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Integrating Positive Behavior Support with Cognitive Behavioral Therapy to Treat Anxiety in Youth and Adults with Intellectual & Developmental Disabilities

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Presented at
2025 Positive Support Conference

Monday, June 23, 2025

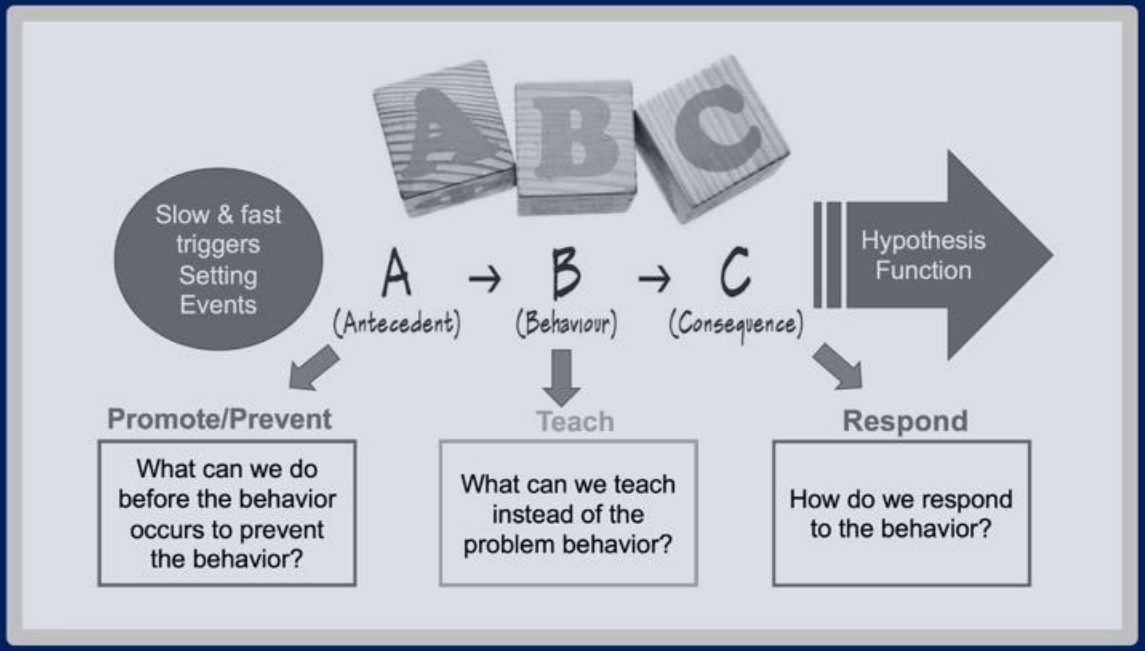


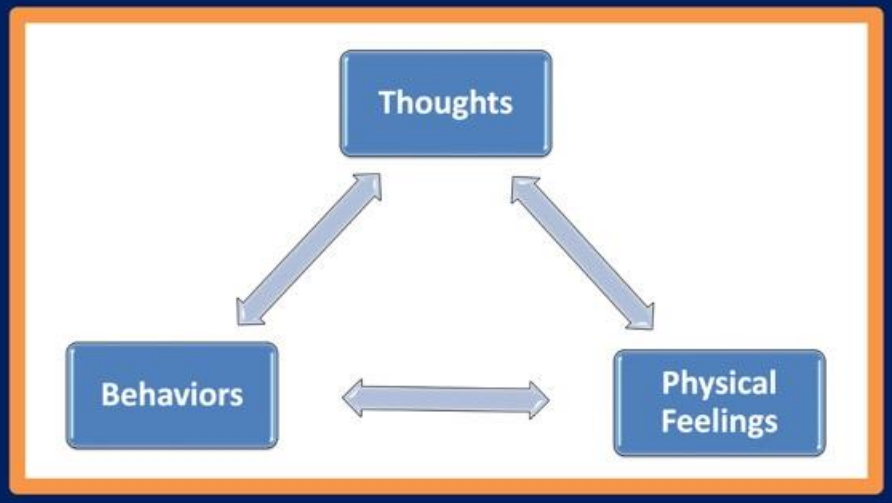
Background on Anxiety in IDD

- **Individuals with Intellectual & Developmental Disabilities (IDD) exhibit higher rates of anxiety** than those without IDD
  - Anxiety is more prevalent in **autistic** youth (van Steensel et al., 2011) & autistic adults (Nimmo-Smith et al., 2019) than in non-autistic youth & adults
  - Anxiety is more prevalent in youth with **intellectual disabilities** (ID) (Reardon et al., 2015) & adults with ID (Mingins et al., 2024) than in individuals without ID
- BUT **anxiety** may be **overlooked** or **unrecognized**
  - Autistic individuals are more likely to express fear or anxiety through "acting out behaviors" such as aggression, self-injury, and tantrums (White et al., 2009)
- Despite the increased risk for anxiety, autistic individuals and those with other developmental disabilities are **often unable to access mental health treatment**, especially **Cognitive Behavioral Therapy (CBT),** which is the most empirically supported therapy for addressing anxiety

