

Coping and Adjustment: Keeping Kids Motivated

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Disclosures

- No disclosure
- No known studies regarding psychosocial treatment in AFM



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Overview

- Developmental Considerations
- Psychosocial Overview
 - Additional Contributors
- Models of Behavior and Anxiety
- Intervention Considerations
 - Antecedent Management
 - Consequence Management
 - Reinforcement Programs



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Developmental Considerations

- Most AFM cases (more than 90%) have been in young children
- Age at onset is 5.4 years of age
- AFM patients in peak years were younger (5.2 years) than those in nonpeak years (8.3 years)



Psychosocial Overview

- Common Presenting Concerns
 - Anxiety
 - Separation anxiety
 - Procedural anxiety
 - Generalized anxiety
 - Behavior
 - E.g. variable participation in therapies and cares
 - Feeding
 - Sleep
 - Depression



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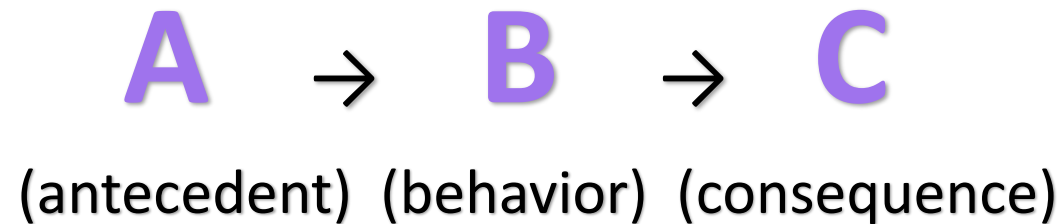
Additional Contributors

- Setting
- Task demands
- Pain
- Fatigue
- Diminished functional control
- Communication barriers



