or special assistant to Carey for completing assigned work may be helpful in reducing her school refusal, class participation, and task completion (Kearney & Bates, 2005). Peer activities can be included in Carey’s exposure activities and may provide valuable social reinforcement and validation.

**Behavioural programs.** Behavioural interventions are primarily concerned with the manipulation of behaviour through the management of external stimuli. They are commonly used in the educational setting, are cost effective, and easy for teachers to implement (Cooper,
The Good Behaviour Game has demonstrated its success for a wide range of social, emotional, and behavioural difficulties including a significant impact on anxious internalizing behaviours as in Carey’s case (Cooper, 2011). Additionally, specific behavioural strategies such as response cost, verbal praise, in-school rewards, and contingency management can be adapted to address Carey’s avoidance behaviours and encourage her use of specific coping strategies (Chorpita & Southam-Gerow, 2006; Cooper, 2011). For example, the teacher could provide simple rewards (stickers, points, etc.) when Carey answers a question, or take away “points” when she doesn’t respond or avoids a stimulus. The teacher can provide frequent recognition and reward of school attendance or use an ‘attendance contract’ (or attendance journal) with clearly outlined rewards and consequences (Kearney & Bates, 2005).

**Instructional strategies.** Instructional strategies may be used to promote Carey’s academic and social engagement. It will be important for Carey’s teacher to individualize her instruction to increase her task completion, promote social emotional skills and academic development at her level (Cooper, 2011). Carey’s teacher can make temporary modifications (easing of homework, modify expectations, alternate class/schedule, complete work in alternate setting such as the library or counsellor’s office) and frequently reassess Carey for her learning needs (Kearney & Bates, 2005). Additionally, the teacher could provide a classroom-based social problem solving program to support cognitive problems skills, resolution strategies, and prosocial skills (i.e., anger management, self-regulation, self-monitoring) to involve peers and create a supportive classroom environment. Research shows that teachers modeling and reinforcement of prosocial attitudes and behaviours in the classroom influence a child’s behaviour and may be a strong moderator in Carey’s response to the interventions (Allen, 2011). The universal intervention program FRIENDS is an example of a classroom-based program that
would complement Carey’s individual treatment that would be relatively easy to incorporate into the class routine.

**In Home Strategies and Parent Support (Charlene Bradford)**

As mentioned in the previous section, Ms. Tocher will be an integral part of Carey’s treatment and will be involved in supporting Carey as she learns new strategies and in measuring treatment effectiveness. As such, there are many strategies that Ms. Tocher can use at home to aid in Carey’s progress through the Coping Cat program.

**Develop an Understanding of Anxiety and Separation Anxiety**

First and foremost, Ms. Tocher should develop an understanding of anxiety, including information about fears and phobias, and how anxiety is explained from the biological, psychodynamic, and social learning perspectives (Eisen, Raleigh, & Neuhoff, 2008; Pincus, Eyberg, & Choate, 2005). As Ms. Tocher begins to understand that anxiety and the fear surrounding separations are developmentally normal events, she will be more able to view Carey’s behaviours as anxiety, not deliberate attempts by Carey to manipulate or be overly sensitive (Eisen & Schaefer, 2005). Carey’s anxious behaviours will become less personal and threatening and Ms. Tocher will be better able to help Carey learn to cope with anxious feelings. This understanding will be developed in the first parent-based Coping Cat session and further information is included in the parent companion resource book (Kendall & Hedtke, 2006a).

**Enhance and Develop Coping Skills**

It is expected that Carey will need assistance at home to both use the coping skills that she is learning through her CBT program and to complete her STIC homework tasks. Therefore, Ms. Tocher will also need to have a working knowledge of skills to cope with anxiety so that she can assist Carey in using and generalizing these skills outside of her program (Eisen & Schaefer, 2005). Some coping skills that Ms. Tocher will want to have knowledge of include relaxation
and breathing exercise, coping self-talk, and self-control or problem solving strategies (Eisen et al, 2008). These will be taught and practiced in the second parent session of Coping Cat (Kendall & Hedtke, 2006a).