Take what we know

PBS
Prevent-Teach-Respond



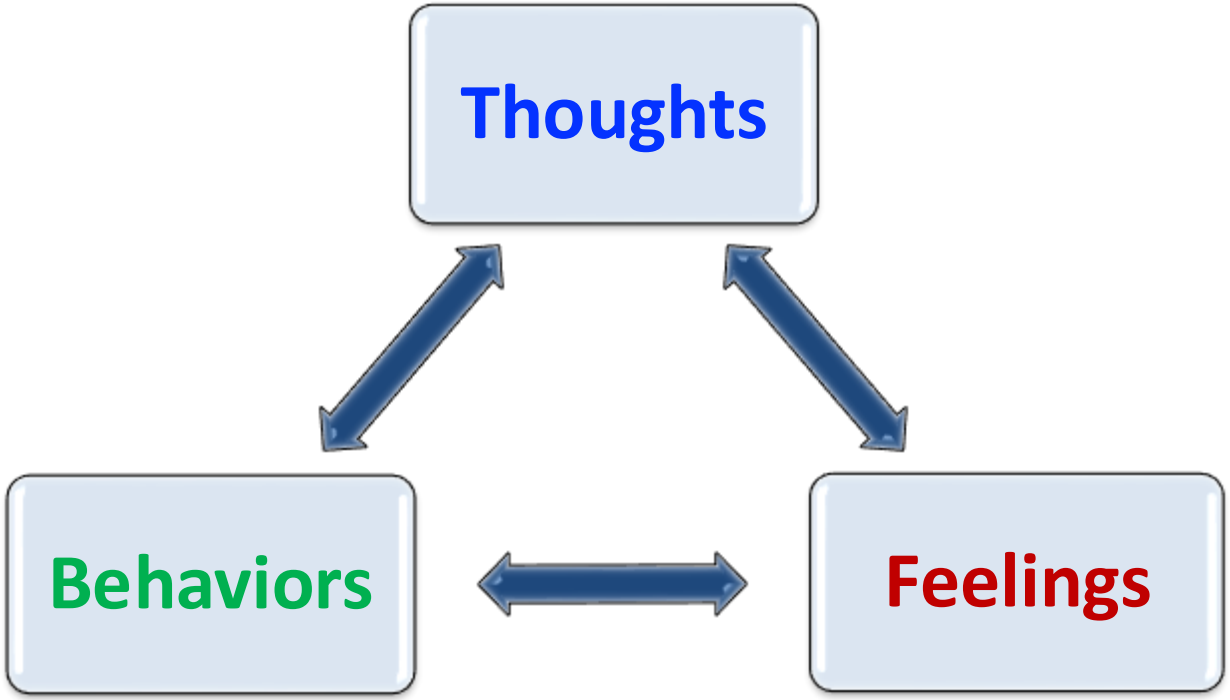


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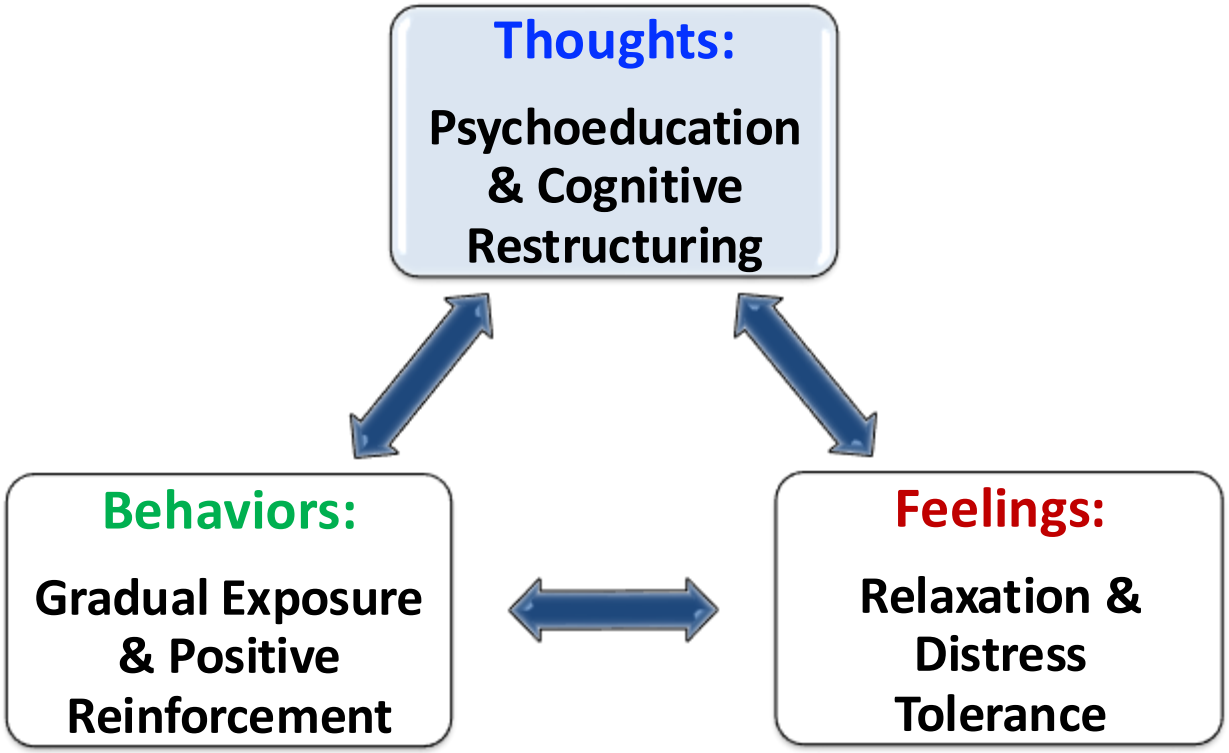
CBT
Cognitive Triangle

Cognitive Behavioral Therapy (CBT)

3-Component Model:

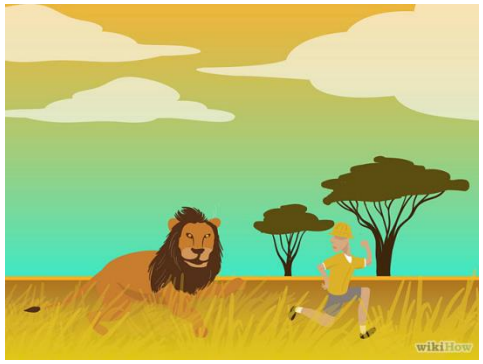


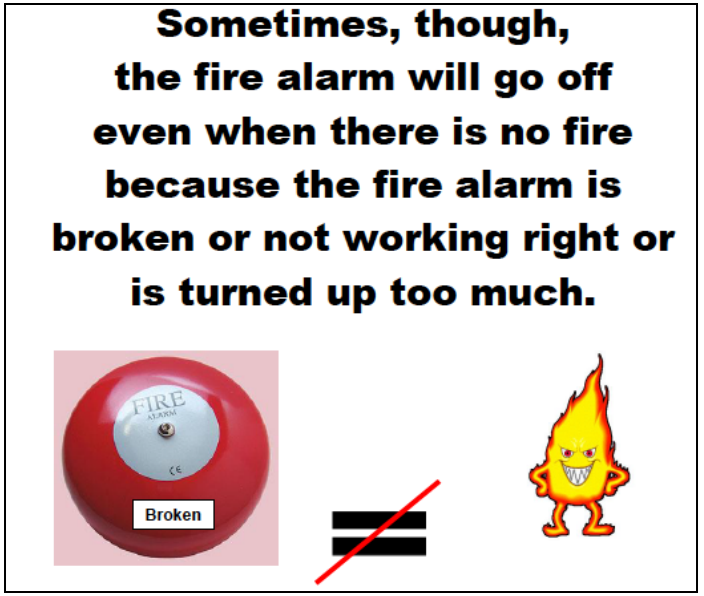
Cognitive Behavioral Therapy (CBT)



Psychoeducation

- **Information about nature of anxiety**
  - Define anxiety
  - Normalize anxiety
  - Anxiety has a function or purpose
  - Externalize anxiety
  - Explain rationale treatment
    - e.g., distress tolerance





Cognitive Restructuring

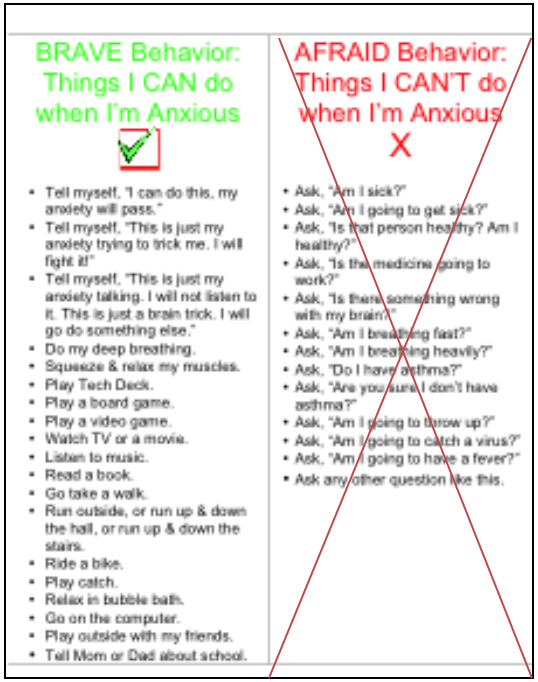
- **Challenging anxious thoughts**
  - Do I know for certain that____?
  - Do I have a crystal ball?
  - What evidence do I have that____?
  - Is there another explanation for ____?
  - What is the worst thing that can happen? How bad is that? **How can I cope with that?**
- **Coping self-talk/"Boss-back" talk**
  - I've done this before, so I can do it again.
  - I can handle this!
  - My brain is just stuck right now; I don't have to listen to it!
  - My anxiety will pass; I'll get used to it.



*Give fear/anxiety a name!

Adaptations to Psychoeducation & Cognitive Restructuring for Individuals with IDD

- **Concrete & visual** teaching strategies
  - Cognitive components *de-emphasized* or *modified* to meet developmental level
  - **Psychoeducation & cognitive restructuring** conveyed using **visual aids** (e.g., Social Stories, illustrations, lists with pictures, reward charts), acronyms, modeling, video modeling, role-playing







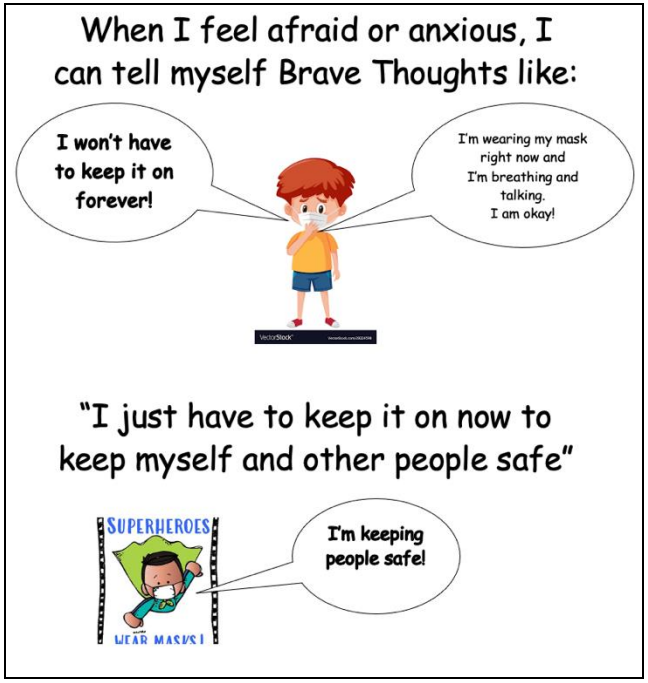


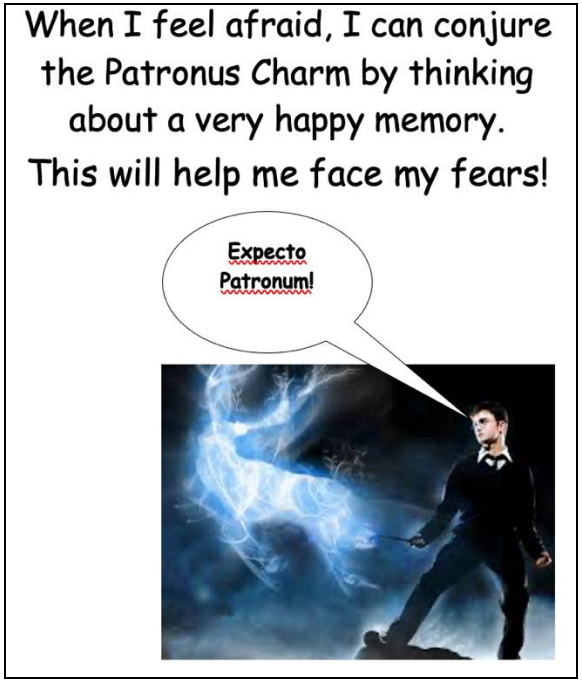
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Moskowitz et al., (2020), p.199-252

Adaptations to Psychoeducation & Cognitive Restructuring for Autistic Individuals

- Incorporate "**focused interests**" (e.g., special interests, intense interests) to increase motivation







Examples of Modifications to Cognitive Restructuring: Using Visual Supports & Acronyms

(taken from https://www.getselfhelp.co.uk/options.htm)

STOP !

