

F.A.I.R Plan for Withdrawn Behaviors

Introduction

Withdrawn behavior in teenage students may manifest itself contingent on various situational or setting events. Some of the symptoms presented by the student may include flat affect, melancholia, anhedonia, irritability, or absenteeism. The child may also withdraw from previously preferred peers, foods, and activities. It is difficult to categorize the withdrawn behavior style (e.g., anxious, depressing, et al.) without understanding the origin of the behavioral sequence. It is essential to investigate correlations and possible causal relations between events, settings, activities, or persons to address the confounding variable(s) that inhibit growth with the student. These symptoms may indicate that the person is experiencing anxiety, depression, or an adjustment disorder, depending on the intensity, duration, and how the symptoms affect a person's daily operation and functioning. When addressing such students who present with noticeable withdrawal and avoidance, relevant parties (e.g., counselors, caregivers, administration, law enforcement, et al.) should be included in treatment planning. For purposes of this discussion, standard techniques of Cognitive Behavior Therapy (CBT) and commonly prescribed behavioral strategies that do not require extensive training by a teacher with a student presenting withdrawn behavior without diagnosable symptomology of depression will be reviewed.

Literature Review

A variety of conditions may cause withdrawn behavior from an adolescent. Various forms of anxiety and depression can/may contribute to the presentation of withdrawal, irritability, or other observable negative presentations. Self-doubt, low self-esteem, and lack of confidence are terms that have been used to describe symptoms of a person who presents with little engagement or blunted expression in activities/persons that were once considered preferred. Withdraw and avoidance of activities serve as escape measures that function as negative reinforcement by removing undesired engagements. As adolescents learn to navigate social interactions and problem-solving from contingencies in the natural environment, a history of success and failure within these interactions contributes to the future probability of success or failure when engaged in similar situations. These events can affect students' motivation to perform preferred activities and acquire novel skills.

The ABC Model of Cognitive Behavior Therapy

Two issues that many adolescents encounter with interpersonal problem-resolution stem from interacting and communicating with others in the social environment and the internal covert

communicative dialogue within themselves (i.e., arguing with another person due to a lack of understanding and thoughts, respectively). Both of these types of activities are considered forms of verbal behavior. We speak and listen to others using words acquired from our previous experiences. We also speak to ourselves silently or aloud when we are alone. We often adopt our own set of contingencies and rule-governed behaviors based on what can be referred to as a *belief*. These beliefs act as rules contributing to our future decision-making process and are interpreted and described to ourselves and others through language. However, semantic relations require the listener and speaker to abstract meaning from these words. Those meanings can differ from person to person depending on past histories and the subjective context.

Conditional discrimination from the listener may affect the meaning of a person's statements to the listener. Humans sometimes omit or focus solely on specific words within a discussion, debate, or argument. Sundburg (2016) describes two types of listener discrimination: "function-altering interaction of multiple verbal stimuli within the same antecedent condition," known as *verbal conditional discrimination*, and *compound conditional discrimination*. "Find the yellow fruit" is a compound conditional discrimination by combining yellow and fruit. The question "Which one is *not* a yellow fruit?" requires the listener to discriminate based on the word "not." This alters the operation of finding anything but the yellow fruit. However, suppose the listener does not hear "not" and plans accordingly. In that case, the accurate completion of the interaction is void." In terms of miscommunication, if someone said, "You are one of the most tenacious people that I know!" and the listener abstracts tenacious as an insult, a clarification of meaning/intent would ensue. Not only do the meaning and formulation of a collection of words evoke a response, but other topographical features can contribute to conditional or compound discriminations. "I love you!" may read textually with more emphasis and excitement than "I love you." These two statements may evoke happiness, elation, sadness, and dread depending on the context.

Cognitive behavior therapy has evolved over the past half-century into a leading orientation to address issues of depression, anxiety, addictions, and many other symptoms. The forms of CBT we use today were synthesized from many different forms of cognitive, behavioral, psychoanalysis, and humanistic psychology that address three interacting components: thoughts, feelings, and behavior. Standard CBT techniques include journaling, graduated exposure therapy, relaxation techniques, refuting cognitive distortions, progressive muscle relaxation, and cognitive restructuring, among others. One of the earliest contributors to CBT was developed by Dr. Albert Ellis and named Rational Emotive Behavior Therapy (REBT). Ellis developed an ABC descriptive assessment method for the client experiencing "cognitive distortions." The model is similar to the three-term contingency (i.e., antecedent, behavior, consequence) model utilized in operant conditioning. The activating event (antecedent), the belief (behavior), and the consequence are a framework that can inform a person of particular events and contingencies that contributed to the outcome.

