I'M COOL FOR SCHOOL: AN INTERPROFESSIONAL SCHOOL READINESS CBT ANXIETY GROUP

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Outline

• Pediatric ABI Services at Holland Bloorview Kids Rehabilitation Hospital
• Interprofessional Collaboration
• Literature Review
• Methods: Cool for School Group
• Video Clips
• Anxiety and Social Communication Measures
• Group Session Rating Scale (GSRS)
• Discussion
• Future Steps
• Questions
Pediatric Brain Injury Rehabilitation Services

- The Brain Injury Rehab Team (BIRT) serves clients aged 3 months to 18 years who require rehabilitation following an acquired brain injury.
- An interdisciplinary team provides collaborative assessment and interventions facilitating return of function, development of compensatory skills and assisting reintegration into the family, school and community at the child's optimum level.

BIRT Services

- Inpatient Services:
  - Rehabilitation Stream
  - Restorative Stream
  - Burst of Therapy

- Day Program Services:
  - Ambulatory Care Service
  - Transition from hospital to home

- Outpatient Services:
  - Mild, Moderate and Severe Streams
  - Follow Up Medical Clinic

Interprofessional Collaboration

- The provision of comprehensive health services to patients by multiple health caregivers, who work collaboratively to deliver quality care within and across settings (Interprofessional Care in Ontario, 2010).
Review of the Literature

- Challenges post-ABI injury can be divided into behavioural, emotional, cognitive and physical areas of functioning.
- Psychosocial (behavioural, emotional and cognitive) difficulties are common following pediatric TBI, and are often viewed by parents and teachers as the most concerning of all post-injury symptoms (Trenchard et al., 2013; citing Levin, 1987).
- Individuals with ABI commonly experience difficulties in social communication (Channon & Crawford, 2010; cited by Appleton et al., 2011).
- Children with TBI are at a significantly increased risk of developing anxiety (Brown et al., 1981). Assessment can provide parents and/or caregivers with information & tools to increase coping (Luis & Wittenberg, 2002).

Pre-Group

- Before invitation to this psychotherapeutic group, our pediatric clients had been comprehensively assessed by our multidisciplinary team and deemed appropriate to attend.

Cognitive Behavioural Therapy

- Cognitive Behavioral Therapy (CBT) is an evidence-based psychotherapeutic approach that addresses dysfunctional emotions, maladaptive behaviors and cognitive processes through goal-oriented, explicit systematic procedures.
- In children and adolescents, CBT is an effective part of treatment plans for anxiety disorders (Seligman & Ollendick, 2011)
- Client participation in groups courses has been shown to be effective (Houghton & Saxon, 2007).
Social Communication

Social Interaction

Language Processing (Expressive and Receptive)

Social Cognition

Pragmatics: Nonverbal Communication

Pragmatics: Verbal Communication

“Cool for School” Group: Methods

- August 2013: 1 pilot group, 2 clients & parents
- August 2014: 1 group, 5 clients & parents
- All Girls; 10-13 years old
- Recruited with internal emails to BIRT staff
- Consent
- Materials: Booklet, toolbox, game
- Anxiety and Social Communication Measures administered to both clients and parents

“Cool for School” Group: CBT Strategies

- The “No Worry Tool Box” Tools:
  - Logic – What is really true
  - Ignore – They become less powerful & smaller
  - Talk Back – Draw the worry bully
  - Tell the worry bully to go away, then draw this
  - Change the Channel
  - Deep Breathing and Relaxation– Full body relaxation and 3 & 6 breathing
  - Visualization– Draw having no worry next year at school
**“Cool for School” Group: CBT Strategies**

Pre- and Post- Group:

On a scale of 1-10, how worried do you feel about school, with 10 being the most worried?

1 2 3 4 5 6 7 8 9 10
not worried completely worried

**The Game**

“What Do You Say...What Do You Do...At School?: A Social Skills Game!”
You leave your homework at home. You want the teacher to know that you feel badly that you forgot to bring it to school. What do you say or do?

"I did it! I just forgot... again! PLEASE understand!"

A classmate is pressuring you to do their homework for them, or else! What do you say or do?

Interactive: What Worried You About School?
Participants’ Worries About School

How Participants Feel When They Are Worried

Worry Bully
Worry Bully

Go AWAY Worry Bully!

Participants’ Relaxation Strategies

bicycling
computer
listening
music
watching
Measures (SCARED - Anxiety Measure)

- The Screen for Child Anxiety Related Disorders (SCARED), developed by Birhamer et. al (1995) was administered to the Participants (SCARED-Child Version) and to the parents/guardians (SCARED-Parent Version)

- Results on the SCARED may be indicative of:
  - Anxiety Disorder (A)
  - Significant School Avoidance (SH)
  - Panic Disorder or Significant Somatic Symptoms (PN)
  - Generalized Anxiety Disorder (GD)
  - Separation Anxiety SOC (SP)
  - Social Anxiety Disorder (SC)

SCARED Results

Anxiety Disorder (A) and Significant School Avoidance (SH)

SCARED Panic Disorder (PD) and Generalized Anxiety Disorder (GD)
SCARED
Key Observations

- Some children with ratings of Anxiety also report Significant School Avoidance (Participants #1 and #2)
- Anecdotally, parents’ insights into their child’s ratings of behaviours that are consistent with various anxiety disorders was often more accurate than client’s reports of their own behaviours
- Participants #1 and #5 often underreported their experiences with Anxiety and Significant School Avoidance
- Participant #4 reportedly felt her role in the group was that of a “mentor”; role may have contributed to her ratings
- Participant #3 did not specifically report school anxiety, but both client and parent reported behaviours consistent with separation anxiety

Social Communication Skills Rating Scale - Student and Adult Forms

Group Session Rating Scale (GSRS)
Discussion

• Limitations include:
  • Difficulty to establish generalizability of CBT and
cognitive communication strategies – 2 sessions NOT
  enough!
  • Information was not established by a structured
  psychiatric interview. Parental and client self-reports
  have limitations (i.e. defensiveness, reluctance to
  respond openly, possibility to over/under report, lack of
  agreement in ratings).
  • Very small sample group.
  • Group could act like a “screen” for client and family needs
    post ABI.

Future Steps

• Increase frequency of group.
• Referral from various sources (email blasts, follow-up
  clinic, etc.).
• Involve more interdisciplinary professionals, as needed.
• Complete screens in advance of group to decrease amount
  of paperwork during sessions.
• Include prevalent themes that arose in other groups,
  including the topic of “Bullying”.
• Post measures.

Later Worries!
References


Thank you!

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