Just pause for a moment

TAKE A BREATH

Notice your breathing as you breathe in and out.

OBSERVE

- What thoughts are going through your mind right now?
- Where is your **focus of attention**?
- What are you reacting to?
- What sensations do you notice in your body?

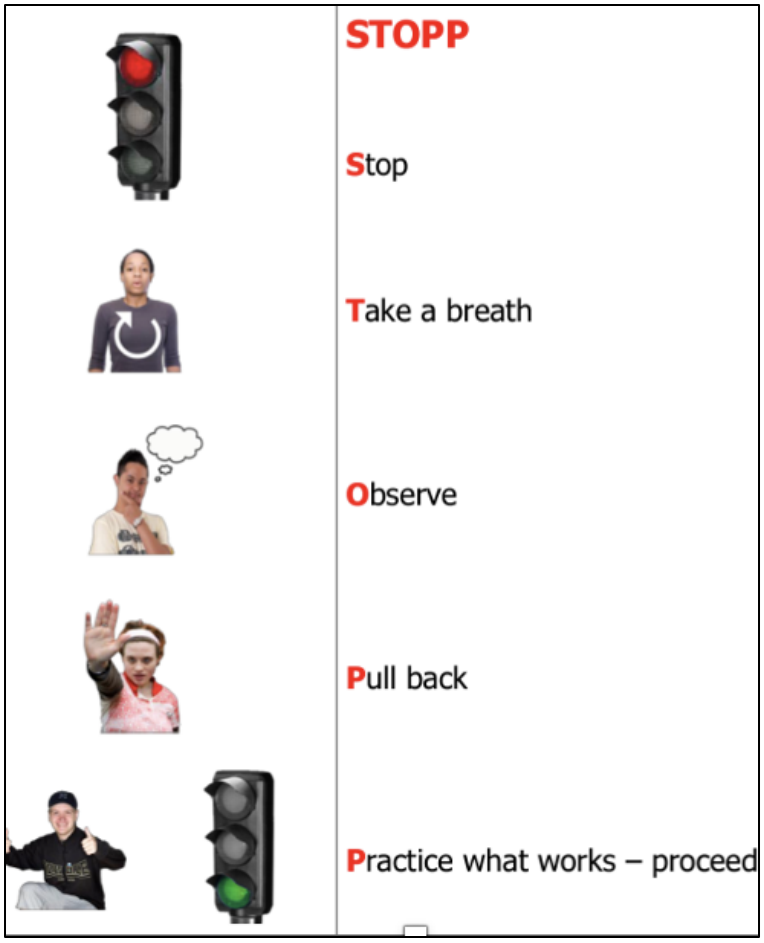
PULL BACK - PUT IN SOME PERSPECTIVE

- What's the bigger picture?
- Take **the helicopter view.**
- What is another way of looking at this situation?
- What advice would I give a friend?
- What would a trusted friend say to me right now?
- Is this thought a **fact or opinion**?
- What is a more reasonable explanation?
- How important is this? How important will it be in 6 months time?
- **It will pass.**

PRACTISE WHAT WORKS - PROCEED

- What is the best thing to do right now?
- Best for me, for others, for the situation?
- What can I do that fits with my **values**?
- Do what will be effective and appropriate.





Coping with Uncertainty in Uncertain Times (Easy Read version)

Prepared by Professor Jacqui Rodgers, Professor Mark Freeston, Renske Herrema. Newcastle University March 2020

https://research.ncl.ac.uk/neurodisability/leafletsandmeasures/

Coping with Uncertainty (easy read version)

Adaptations to Psychoed & Cognitive Restructuring for Autistic Adults

PSYCHOEDUCATION:

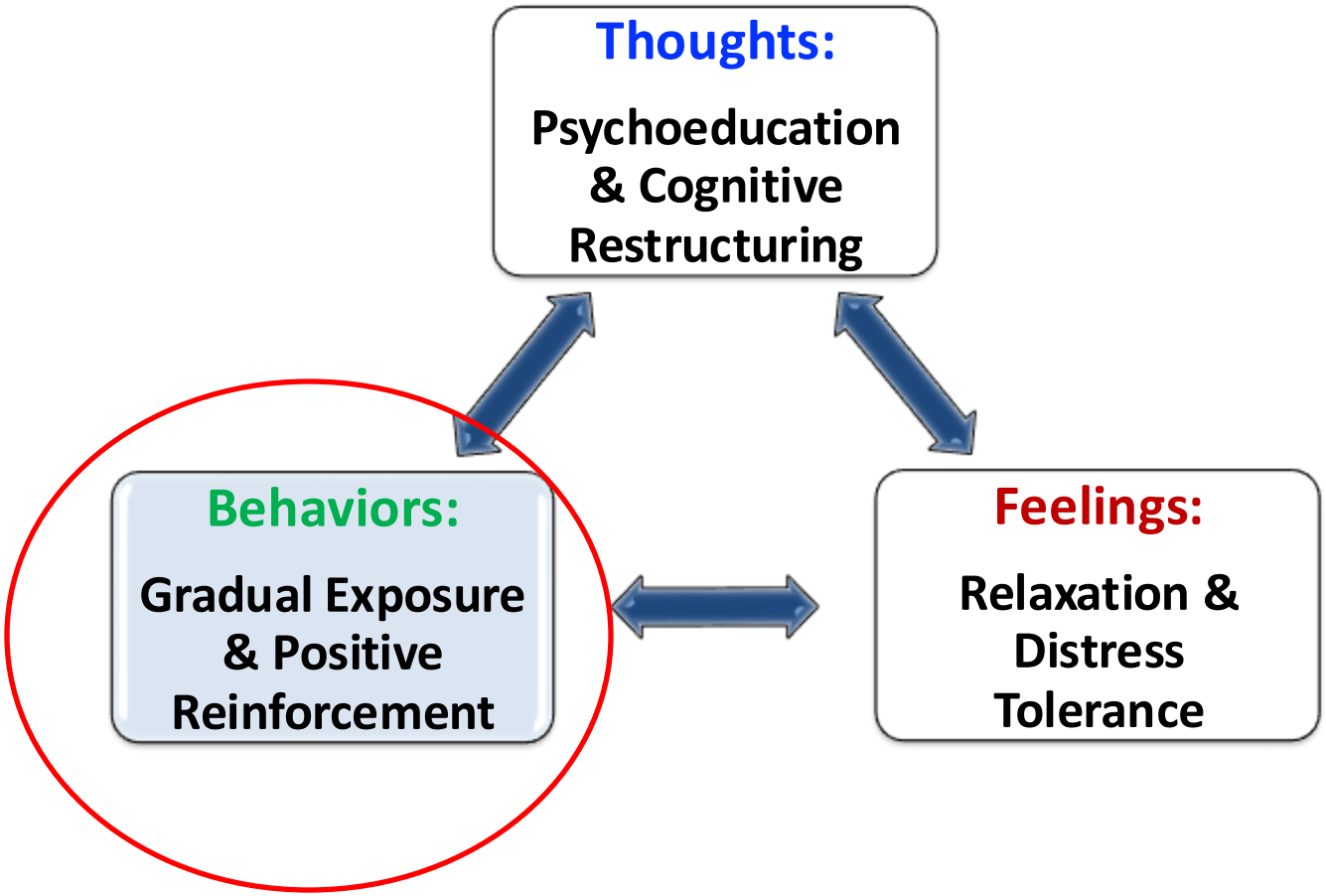
- **Provide psychoeducation about both anxiety disorders and autism**
- Take time to **explore client's understanding and experience of autism** or their autism-related difficulties
- **Normalize symptoms and instill hope**
- **Teach multiple strategies for affect recognition** (e.g., physical behavioral and social); focus on cues that work for the client
- **Personalize therapy tools;** use custom anchors for fear ratings & new concepts

COGNITIVE RESTRUCTURING:

- **Provide samples of thinking traps & coping thoughts** from which the client can choose; use coping "stems" that the client can personalize
- **Develop simple, multiple purpose coping thoughts** than can apply to varied situations
- Use **role-playing**, **behavioral experiments**, & **modeling**
- Challenge anxiety-related internal scripts

Kerns et al (2016)