**Discourage Anxious Behaviours**

Intentional or not, parents often reinforce anxious behaviours (Choate, Pincus, Eyberg, & Barlow, 2005; Eisen, et al., 2008). In some cases, the parent becomes overprotective of the child in order to soothe his or her own anxiety (Eisen & Schaefer, 2005). Anxious behaviours may also be reinforced through constant reassurance from the parent or because the parent models anxious behaviours (Eisen & Schaefer, 2005; Pincus, et al., 2005). Ms. Tocher will need to consider if any of these apply to her and will need to begin self-monitoring to ensure that she is not inadvertently reinforcing Carey’s attention-seeking anxious behaviours (like clinging or whining). One strategy to deal with anxiety-based, attention-seeking behaviours is planned ignoring (Eisen & Schaefer, 2005). To use this strategy, Ms. Tocher would first validate Carey’s concerns by stating that she understands why Carey is anxious and gives a clear direction (for example, “I understand that you are worried about joining your class this morning, but it is time for you to join the other students”). If needed, Ms. Tocher would then remind Carey of the reward system (discussed below). Following this, Ms. Tocher would ignore Carey’s anxiety-based attention-seeking behaviours.

**Foster Carey’s Sense of Control**

It has been suggested that children with SAD feel a diminished sense of control over their environment (Choate, et al., 2005). As such, another strategy to assist Carey in overcoming her anxiety, is to foster a sense of control, which can be done by engaging in child-directed interactions, an aspect of parent-child interaction therapy (Choate, et al., 2008). During a child-directed interaction, Ms. Tocher would follow Carey’s “lead in play by giving positive attention
in the form of praise, reflection, imitation, and behaviour description (Choate, et al., 2008, p 129). Ms. Tocher could set aside a specific time of the day or week as Carey’s special time, where Carey leads the play and the focus is on the two of them having fun and letting go, together (Pincus, et al., 2005). Research has shown that using child-directed interactions can result in significant reductions in the child’s separation anxiety (Choate, et al., 2008).

**Effective Use of Commands and Consequences**

Effective commands state expectations in clear, unambiguous terms (Eisen & Schaefer, 2005). Ms. Tocher could benefit from learning to phrase her directions effectively, how to give praise when Carey follows through, and how to implement consequences if Carey does not follow through (Choate, et al., 2005). Consequences should not be given when Carey does not follow through with commands due to anxiety, only for misbehaviour (Pincus, et al., 2005). By stating expectations clearly, Ms. Tocher can reduce Carey’s anxiety.

**Implement and Utilize a Reward System**

By developing an external reward system, Ms. Tocher can encourage and provide positive reinforcement for Carey to attempt separations (Eisen & Schaefer, 2005). Ms. Tocher will want to pick rewards that are meaningful to Carey and that can be realistically provided. An example could be special time between Carey and Her mom where Carey gets to pick the activity or time spent playing a favourite computer game. Ms. Tocher could also set up a token economy system, whereby Carey earns tokens (e.g. gold stickers, dollar store hair clips) for completing specific tasks or showing specific behaviours. When Carey has reached a pre-determined number of tokens, she can exchange the tokens for a larger prize. Ms. Tocher will need to be very clear and firm about which behaviour or task elicits a particular reward and should initially pick a behaviour or task that will be relatively easy for Carey to achieve (Eisen & Schaefer, 2005). Examples of behaviours or tasks could be giving her Mom one hug and then saying good-bye to
her Mom at the babysitters or staying in school for the whole day. Since Ms. Tocher is trying to provide motivation for Carey, positive attempts should be praised with success simply defined as getting through the task, especially for the first time it is achieved if Carey has not recently gotten through the task (Eisen & Schaefer, 2005). However, Ms. Tocher will need to be firm; Carey will not receive rewards until the behaviour or task is completed. Over time, Ms. Tocher will begin to make the rewards contingent upon more difficult behaviours and tasks. As Carey’s ability to cope with separations increases, coping will become a reward and Ms. Tocher will be able to phase out the external rewards (Eisen & Schaefer, 2005).

**Community Resources (Charlene Bradford)**

There are community resources that would be appropriate for Ms. Tocher and her daughter Carey to access if they lived in Whitehorse, Yukon. Only a few resources, focusing on counselling, assessment, and recreation, have been included so as to not overwhelm her.