Behavioral Models

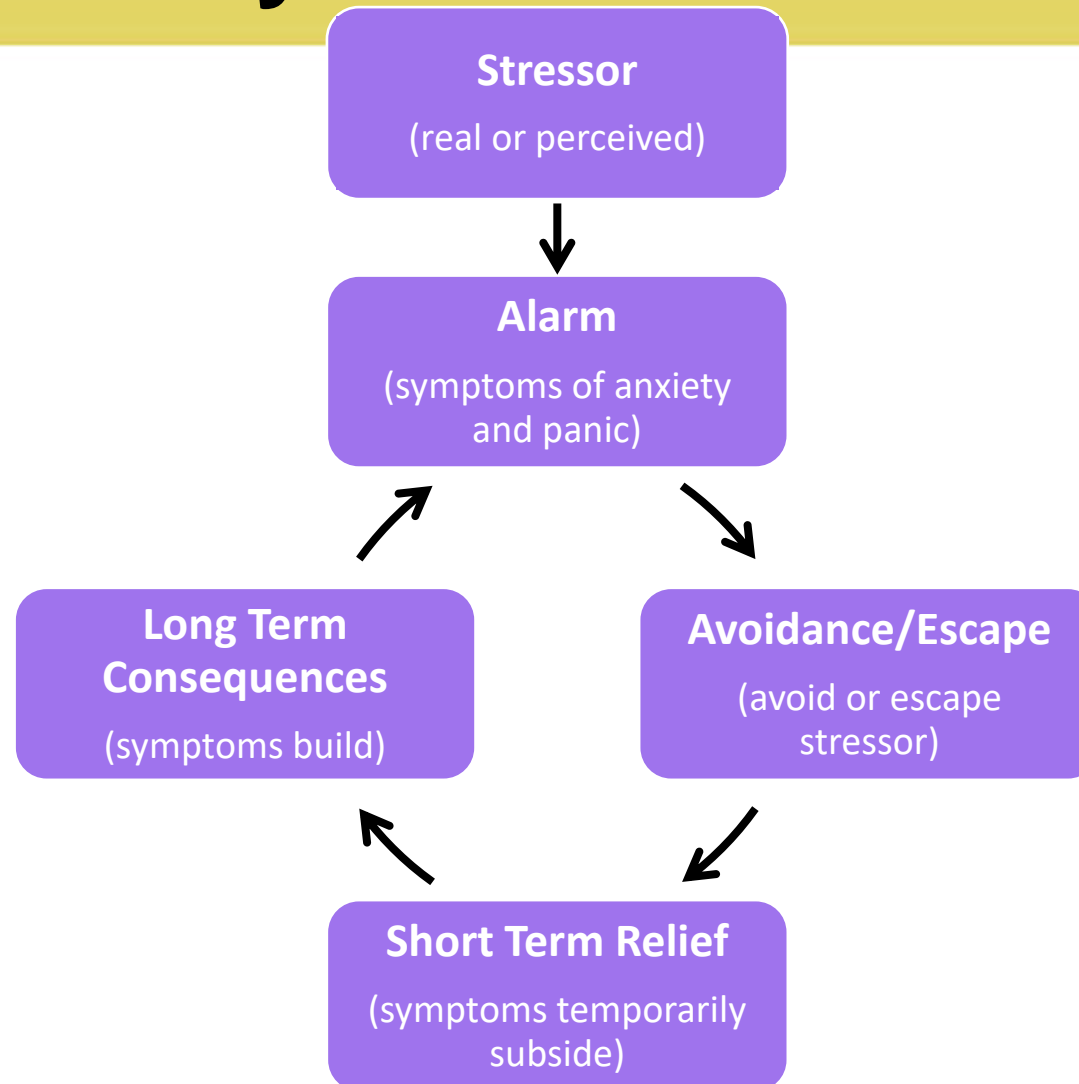
- Behavioral Contributors



- Functions of Behavior
 - Access to social attention
 - Access to items or activities
 - Escape or avoidance of a task or unpleasant stimuli
 - Sensory stimulation



Cycle of Anxiety



Intervention Considerations

- Procedural anxiety may occur during various interventions
 - E.g. trach changes, vent weaning, PMV, e-stim, etc.
 - Provide developmentally appropriate education
 - Utilize systematic desensitization as needed (i.e. pairing relaxation strategies with systematically increased exposure to stimuli)
- Provide guidance to caregivers to address separation anxiety
 - Notification of departure and anticipated return, brief separation process, return at pre-determined time
 - Systematically increase frequency and duration of separation over time
- Teach relaxation and coping skills training for emotion regulation
 - E.g., diaphragmatic breathing, guided imagery, brave statements
- Utilize modifications to play to engage in games and activities
 - E.g. adaptive equipment, hand-over-hand support, etc.
- Provide support for caregiver coping and adjustment
 - Caregiver reactions and interactions with their child can impact the child's coping
 - “Put on your own mask first”



Antecedent Management

- Prioritize therapist rapport
 - Increases trust and reduces fear during difficult and novel tasks
- Incorporate preferred interests and items
- Prioritize session task demands and goals
 - Reduce task demands that are not essential to session
 - Systematically increase task demands
- Use short, simple statements to deliver task demands
 - Avoid long sentences and excess language when presenting task demands
 - Provide information prior to task as needed to reduce delay behaviors
- Provide intermittent opportunities for control through choice
 - E.g. choosing order of therapy activities, game, color
- Build in rest breaks



Consequence Management

- Utilize differential attention for behavior management
 - Positive praise and attention for adaptive behaviors
 - Neutral responses and reduced attention for maladaptive behaviors
- Reduce effectiveness of escape and avoidance behaviors
- Train caregivers, staff, teachers, etc. regarding adaptive responses to behaviors and anxiety
- Consider reinforcement programs as needed



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Reinforcement Programs

- Step 1: Identify target behavior and earning criteria
 - Choose a behavior
 - Establish criteria for earning
- Step 2: Choose a reward
 - Individual to child interests
 - Limit competing reinforcers
- Step 3: Create a chart or visual
- Step 4: Explain the program to the child
 - Show materials
 - Check understanding
- Step 5: Use the program
 - Be consistent
 - Reinforcer delivered quickly after occurrence of behavior
- Step 6: Slowly modify or phase out
 - Modify task demands, earning criteria, target behavior, theme
 - Fade out system as needed



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Thank you!

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Advocating for your child in the school system



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