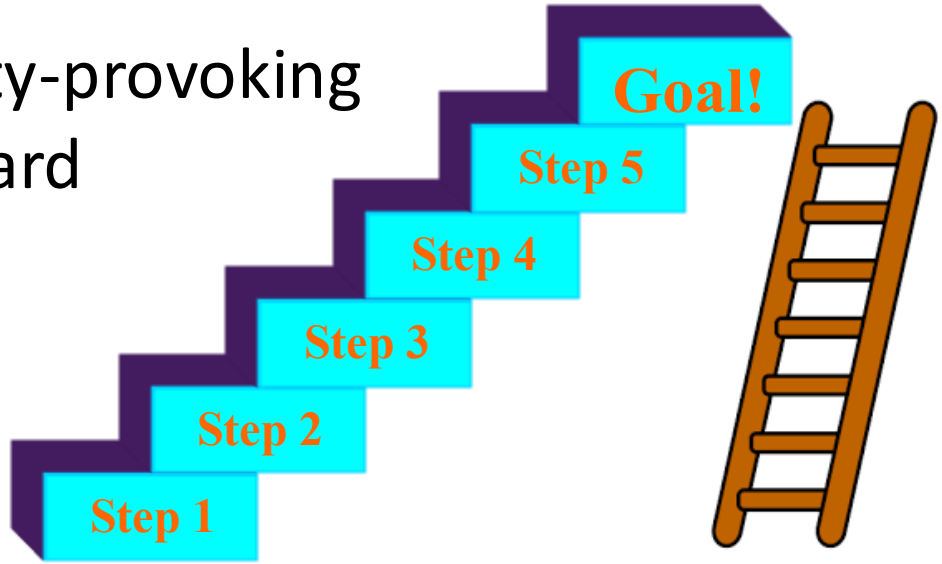
Cognitive Behavioral Therapy (CBT)



Gradual Exposure



- **Face your fears** (a little at a time)
  - Learn that you will **get used to it**
  - Learn that feared consequences do not come true ***(behavioral experiment)***
- **Fear Ladder** (fear-and-avoidance hierarchy)
  - Gradually confront anxiety-provoking situations from easy to hard

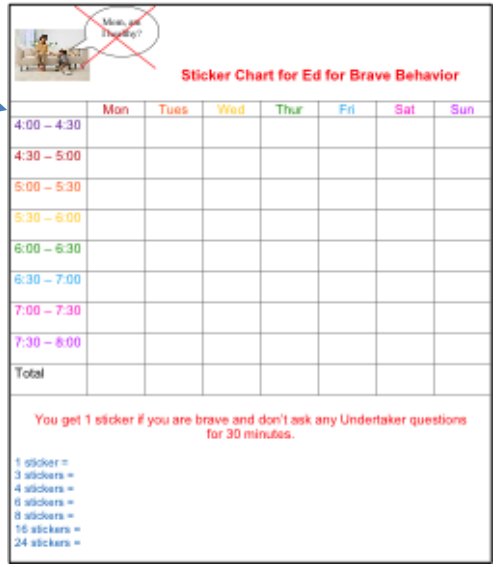


*Exposure phase led to a more rapid improvement in symptoms than earlier psychoeducation & cognitive phases; Highlights the **central role of exposure** (Guzick et al., 2022)

Adaptations to **Exposure** for Autistic Individuals

- Incorporate **focused interests** into the exposures
- Incorporate **video modeling** or **video priming**
- Increase **caregiver involvement** (e.g., coach, prompt, reinforce brave behavior, reduce accommodation)
- **Exposures to uncertainty** (encountering situations or completing tasks in which the expectations are uncertain; Keefer & Vasa, 2021)
- Inhibitory learning approach; focus more on tolerating anxiety than reducing it









Moskowitz et al., (2020), p.199-252

Additional Modifications for Those with **ID** or **Nonspeaking** or **Minimally Speaking** Individuals

- **Modifications to Cognitive Restructuring**
  - More **CONCRETE** (e.g., visual, multiple choice)
  - **Focus on REPLACING with general coping thoughts** rather than identifying/challenging anxious thoughts
  - *Cognitive components often simplified, adapted to cognitive/language level, or may be excluded altogether*

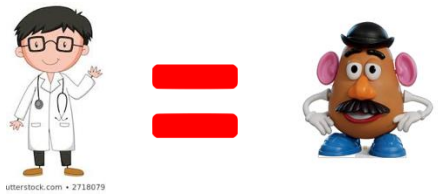





Worry Bug | Helper Bug

- **Modifications to Exposure**
  - Incorporate **special interests**
  - **Pair** anxiety-provoking stimuli with ***highly positive stimuli*** *(counterconditioning)*
  - Involve parents in all treatment sessions
  - Incorporate **Functional Communication Training (FCT)**



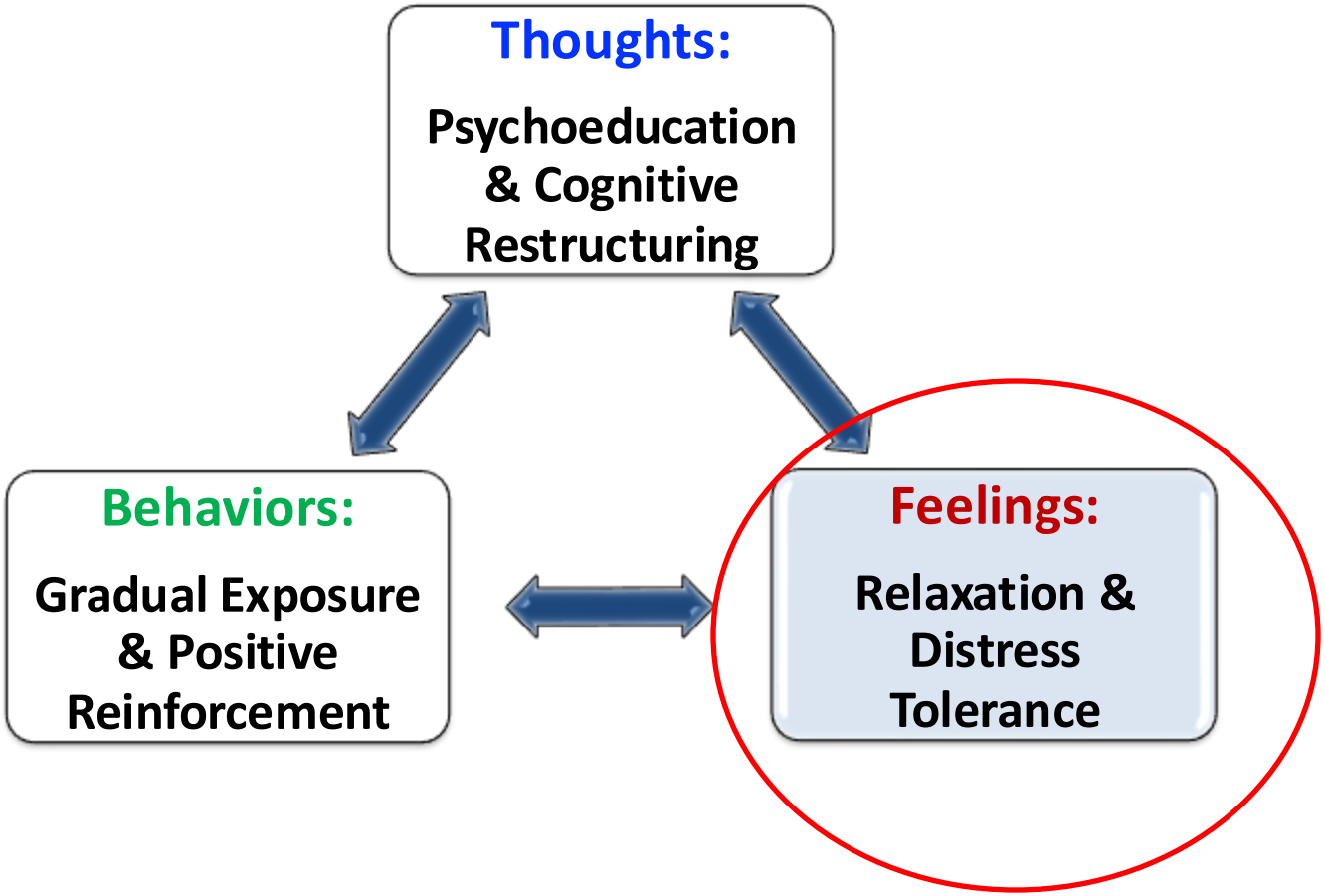




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Moskowitz et al., (2017)

Cognitive Behavioral Therapy (CBT)



Relaxation*

- **Belly Breathing**
  - Example: Blowing up a Balloon

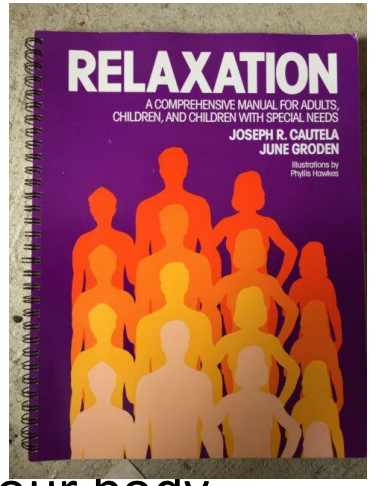


Elmo Belly Breathe video (https://www.youtube.com/watch?v=_mZbzDOpylA)