**Counselling Services**

Ms. Tocher can access free, culturally sensitive private counselling through Kwanlin Dun First Nations. She could seek information about which behaviours are developmentally appropriate for Carey and could also explore her own feelings of frustration with Carey’s anxiety behaviours. These services are available to all First Nations in Yukon and they can be contacted at (867) 668-7289 or by going to the Health Centre in Kwanlin Dun on 35 McIntyre Road, Whitehorse, Yukon.

If Ms. Tocher is interested in learning more about parent-child interaction therapy or how to support child-directed interactions, she may want to contact Many Rivers Counselling and Support Services and inquire about their parenting course; *Parenting Your 6-9 Year Old*. This program could help Ms. Tocher to develop and refine some of the at-home and parenting strategies that were recommended, like the effective use of commands and consequences. Their
services are offered on a sliding scale, which makes it affordable for a single parent; they can be contacted by calling (867) 667-2970, visiting www.manyrivers.yk.ca, or by going to 4071-4th Avenue in Whitehorse, Yukon.

Assessment Services

If Ms. Tocher is concerned that Carey needs further assessment or would like more information about Carey’s educational programming, she can contact Glenda Eberlein, the Manager of the Special Programs Branch at the Department of Education by calling (867) 667-5986 or by emailing Glenda.Eberlein@gov.yk.ca. She could also contact Nicole Bringsli, a Registered Private Psychologist, at Creative Works Psychological Services for assessment or counselling services by calling (867) 334-1534 or visiting, www.creativeworkspsy.ca.

Recreational Activities

There are some excellent free recreational activities in Whitehorse that can both help Carey and her mom spend quality time together or that can provide Carey with special one-on-one time with another caring adult. The Skookum Jim Friendship Centre offers free cultural and recreational activities four days per week at various elementary schools. Carey could access the events held at her school and could look at the schedule by visiting www.skookumjim.com or by calling (867) 668-4460. Ms. Tocher may also want to explore the Traditional Parenting Program, also held at the Skookum Jim Friendship Centre, for ways to involve Carey in traditional First Nations activities. The Whole Child Program also offers free childcare and activities for families three evenings a week and is run through two elementary schools in Whitehorse. The child does not need to attend one the schools for the family to attend the Whole Child Program. Information on the activities and location are included in newsletters sent home with children on a monthly basis, by calling (867) 456-3871 or visiting www.yesnet.yk.ca/schools/wes/whole_child.
Another free resource open to single parents that could allow Carey to spend quality time bonding with an older positive role model is the Big Brothers Big Sisters Yukon program. They can be reached by phone at (867) 668-7911, or by emailing bbbsyukon@gmail.com. Other recreational opportunities in Whitehorse range in price and can be found through the City of Whitehorse Parks and Recreation (2011), *Essential Guide to Services in Whitehorse* either in print copy or on-line at [www.whitehorse.ca](http://www.whitehorse.ca). These activities could offer a structured place for Carey to practice the techniques she has learned through the Coping Cat program and could help her to have positive interactions apart from her Mom.

**Follow-Up (Dianne Ballance)**

It will be important for everyone to provide information on the manifestation of any anxiety symptoms through on-going assessment and periodic reviews of Carey’s progress (self, parent, and teacher reports) (Camacho & Hunter, 2008). If the intervention was unsuccessful, follow-up procedures may include referral and consultation with other services (i.e., anxiety clinics, social services, etc.) (Kearney & Bates, 2005). If the intervention was successful, options such as referral and consultation with other agencies to remediate comorbid family, behavioural, or learning problems need to be considered to prevent relapse (Kearney & Bates, 2005). The possibility of Carey developing a comorbid disorder (i.e. depression) also requires that differential diagnosis be considered if future symptoms or behaviours indicate a need for more thorough assessment (Camacho & Hunter, 2008). Ongoing intermittent contact with Carey and her mother and the provision of booster sessions can be provided to reinforce particular skills (Kearney & Bates, 2005). Periodic evaluations of the continuing supports and strategies used at home and in the classroom setting can be conducted to determine Carey’s response to these interventions, which can be modified as needed (e.g., increase attendance contract goals, adjust rewards and consequences, etc.). Increased support or booster sessions may be necessary when
Carey is encountering new situations, experiencing significant transitions, or in response to environmental stressors. Ms. Tocher plays an integral role in providing reinforcement and alleviating anxious symptoms and it will be important to continue to provide her with any individual or parenting support to address any active stressors that arise (Weissman et al., 2009).