In 2016, Sælid and Nordahl conducted research with three groups of adolescents that compared the ABC model of REBT, attention placebo sessions (ATS) framed as "talking out

their problems" with a therapist, and "no session" control group. The procedures for intervention in the ABC group taught the six steps of self-assessing thoughts and events over three sessions: "(1) identify distressing emotion or behavior, (2) collaborative goal setting, (3) assessing negative emotion or behaviors, (4) applying the ABC format, (5) challenge irrational beliefs and (6) assigning homework" (Sælid & Nordahl, 2016, p. 200). The ATP condition took place over six months in three sessions and allowed the participant to discuss their issues with the therapist without feedback or advice for future direction. The intervention spanned six months, with approximately one 45-minute session for all participants every two months. The dependent variables were identified as personal events perceived as "negative" in the adolescent's life. Examples included personal communication conflict, separation from a significant other, and domestic issues. The independent variables compared were REBT and ATP against a control group of no intervention. Maintenance probes were conducted four to six months after the last session. Results showed "a significant reduction in dysfunctional thinking in the REBT group, but not in the ATP group...hope and self-esteem significantly increased in both the REBT and the ATP groups... [and] 90% of the adolescents (18 out of the 20 participants) in the REBT group reported not having had any previous knowledge of the links between thoughts, feelings, and behavior" (Sælid & Nordahl, 2016, p. 206).

Behavioral Activation

From a behavioral perspective, one possible treatment that has become recognized globally to provide efficacious treatment is behavioral activation (BA). Sudak et al. (2014) provide a succinct explanation for addressing withdrawn/avoidance behaviors within an operant conditioning framework.

Behavioral activation is an empirically validated treatment for depression pioneered in 1973 by Ferster, based on B.F. Skinner's behavioral principles. After publication of Beck's work on cognitive therapy, the boundaries of behavioral and cognitive therapies were blurred and the two now overlap substantially (Sudak, et al., 2014, abstract).

To describe succinctly, BA requires a case conceptualization of daily behavior and quantification of duration and frequency to identify trends before the intervention begins. During the beginning phases of the intervention strategy, a functional analysis is conducted, and attempts are made to shape the client with schedules, task analysis, and the reintroduction of preferred activities that will increase the amount of positive reinforcement in the person's daily life. Tracking of variables may include mood, enjoyment of specified activities, and daily occurrences (e.g., work, dining, leisure, et al.).

In 2015, McCauley et al. conducted a pilot study that introduced the Adolescent Behavior Activation Program (A-BAP). The aims of this study were to compare the effectiveness of

A-BAP to industry-standard Evidence-based practice for depression (EBP-D) (i.e., Cognitive Behavior Therapy and Interpersonal Therapy) strategies with adolescents. Both the control and intervention groups (A-BAP) showed even distribution in gender, race, and clinically diagnosed depression symptomology (i.e., the dependent variable).

The A-BAP treatment package included case conceptualization and education, identifying goal-directed behavior, core skill training (e.g., problem-solving, identification of barriers, overcoming avoidance), practice and application, and relapse prevention strategies. EBP-D strategies included the standard CBT and Interpersonal Therapy (IPT) model for adolescents. Findings indicate that A-BAP was as effective as EBP-D in treating the symptomatology of the participants. No statistical difference was shown between the two treatment models, and results provide increased reliability and dissemination of a behavioral-based treatment using positive reinforcement strategies.

Participant and Setting

Targeted Behaviors: Withdrawn behavior at school, “perfectionist” tendencies toward curricular activities interpersonal relationships, defensive posturing. Possible function: avoidance/escape

“A” is a 16-year-old female experiencing a flat affect and less involvement in classroom engagement and after-school activities. Prior to the period of withdrawal, she was a section leader in the marching band saxophone section, an honor roll student. She had plans to become a nursing student after graduating from high school. “A” is the fourth of 6 children, is a member of The Church of Jesus Christ of Latter-day Saints (LDS), and is an outgoing and active teenager. Her older siblings attended the same high school. They were also members of the high school marching band, were honor roll recipients, had all graduated, and completed their two-year LDS missions in various locations worldwide.

“A”'s withdrawal has not only affected her personal life but also her academic and extracurricular performance. During her sophomore year, “A” missed the two after school marching band rehearsals occurring in the first week of September. “A” did not complete the pre approved absence form, nor turn in the emergency absence form. As a student who had shown exemplary skills, disposition, and motivation, the lack of procedural integrity on her part indicated something had precipitated a modification to her historic norm. After consulting with “A” the following week, little information was gained from the interview. “A” indicated she was sorry for the lack of communication and the instances would not happen again. The following week showed similar results. “A” missed one of the after-school rehearsals and showed very little effort during her school day classes. After contacting other regular teachers that “A” saw during the school day, it was determined that “A” was showing withdrawn behaviors in all of her classes and not attending the after school speech/debate program for the past four weeks that meets on Wednesdays. A call to her counselor provided more collateral information. “A” had gone to see the counselor about a problem with her ingroup of peers. “A” had believed the peer group had begun to pick on her and dislike her. The three peers were in the Speech/Debate club,

shared some of her other classes, and one of them also participated in the same section of the marching band.