  - **Take slow, deep breath in**, and the balloon fills up with air *(count to 3 as child inhales)*
  - **Let the air slowly out of the balloon**…it gets smaller *(count to 3 as child exhales)*

- **Progressive Muscle Relaxation**
  - **Tighten** fist to the count of 5
  - **Relax** fist to the count of 5
    - focusing on the relaxed warm feeling in your hand,
    - following it into your arm,
    - and continuing to follow it as it works its way through your body



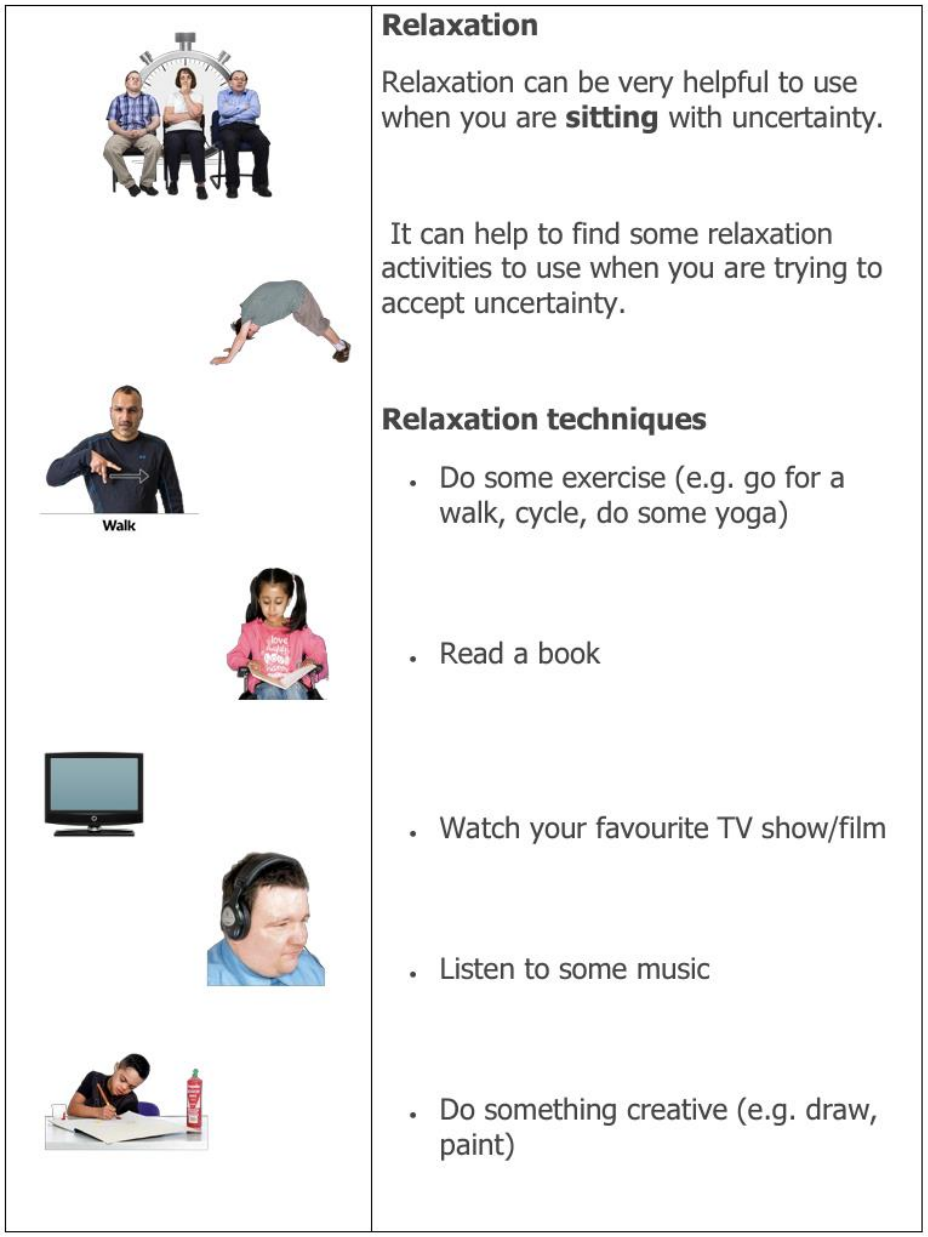


  - Continue, focusing on 2-3 muscle groups

***Caution:** Important that relaxation doesn't become another distraction technique that child uses to avoid anxiety; anxiety is not harmful and can be **tolerated** (Farrell, Ollendick, & Muris, 2019)*

Adaptations to Relaxation for Autism and/or ID

- Make it **concrete** and **visual**

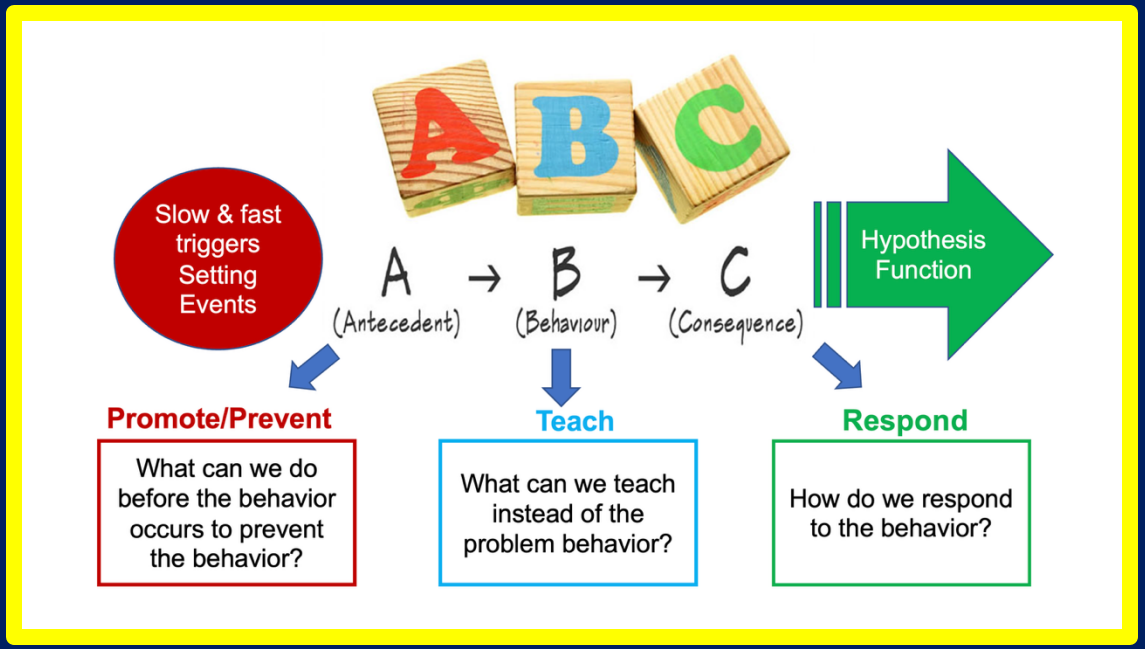


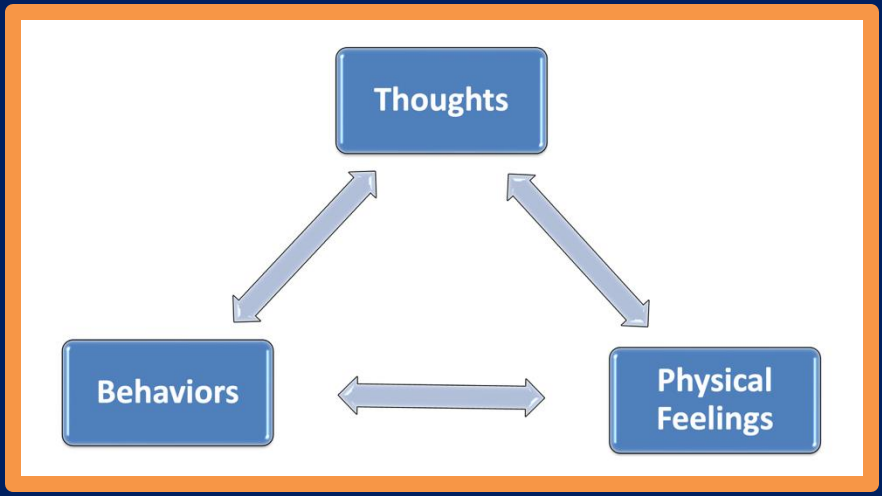
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https://research.ncl.ac.uk/neurodisability/leafletsandmeasures/

Take what we know

PBS

Prevent-Teach-Respond





Add what's missing

CBT

Cognitive Triangle

What is Positive Behavior Support (PBS)?

