Note-Taking Template for Behavior Anxiety Intervention

Part 1 & 2

You may opt to use this note-taking template for this course. To use this template, you can make a copy for your own Google Drive or download it to Microsoft Word. This note-taking document is designed to help you capture key insights, reflections, and action steps as you progress through the *Facing Your Fears in Schools* (FYF-S) training series. **Use this same document for both Part 1 and Part 2**—it is intended to support your learning across the full training.

Learning objectives include

- Understand how to identify anxiety in autistic students
- Understand which students are most likely to benefit from FYF-S
- Describe the core components of CBT for anxiety (e.g., psychoeducation and graded exposure)
- Learn how to create the steps of a hierarchy to help students face fears
- Learn strategies for how to do exposure practices in a school environment

| Topic | Notes (please add key points and important details here) | |
|--|---|--|
| Topic What is Facing Your Fears in Schools? | Notes (please add key points and important details here) Facing Your Fears in Schools (FYF-S) lesson, school-based program Designed for students with or other neurodiverse students Uses behavioral therapy Delivered in groups (2-5 students) Sessions are 40 minutes each or can be broken into two minute sessions Designed for during the school day, but can also be used or after school Two key components: Psychoeducation Graded Exposure Who can deliver/implement FYF-S? | |
| | FYF-S recommends 2 caregiver contacts: | |

| | 60-minute in-person or virtual early on and Midway (a video link) Research/Evidence Base - over 20 years of research; from clinical settings to community settings to school settings; all training conditions (manual only, workshop, workshop and consult) improved children's anxiety symptoms | |
|--------------------|---|--|
| Anxiety and Autism | Neurodiversity is the that neurological differences-such as autism,, dyslexia, dyspraxia, and others - are natural variations of the human brain rather than deficits to be fixed. Examples of neurodivergence: • Differences in social behavior • Limited communication (e.g., eye contact) • Difficulty making/keeping friends (e.g., spending time alone at recess and lunch) • Inflexible or rigid behavior • interests • Learning differences (e.g., visual, concrete) Anxiety • Everyone experiences • Can be • Too much, though, ability to think clearly • Words "fear", "anxiety", "nervous", but neurodiverse may not use words at all; instead, you would notice it in their actions, body language or how they with others When does anxiety become a problem? When it is: | |
| | (out of proportion to the situation), Persistent (doesn't fade over), and Interfering (makes it hard for a student to day-to-day). | |

| Common anxiety symptoms: |
|---|
| Specific fears or phobias |
| Separation from a caregiver |
| Social fears |
| Generalized worry |
| |
| Distinct fears in children with Autism |
| Idiosyncratic fears (e.g., fans,, beards, people |
| who look different, mechanical objects) |
| Transitions/ (if anticipation of the change) |
| Sensory oversensitivity |
| /fear about social situations (in the absence of |
| negative evaluation) |
| Prevention from in special interest |
| |
| Variety of behavioral presentations possible - school refusal, hiding |
| under desks, leaving the classroom, avoidance, refusal, physical |
| complaints (e.g., headaches, stomachaches), goes nonverbal, will |
| get tough and say threatening things, avoids people, perfectionism, |
| increase in scripting or repetitive behaviors |
| |
| Identifying anxiety in Autism - considerations include: |
| Diagnostic overshadowing |
| Psychosocial masking |
| Overlap of anxiety and autism symptoms |
| Symptoms present differently in autism |
| Behavior challenges |
| |
| What are some common fears? separation from, riding |
| the bus, in the cafeteria, using the bathroom, talking in |
| class, asking for, making mistakes, performing, and loud |
| noises like or drills |