The Coping Cat program includes a process for providing treatment follow-up to Carey and her mother (Camacho & Hunter, 2008). During the termination session of the program the school-based practitioner provides feedback to Carey and her mother regarding Carey’s overall progress and comments on her specific strengths and weaknesses. This information is used to establish a post-treatment plan with Carey’s mother to focus on helping Carey maintain and generalize her newly acquired skills. Ms. Tocher will be in an optimal position to continue to monitor Carey’s symptoms and in facilitating and reinforcing strategies learned in the treatment. In addition, Carey can be involved in brainstorming ways in which she could maintain her gains, and be reminded to continue to challenge herself with STIC tasks (Kendall & Barmish, 2007). A post treatment evaluation (“check-in” call) is scheduled in four weeks, and booster sessions are offered if needed (Camacho & Hunter, 2008; Kendall & Barmish, 2007). As the teacher has been an integral part of the supporting Carey’s treatment in school in an ongoing basis she plays a critical role in the maintenance and generalization of Carey’s skills as well as monitoring her anxiety symptoms post-treatment to determine need for further referrals or booster sessions.

**School Wide Intervention (Natalie Kenney)**

Carey’s academic achievement and ability is being negatively influenced by her anxiety and depression symptoms. FRIENDS is a universal preventative program targeted at increasing resiliency as well as reducing the symptoms of anxiety and, to a lesser extent, depression, which have been articulated in our differential for Carey. The three major factors in the onset and maintenance of anxiety that correlate with a number of Carey’s demonstrated symptoms: the
cognitive, physiological and learning components. It is important to note that this program would provide continuity between Carey’s home and school as it also has a parent component where parents are taught ways they can reinforce the FRIENDS program skills at home. Although the FRIENDS program retains many of the core components of traditional CBT such as exposure, relaxation, and the use of cognitive strategies, it includes several unique features that not only makes it amenable to use as a school-wide program, but would also be beneficial for Carey (Barrett, Farrell, Ollendick, & Dadds, 2006). The program includes three parallel forms, the Youth FRIENDS form (ages 7-11) specifically tailored to Carey’s developmental level.

**The Cognitive Component: Developing an Understanding of Anxiety**

As FRIENDS is based on a model of prevention, it gives children “tools for their toolkit”. This necessitates understanding how thought processes influence feelings. This background information comprises the first session. Both depression and anxiety in children are marked by biased thinking patterns in which they view situations and/or themselves in a negative way. Carey is demonstrating negative views of herself and a high level of self-criticism (“no body wants to play with me”). Conversely, high self-esteem is a buffer against depressive feelings. FRIENDS builds resiliency through the teaching of how to use positive thoughts in order to replace the negative. “Replacement” positive thoughts can be very specifically tailored to Carey’s needs, as can the rewards for success in meeting individual goals.

**The Physiological Component: Developing Coping Strategies**

Children typically do not recognize the physiological feelings of anxiety for what they are. In Carey they translate into stomachaches and fatigue, the cause of which she cannot articulate. The physiological component of FRIENDS teaches students to recognize the physical symptoms of anxiety, and then teaches specific strategies to help alleviate the symptoms. For example, positive visualization or deep breathing techniques are used and multiple opportunities
for practice are built into the sessions. Emphasis is given to using relaxation techniques as a group at school as well as when the same ‘feelings’ occur in different (i.e., at home). As Carey is experiencing somatic symptoms to a degree that her mom is struggling to get her to school, it is important that she is taught to recognize where these feelings are coming from and given coping strategies to help deal with the physical symptoms.

**The Learning Component: Developing Coping and Management Skills**

Lastly, FRIENDS addresses the poor coping strategies and resultant behaviours often employed by anxious children. This component addresses the development of problem-solving strategies, exposure and self-reward for goal acquisition. In this case, problem-solving skills are addressed in six sessions targeting a Carey’s fear that she cannot cope without her mother. As many of Carey’s behaviours appear to be symptomatic of SAD, setting a goal of leaving her mother for increasing periods of time would be indicated. FRIENDS includes an emphasis on recognition of realistic goal achievement in the form of intrinsic rewards (i.e., Excellent job, Carey, I did it!!)