- PBS is a set of research-based strategies used to improve a person's **quality of life** and decrease challenging behavior by teaching new skills and making changes in a person's environment
- These research-based strategies are based in a thorough understanding of the person and environmental influences affecting their behavior; proactive, educative, and functional strategies; and making decisions on the basis of objective information (data)

https://apbs.org/pbs/
https://hcpbs.org/what-is-positive-behavior-support/

Key Features of PBS

1. **Assessment-Based** (understanding ***reasons*** for challenging behavior)
2. **Lifestyle-focused** (improving **quality of life**)
3. **Preventive: change environment** (systems change)
4. **Educative: teach alternative skills** (e.g., functional communication skills, daily living skills)
5. **Person-centered & customized**
6. **Ecologically valid** (feasible & effective in the real world)
7. **Socially valid** (outcomes that are meaningful & relevant)
8. **Collaborative** (collaboration with stakeholders; team-based)
9. **Comprehensive**
10. **Long-term focused** (lifespan perspective)

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PBS Integrates Science with Values

- PBS is a **value-driven practice** that incorporates the principles of **behavior** and **biomedical research** with an emphasis on empowering people to identify strategies that are the best fit for each social context (https://publications.ici.umn.edu/impact/29-2/a-model-for-building-a-statewide-infrastructure-for-person-centered-practices-and-positive-supports-minnesotas-approach#:~:text=Authors)
- **Values:**
  - Our needs are met
  - We have **choices**
  - Events are **predictable**
  - People **listen** and **communicate**
  - **Quality of life** is assessed and ***prioritized***

Adapted from
Minnesota Positive Behavior Support Intensive Training (Day 1)

Values: Not all fears need to be "faced"

- Is it **necessary** to encourage person to face this fear?
- Is it **ethical**?
- Does the person appear **distressed** by their fear/anxiety?
- Is this fear/anxiety **harming person's or family's QUALITY OF LIFE**?
  - If person is afraid of roller coasters, **no need to do exposures** (no need for them to go on a roller coaster; they can live their life without going on a roller coaster) – ***not impairing quality of life***
  - BUT if person is afraid of trees, there's a **need for exposures**, since that's hard to avoid and ***impairing daily life/functioning***

Why Does Challenging Behavior Occur?

- People engage in challenging behavior because it serves a FUNCTION or PURPOSE
  - *These behaviors meet an **IMMEDIATE NEED***
- Behaviors persist because people want/need to…

Get something	Escape or avoid something
•Get parent/peer/staff attention ➢ *Obtain **comfort/reassurance*** •Get preferred items or activities •Get sensory input ➢ *Obtain **comforting** object or **calming** activity*	•Escape or avoid difficult or disliked task/activity or interaction ➢ *Escape/avoid **anxiety-provoking** situation* •Escape or avoid sensory stimulation or pain/discomfort ➢ *Escape or avoid or reduce feelings of physiological arousal associated with **anxiety** (self-soothing)*
(Positive Reinforcement)	**(Negative Reinforcement)**

Creating a Function-Based Behavior Intervention Plan (BIP)

- Once you figure out the ANTECEDENTS that trigger the behavior & the CONSEQUENCES that maintain the behavior….
- Design intervention plan to:
  - **PREVENT** challenging behavior by **changing circumstances** that trigger it (modify the environment; i.e., remove/minimize antecedents)
  - **TEACH** appropriate ways to help them get what they need
    - Teach skills to **replace** challenging behavior with more desirable behavior that *serves the same function/purpose*
  - **RESPOND** to challenging behavior by **changing consequences**
    - Change how you respond to challenging behavior so that the challenging behavior NO LONGER WORKS
    - Reinforce replacement behaviors & positive behaviors instead!

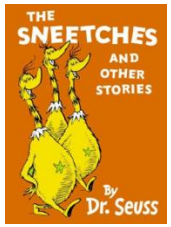
Positive Behavior Support (PBS)

- **PREVENTION strategies**
  - **Incorporate "focused interests"**
    - Pair anxiety-provoking situation with "anti-anxiety" stimuli (incorporating intense interests) that person can only get in that situation
  - **Increase Predictability** (e.g., visual supports, Social Story)
  - **Offer choices** ahead of time & during anxiety-provoking situation
  - **Psychoeducation/cognitive restructuring** (e.g., using Social Stories)
  - **Model** (and possibly prompt) brave behavior
- **REPLACEMENT strategies**
  - Teach person to **APPROACH feared situation** rather than avoid
  - Teach **COPING SELF-TALK**
  - Teach **RELAXATION skills**
  - Teach **COMMUNICATION** (e.g., ask for BREAK from anxiety-provoking situation, *if necessary)*
- **RESPONSE strategies**: respond to brave & anxious behavior
  - **Reward "brave" behavior!**
  - **Reduce accommodation!** (Minimize reinforcement for anxious/avoidant behavior)

Moskowitz et al., (2020), p.199-252

Prevention Strategies: Incorporate "Intense Interests"

- Incorporate special interests into psychoeducation, cognitive restructuring, relaxation, and the exposure itself
- Don't just use a toy or treat or activity that person likes, but rather their MOST HIGHLY PREFERRED toy or song or activity or character or theme
- Using person's "intense interests" is the most effective reinforcer
- Not only using special interest as a reinforcer ***after*** exposure, but also ***incorporating it into the exposure itself***
  - *Pair anxiety-provoking stimuli with "**Anti**-anxiety" stimuli (i.e., special interest)*
  - Present ***before*** or ***during*** exposure to override fear





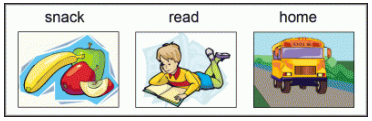




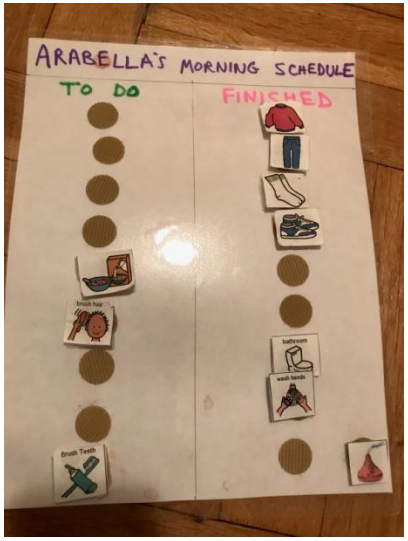


Prevention Strategies: Increase Structure & Predictability

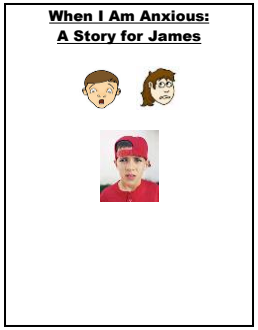
- **Visual Schedules**







- **Social Stories**



- **Advanced Warnings**
  (e.g., timers, countdowns)







- **Priming**
  (previewing future events)





McClannahan & Krantz (1999); Mesibov, Browder, & Kirkland (2002)

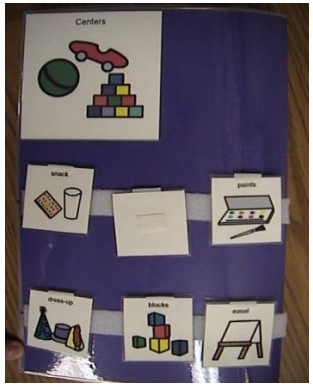
Prevention Strategies: Provide Choices



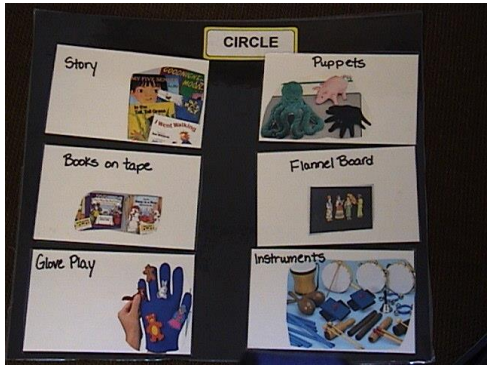
- **Provide frequent opportunities to make choices**
  - Enhances sense of **control**
  - Person learns to become an **active participant**, rather than a passive, helpless bystander
  - ***Examples of choices:*** *which toy to play with, order of activities, which materials to use, people, choosing between clothes or snacks/meals*

Offer ***fixed*** *choices* ***(2-3 options)***









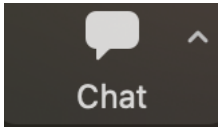
Cale, Carr, Blakeley-Smith, & Owen-DeSchryver (2009); Shogren, Faggella-Luby, Bae, & Wehmeyer (2004)

Prevention Strategy: Modeling

- Modeling involves child observing you (or someone else) confront the feared situation
- Can be live modeling or video modeling
- Examples:
  - Let child watch you get a blood test, or videos of you getting a blood test
  - Video of Bert & Ernie singing happy birthday
- Be a **"coping model"** rather than a mastery model
  - Verbalize your actions



Type in Chat Box: PREVENT



Think of a Client Who Displays Anxious Behavior

(or Challenging Behavior that may be related to Anxiety)