| Cognitive Behavioral | Cognitive Behavioral Therapy (CBT) is the treatment for anxiety in | |
|----------------------|---|--|
| Therapy | both autistic and non-autistic learners. It focuses on the connection between thoughts,, and behaviors. For anxiety specifically, CBT includes two core components: | |
| | Psychoeducation and | |
| | 2. Graded exposure. | |
| | Graded exposure is a core component in CBT intervention for | |
| | anxiety. It means facing fears a little at a time. Graded exposure is | |
| | not critical for a decrease in anxiety to occur, but it can make | |
| | treatment more palatable and decrease attrition. | |
| | Important - Caution about avoidance | |
| | Enhancing exposure | |
| | Varying exposure | |
| | Varying exposure length | |
| | • contexts | |
| | Recall memories of successful exposures | |
| | • "Bring it on!" | |
| | • "" Lists | |
| Topic | The notes below this row come from Part 2 of the training | |
| Screening & Entrance | Screening tells us might need more support | |
| Decision Rules | Some screening tools don't just tell us who needs more help, but | |
| | also give clues about of support might be most helpful. | |
| | A multiple-gated entrance decision rule often starts with a | |
| | Screening/first data point indicating possible risk | |
| | Second data point to confirm/refute | |
| | What existing school data might be part of FYF-S entrance decision | |
| | rules? | |

| | Attendance or | | | |
|---------------------|--|--|--|--|
| | Nurse visits | | | |
| | Teacher observation/SEL screener | | | |
| | Self Report/Family | | | |
| | Office Discipline Referrals | | | |
| | IEP or 504 plan information | | | |
| | What data may indicate that FYF-S in group format isn't a fit? | | | |
| | Significant cognitive disability/intellectual disability | | | |
| | • aggression | | | |
| | Serious self-harm or | | | |
| | Behavior that pose an immediate threat to self and others | | | |
| | e above indicators likely warrant either an individualized and | | | |
| | intensified (e.g.,1:1) implementation of FYF-S or a different/more | | | |
| | intensive intervention. | | | |
| Progress Monitoring | Direct Behavior Rating (DBR) is a, | | | |
| 3 | evidence-based method for monitoring student behavior in | | | |
| | · · | | | |
| | real time. | | | |
| | Why Direct Behavior Rating? | | | |
| | Sensitive to change | | | |
| | • | | | |
| | Aligned with FYF-S Goals | | | |
| | Promotes | | | |
| | Select Target Behaviors (sample) | | | |
| | Academic/Social/Functional | | | |
| | 2. Anxiety-related Behaviors | | | |
| | 3. Coping Use | | | |
| | How to rate with DBR | | | |
| | Completed at the of class period or daily check in | | | |
| | Rated on a 0 (Not at all) to 10 (Consistently) scale | | | |
| | | | | |
| | "To what extent did this behavior occur during the | | | |

| | observation period?" |
|-------------------|--|
| | Explain: What is the relationship between the stressometer (student self-rating) and DBR? |
| Family Engagement | Letter notifying the family their child is identified for FYF-S Email notifying family that their child is identified for FYF-S Sample_progress monitoring letter to send home with the progress graph Family contacts built into the FYF-S program: 1. First mtg - share the parent workbook 2. Second mtg - show video and explain exposure practice 3. Throughout the program, there are handouts to send home to keep families in the loop |
| Ideas to Apply | Using the suggestions below or ideas of your own, action plan for what you will do to apply what you have learned in this course |

Ideas to Apply 1

Here are some ways to apply ideas from the Characteristics of Dyslexia course. Which actions do you want to take in your school/district? *Check or highlight one or more actions and at the end of the course, action plan your next steps.*

Check or highlight one or more actions.

| A. Share a reading, video, or other resource from this course with your colleagues and/or families. Which one(s) will you share and why? |
|--|
| B. Consider faculty meetings and common planning time as opportunities to use portions of the course to drive discussion about anxiety, how anxiety can present in students, the FYF-S intervention, and its components. |
| C. Facilitate a discussion about how roles in your building support anxiety management and support student self-regulation. Does this shared responsibility currently exist? If not, what small steps could each role (e.g., general educators, special educators, speech-language providers, reading specialists, para professionals) take for an "all hands on deck" approach? |
| D. Plan a pilot of the Facing Your Fears in Schools intervention. Share out with your colleagues how it goes. |
| E. Share the FYF-S family resources with your Local Advisory Committee (LAC), Parent-Teacher Group, etc. Work together to align the tools with your district's systems and expectations. |
| I. Add your own. Please describe: |

Action Steps:

Given the ideas to apply that you selected, plan some next steps that you will take for *one* or two of your chosen actions. Add ideas to the table.

What action will you take based on your "Ideas to Apply"?

| What next steps would this require? (List at least two) | When? | |
|---|-------------|--|
| Type or write your answer here | Insert date | |
| | | |
| | | |
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