**The Friendship Component: Building Peer Relationships**

The final component emphasizes peer support and peer learning, thereby reducing stigmatization and increasing “friend-making” skills. Opportunities for social interaction are important for Carey as such interactions facilitate the development of skills needed to form positive relationships with others. The interaction of Carey within a social network creates an environment where she is exposed to feedback about her own behaviour. Positive feedback, in turn, has a significant impact on fostering social competence and a positive self-image, whereas social rejection is associated with depression (Schrepfeman, Eby, Snyder, & Stropes, 2006). The FRIENDS program includes that critical component concerned with teaching Carey the social skills necessary to engage in these positive peer relationships.
Recommended Resources (Dianne Ballance)

Intervention Programs

**Friends for Life.**
- Australian Academic Press, 32 Jeays Street, Bowen Hills, QLD 4006, Australia
  www.friendsinfo.net

**Coping Cat Program.**
- Philip C. Kendall, *Coping Cat Workbook*. Temple University. www.workbookpublishing.com

Websites

- Mental Health Canada http://www.mentalhealthcanada.com/
- Anxiety Disorders Association of Canada http://www.anxietycanada.ca/
- Canadian Mental Health Association http://www.cmha.bc.ca/
- National Association of School Psychologists (information, publications and resources for educators and school psychologists) http://www.nasponline.org/index.aspx
- Child and Adolescent Anxiety Disorders Clinic (CAADC) http://www.childanxiety.org/

Books


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# Appendix A (Sue Friesen)

## Treatment Plan for Carey Tocher

<table>
<thead>
<tr>
<th>Week</th>
<th>Session</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Build rapport (e.g. play a game), orient Carey to program, encourage discussion.</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>Discuss treatment goals Identify anxious and depressed feelings, and normalize the fear response (The “F” step of the FEAR plan = Feeling Frightened?)</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>Recognize somatic responses to anxiety and depression (e.g. review how to tell the difference between anxious feelings from normal feelings, draw a body and locate somatic responses) Parent session #1 (same day, after Carey is back in class) Provide treatment information to Ms. Tocher, give her a chance to discuss her concerns, and find out more about when Carey is anxious and her mounting depressive symptoms. Discuss ways that Ms. Tocher can be involved (e.g. provision of rewards, helping with relaxation, participation in fun activities).</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>Relaxation training (using child-friendly terminology), go over somatic cues of anxiety and depression. Make a relaxation CD with cover art. Ensure Carey tells Ms. Tocher about how she is learning to relax.</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>Identify coping thoughts and actions, review anxious and depressive self-talk and reinforce converting this into coping self-talk. Provide strategies for managing anxiety (The “A” step of the FEAR plan—Actions and Attitudes that can Help.)</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>Self-evaluation and rewards and review FEAR plan. Make a card with acronym and decorate it. Introduce self-evaluation and reward. Introduce the “R” step of the FEAR plan—Results and Rewards.</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>Review FEAR plan and begin to practice it in low-anxiety conditions with the therapist and also imaginary situations (e.g. leaving for school in the morning). Parent session #2 (after Carey has returned to class) Explain second half of treatment goals to Stacy, discuss progress so far, concerns, and let her know that this practice portion might cause more anxiety.</td>
</tr>
<tr>
<td>5</td>
<td>9</td>
<td>Exposure to low anxiety scenarios</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Exposure to low anxiety scenarios</td>
</tr>
<tr>
<td>6</td>
<td>11</td>
<td>Exposure to moderate anxiety scenarios</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>Exposure to moderate anxiety scenarios</td>
</tr>
<tr>
<td>7</td>
<td>13</td>
<td>Exposure to high anxiety scenarios</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>Exposure to high anxiety scenarios Begin planning “commercial.”</td>
</tr>
<tr>
<td>8</td>
<td>15</td>
<td>Begin to summarize the program and make the commercial or testimonial audiotape.</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>Termination session; make plans with parent to help Carey maintain and generalize newly acquired skills. Bring closure to the therapeutic relationship and award the certificate.</td>
</tr>
</tbody>
</table>