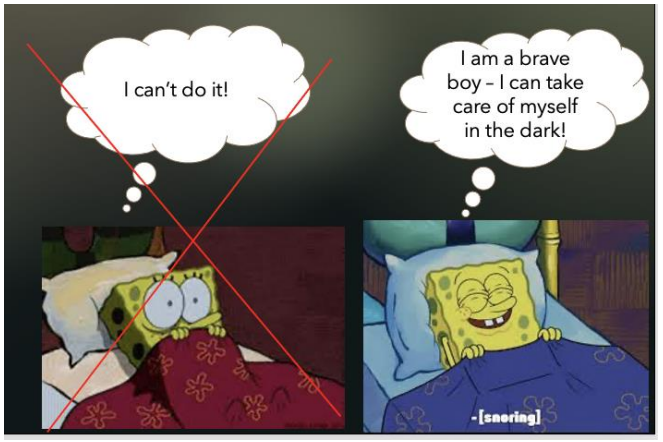
- Based on your FBA hypothesis…
  - What might **prevent** the behavior from occurring?
    - e.g., Incorporate special interests
    - e.g., Increase predictability (e.g., visual supports, Social Story)
    - e.g., Provide choices
    - e.g., Psychoed/cognitive restructuring
    - e.g., Model (and possibly prompt) ”brave” behavior
- Now, 2 minutes of brainstorming
  - **Pick 1 prevention strategy to try with this client for the next 7 days**

Replacement: Reducing Challenging Behaviors Requires *Increasing Alternatives*

- If challenging behavior is functional, it meets some **need** for the child
  - ✓ *We can't remove something that is serving a purpose without **replacing it with a more appropriate alternative***
- First step: understand the function it serves (***what need does the behavior meet***?)
- Next step: offer child a **better way to meet that need**
- Types of SKILLS that serve as Alternative Behavior:
  - **Communication skills (e.g., request for help)**
  - **Social skills (e.g., conversational skills)**
  - **Academic skills (e.g., analytic ability)**
  - **Coping or Emotion Regulation skills (e.g., relaxation skills)**
  - **Problem-solving skills**

Replacement Strategy:

Replace "Scared Thoughts" with "Helping Thoughts" or "Coping Self-Talk"



- I've done this before, so I can do it again.
- My anxiety will pass; I'll get used to it.
- My brain is just stuck right now; I don't have to listen to it!
- Back off Voldemort, I'm the boss of me!
- Undertaker, you can't tell me what to do anymore!
- It's no big deal!
- It will be hard, but I can do it!
- I can handle this!
- I can do it!
- Surprises can be fun! (when confronting uncertainty; Keefer & Vasa, 2021)



Use this Coping Self-Talk before, during, and after exposure!

Replacement Strategy:
What Else Can Child do to Relax or Calm Down?

- Sing a favorite song
- Listen to music
- Dance
- Draw/color
- Playdoh
- Squeeze fidget toy
- Pet my dog or cat
- Go for a walk
- Watch Ipad or TV or computer
- Jump on trampoline
- Play video game
- Play musical instrument
- Take a warm bath



· Ride a bike
· Snuggle
· Read a book

Caution:* Important that this calming activity doesn't become another way to avoid anxiety; therefore, we might use initially, but **may eventually fade out depending on situation

Replacement Strategy: Relaxation

4. Take a deep breath.



breath

Name five things you can see. Name them out loud, or in your head.



Name four things you can hear. Name them out loud, or in your head.



Name three things you can feel. Name them out loud, or in your head



Name two things you can smell. Name them out loud, or in your head



Name one thing you can taste. Name them out loud, or in your head

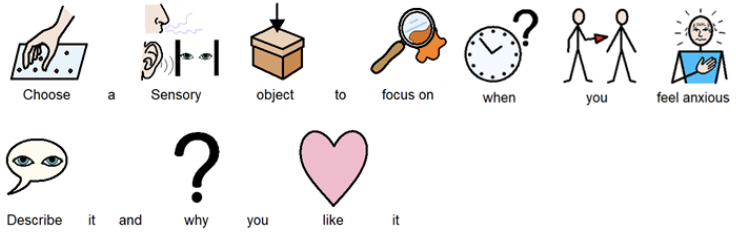


Tips for Managing Anxiety (text & symbol based leaflet)

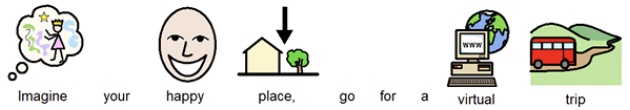
Prepared by Professor Jacqui Rodgers,
Professor Mark Freeston, Renske Herrema.
Newcastle University March 2020

https://research.ncl.ac.uk/neurodisability/leafletsandmeasures/

6. Choose a mindful object - it's good if it is small and transportable and has sensory interest (nice texture, colours or a scent) focus on your object when you are feeling anxious. Describe its properties to yourself, what do you like about it?



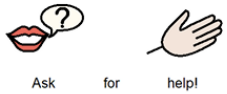
7. It sounds cheesy - but where is your happy place? - Mine is Kathmandu - I can picture it in my mind and be transported back there when I am worried - take a virtual trip!



8. Create a playlist of calming happy songs to listen to when you begin to feel overwhelmed - make it really easily accessible/clearly labelled on your phone so other people can find it if you need them to .



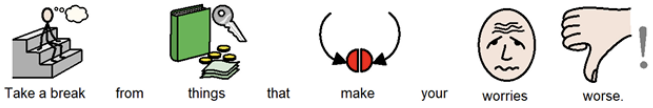
9. Reach out for help - in person or remotely - use social media to its best advantage - people will want to help you



10. Download a mindfulness app - there's loads out there - some people find them really helpful.



11. Take a break from situations that you know might make your worries worse - limit time on social media, or with people who are constantly talking about the things you are worrying about. Whilst it's good to stay informed about the world - we all need time out now and then.



Replacement Strategy: Teach Communication



- **Child engages in challenging behavior because it helps him get what he wants**
- **Teach child a *better way* to get what he wants**

Is challenging behavior getting child some*thing* he wants?



- Teach to ask for preferred food or item or activity

Is challenging behavior getting child attention?

- Teach to ask for praise, social interaction, comfort, or reassurance



Is challenging behavior letting child escape or avoid something he doesn't want (e.g., anxiety-provoking situation)?

- Teach to ask for break, help, or for change in activity

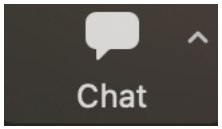


Is challenging behavior giving child sensory reinforcement?

- Teach child to ask for item that provides sensory stimulation or reduces sensory stimulation (or ask for privacy)

Note: Must fade # of "Break Cards" available or attention we provide over time so that child is exposed to the feared situation for increasingly longer periods of time (i.e., "gradual exposure")

Type in Chat Box: REPLACE



Think of a Client Who Displays Anxious Behavior

(or Challenging Behavior that may be related to Anxiety)

- Based on your FBA hypothesis…
  - What skill(s) can you teach to **replace the challenging behavior or anxious behavior** with a better alternative behavior?
    - e.g., **Teach to APPROACH feared situation** rather than avoid
    - e.g., **Teach COPING SELF-TALK**
    - e.g., **Teach RELAXATION or MINDFULNESS skills**
    - e.g., **Teach COMMUNICATION** (e.g., to ask for a BREAK, ask for help, ask for comfort, ask for self-soothing object/activity, ~~ask for reassurance~~)
- Now, 2 minutes of brainstorming
  - **Pick at least 1 replacement strategy to try with this client for the next 7 days!**

Responding to Anxious Behavior

When person does something brave, REINFORCE them!

- Give **specific praise** about what they did
- Give **most powerful reinforcer** contingent upon completing exposure or "brave challenge" (e.g., approach behavior)
  - May also give stickers or points or "Brave Bucks" that count towards favorite activities
- Give person the thing they're asking for (break, help, comfort) as long as it's not enabling avoidance or accommodating anxiety

When person engages in anxious behavior, DO NOT reinforce them!

- **Eliminate (or at least reduce) your accommodation**
- **Do not allow them to escape/avoid** (or at least ***minimize*** escape/avoidance, if possible)
  - Instead, **encourage approach behavior** or coping with feared situation (***encourage***, *don't* ***force***)
  - May prompt them to ask appropriately, and *then* give them what they're asking for

Response Strategy: Reinforcement

- **Reinforce BRAVE behavior!**
  - Reward person for doing something that is hard for them!



- What is reinforcing to the person?
  - Social rewards (positive attention)
  - Tangible rewards (e.g., toy, treat)
  - Activity rewards/privileges

- Reinforce **partial success or attempts**

Response Strategy: Reduce Accommodation

Accommodation means anything you are doing (or NOT doing) to help client escape or avoid or reduce their anxiety, fear, or distress

- **e.g., leaving friend's house because child afraid of dog**
- **e.g., allowing a child to stay home who is afraid of going to school**
- **e.g., speaking for a child who is afraid of talking**
- **e.g., reassuring child that they are healthy/not sick**
- **e.g., sleeping next to child who is afraid of sleeping alone**
- **e.g., not leaving the house (or taking child with you) when you are supposed to leave because child is afraid of being without you**

May reduce client's distress in short term BUT strengthens anxiety in long term

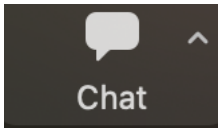
So, what should you do *instead*?

- **Validate** client's anxiety, respond with **empathy**
- Show **confidence** in your client's ability to **cope**
- Encourage client to **approach** or **face their fears**

"Don't cry! There's nothing to be afraid of!"

"It's hard, but you can do it!"

Type in Chat Box:



Think of a Client Who Displays Anxious Behavior

(or challenging behavior that may be related to anxiety)

- Based on the hypothesis…
  - ➢ What **consequences** can you use to **decrease anxious behavior (or CB)** and **increase replacement behaviors**?
    - –How can you respond differently to the Anxious **CB**?
    - –How can you respond differently to the **replacement skill(s)** or **positive behavior(s)?**
      - **Focus on FUNCTION**
- Now, 5 minutes of brainstorming
  - – Review working hypothesis
  - – Suggest at least one response/consequence strategy
  - – **Pick 1 response strategy to try for the next 7 days!**

Putting it All Together

(Prevent, Replace, Respond)



Example Interventions if Function is to Gain Attention

- **PREVENT: Prevention Strategies**
  - **Schedule adult attention** (give undivided attention for periods of time)
  - When adult occupied, assign highly preferred or easier task, and **let child know when your attention will be available**
  - **Schedule peer or sibling attention** (e.g., peer buddy, peer tutoring)
  - **Prompt** child to request attention appropriately



- **REPLACE: Teach Replacement/Coping Skills**
  - **Teach child to ask for your proximity, interaction, or physical contact**
    - **e.g., "Watch this!" "Look what I did!" "Can you read to me?", tap**
  - **Teach child to engage in activities while waiting for your attention**



- **RESPOND: Managing Consequences**
  - **When child engages in inappropriate behaviors, ignore these behaviors**
  - **When child engages in appropriate behaviors, respond immediately with attention!**

Adapted from Bambara & Kern (2005); Hieneman (2015)

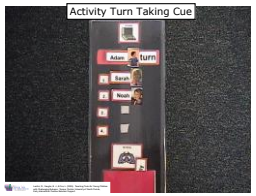
Example Interventions if Function is to Gain a Preferred Item/Activity

- **PREVENT: Prevention Strategies**
  - **Give advanced warning that activity will end soon (e.g., timer, countdown)**
  - **Schedule Transition Activity**
  - **Provide access to preferred item/activity on a schedule**
  - **Remove "off-limit" items from the surroundings**
  - **Offer alternatives to items/activities that were denied**





- **REPLACE: Teach Replacement/Coping Skills**
  - **Teach communication skills to ask for object/activity**
    - **e.g., "I want book please" or just "book"**
    - **e.g., "Can I take a turn with that?" or "My turn please" or "turn"**
  - **Teach to get object or access activity on his own**
  - **Teach to accept alternatives, to wait, and to accept "no"**





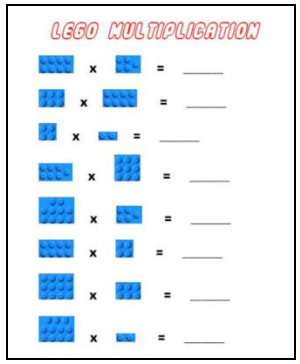


- **RESPOND: Managing Consequences**
  - **When they request item/activity appropriately, give it to them**
    - Over time, have them wait for longer periods of time to obtain the item/activity
  - **If they engage in aggressive behavior, do NOT** give them item/activity

Adapted from Bambara & Kern (2005)

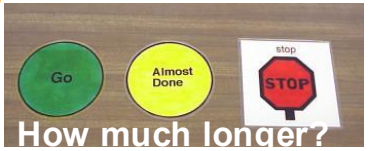
Example Interventions if Function is to Escape Demand

- **PREVENT: Prevention Strategies**
  - Modify mode of task completion
  - Embed easier tasks within more difficult tasks
  - Incorporate preferences & interests into the activity
  - Offer choices between tasks or how to complete tasks
  - Prompt them to request break or help



- **REPLACE: Teach Replacement/Coping Skills**
  - Teach communication skills to….
    - Escape by requesting assistance (e.g., "help")
    - Escape by requesting a break or rejecting (e.g., "No thank you")
    - Escape by ending (e.g., "finished!") or delaying activity ("later")
  - Teach them to engage in non-preferred task for longer periods of time











- **RESPOND: Managing Consequences**
  - As soon as they ask appropriately, give help, short break, or simplify
  - Do not do this if they engage in challenging behavior
  - Give reward, or stickers to count towards reward, for doing disliked task

Adapted from Bambara & Kern (2005)

Example Interventions if Function is to Escape Anxiety



- **PREVENT: Prevention Strategies**
  - **Increase predictability** (e.g., visual schedule, Social Story, video modeling)
  - **Offer choices ahead of time and during anxiety-provoking situation**
  - **Pair anxiety-provoking situation (e.g., doctor's office) with highly positive item or activity that child can only get in that situation**



- **REPLACE: Teach Replacement/Coping Skills**
  - **Teach them to gradually "face their fears" or expose themselves to increasing amounts or proximity or intensity of the feared situation**
  - **Teach to ask for a break from stressful or anxiety-inducing activities** (e.g., teach to say, "I want a break") or ask, "What is happening next?"
  - **Teach Relaxation training**
  - **Teach them to request a calming object/activity**







- **RESPOND: Managing Consequences**
  - **Acknowledge anxiety & provide positive reinforcement (e.g., labeled praise, reward) for "brave behavior" (e.g., facing fears)**

Example Interventions if Function is to obtain Sensory Reinforcement

- **Prevention Strategies**
  - Provide alternative appropriate sensory stimulation
    - e.g., offer radio to a child seeking auditory reinforcement
  - Prompt appropriate forms of stimulation



- **Replacement Strategies**
  - Teach them to obtain sensory input through alternative appropriate actions
  - Teach replacement behavior that's incompatible with challenging behavior
    - e.g., if they bite their finger, teach to chew gum or licorice
    - e.g., if they pinch themselves, teach to squeeze ball or play-doh
  - Teach them to tolerate periods of reduced/increased stimulation



- **Managing Consequences**
  - Allow access to items/activities that provide appropriate sensory stimulation
  - Reward them for engaging in behaviors that are incompatible with challenging behavior
  - Allow the sensory activity during a specific time/place/situation

Adapted from Bambara & Kern (2005)

Resources: Positive Behavior Support (PBS)

- **Positive Behavior Support – Positive Supports Minnesota**
  https://mnpsp.org/positive-supports/positive-behavior-support/
- **Home & Community Positive Behavior Support**
  https://hcpbs.org/families-3/
- **The Association for Positive Behavior Support (APBS)**
  www.apbs.org
- **The Behavior Doctor – Positive Interventions & Effective Strategies**
  www.behaviordoctor.org
- **Positive Behavior Support – Beach Center on Disability**
  http://www.beachcenter.org/pbs/default.aspx
- **Technical Assistance Center on Social Emotional Intervention for Young Children**
  www.challengingbehavior.org
- **Center on the Social & Emotional Foundations for Early Learning**
  www.vanderbilt.edu/csefel
- **OSEP Center on Positive Behavioral Interventions & Supports**
  www.pbis.org
- **Kansas Institute for PBS**
  www.kipbs.org
- **-Florida's Positive Behavior Support Project**
  http://flpbs.fmhi.usf.edu

Resources: Treating Anxiety in Autism

- **Modular Evidence-Based Practices for Youth with Autism Spectrum Disorder (MEYA)** (clinical training for providers who want to learn to treat anxiety in autistic youth): https://meya.ucla.edu/public/
  - **MEYA videos**: **https://www.youtube.com/@uclameyaautismintervention1480/videos**
- **Facing Your Fears** (virtual groups available for autistic youth and their parents): https://medschool.cuanschutz.edu/jfk-partners/clinical-services/facing-your-fears-program
- **NASDDS Adaptive Strategies Videos – Modifications & Adaptations to CBT for people with I/DD**: **https://www.nasddds.org/i-dd-and-mental-health-support-resources/**
- **Coping with Uncertainty & Tips for Managing Anxiety (Newcastle University Neurodevelopment & Disability):** https://research.ncl.ac.uk/neurodisability/leafletsandmeasures/copingwithuncertaintyeasyreadversion/
- **A Parent's Guide to Evidence-Based Practice and Autism:** https://nationalautismcenter.org/resources/for-families/
- **Children's and Adult Center for OCD & Anxiety:** www.worrywisekids.org
- **The Child Anxiety Network:** www.childanxiety.net
- **Anxiety Disorders Association of America:** www.adaa.org
- **Parent Training Resources for Anxiety:** http://www.copingcatparents.com/
- **Meg Foundation for Pain** (empowering families with strategies to manage pain & medical anxiety): www.megfoundationforpain.org
- Treating Fear & Anxiety in Autistic Youth (*Parenting Special Needs Magazine*)