After a thorough investigation involving teacher/counselor corroboration and parent communication, it was determined that some form of miscommunication had occurred pertaining to an activity between the three peers and “A”. This miscommunication, coupled with “A’s” perfectionist tendencies, had led to a decline in her grades and defensive rhetoric with adults in the past month and in her home environment. It was concluded that “A” was becoming defensive with peer banter in the form of sarcasm and she was experiencing a sense of failure in school-related activities and assignments. The symptomology suggests “A” was a perfectionist and had issues interpreting nonliteral commentary that was directed toward her.

Methods

This section includes strategies that may act as differential reinforcement of alternatives or incompatible behaviors to assuage or counteract depressive thoughts or feelings, such as focusing on the negative and ignoring the positive (filtering), “all-or-nothing” thinking (polarized thinking), expecting the worst and minimizing the positive (catastrophizing), “feeling” that something must be true (emotional reasoning), holding tight to personal rules of behavior (“Shoulds”), overgeneralization, among many others. The behavioral team (e.g., caregivers, teachers, coaches, administrators, counselors, et al.) should provide a wrap-around service for the student, particularly if they are severe. As teachers, we are not trained as mental health therapists, but we should be available to speak to the student in a confidential and guiding manner to benefit the student's growth. In this scenario, the school counselor or school psychologist should lead in coordinating care and communicating with caregivers. Before strategizing specific interventions by a member of the mental health profession, the following recommendations offer options for a classroom teacher to address the issues of a withdrawing student.

- Communicate with legal caregivers, agencies, or appropriate parties in order to inform them of the problem, determine the cause of the problem, and consider possible solutions to the problem.
- Communicate with parents (e.g., notes home, phone calls, et al.) in order to share information concerning the student’s progress and to reinforce the student at home for showing an interest in participating in school activities
- Depending on the symptomology, investigating the student’s eating and sleeping habits and the amount they are getting outside of the school day
- Inform others who will be working with the student about the intervention strategies

Accommodations

Environmental: For lunch periods, providing the student with seating choice or alternative lunch. Allow the student to choose assignment load or choice of assignments. During group activities encouraging the student to work with a preferred peer. During independent speaking activities or any large curricular projects, the student may be allowed an alternative format for response (e.g., recorded video presentation, alternative presentation time, et al.).

- Alternative lunch
- Allow for breaks
- Calming area
- Preferred seating arrangements
- Make necessary adjustments in the environment to prevent stress, frustration, et al.
- Avoid triggering topics of discussion
- Reinforce others in the class for accepting errors they make
- Deliver praise and constructive criticism consistently to all students
- Reduce activities which might threaten the student (e.g., announcing test score ranges or test scores aloud, emphasizing the success of a particular student or students, et al., while intervention is ongoing)
- Assess the appropriateness of the social situation and place the student in a group in which she will be most successful
- Encourage all students to be complimentary of others' performance

Executive Function: "A" has a successful history of academic and extracurricular achievement. Methods to address deficits in executive function are directed toward a.) perfectionistic tendencies, b.) logical interpretations of communication with herself and others

- One-on-one tutoring sessions with an educator or preferred peer
- Provide alternative performance medium (e.g., digital presentations, instrument preference, et al.)
- Write a contract with the student specifying what behavior is expected (e.g., accepting personal best effort) and what reinforcement may be made available when the terms of the contract have been met (see appendix A)
- Assigned peer to help the student
- Have the student record (i.e., journal, personal check lists, log) their own progress in order to have tangible evidence of success (see appendix B)
- Encourage "A" to act as a peer tutor in order to recognize their own strengths and abilities
- Deliver a predetermined signal when the student begins to show overly self critical behavior

Curricular: "A" may benefit from having a task analysis and/or checklists for all courses and assignments. Becoming overwhelmed at the amount of projects, homework, and extracurricular activities, "A" may also benefit by seeing a visual representation of task deadlines and schedules. Helping a student to break down assignments into more discrete task analysis may also support

agency for her future academic endeavors in graduate school or the workplace. It may also benefit “A” during this intervening time to not publicly speak or answer questions aloud and may also be a time when homework or other assignments may have extended grace periods for due dates, include preferred activities and topics, or be augmented in medium of delivery, instruction, or completion.

- Avoid competition. Failure may cause the student to lose more interest or not participate in school activities.
- Allow the student more decision-making opportunities relative to class activities
- Adapted presentation (e.g., digitally recorded, et al.)
- Assigned with a preferred peer for group work
- Preferred activities
- Accommodated assignments
- Evaluate the appropriateness of the task to determine if it is too difficult or inappropriate length of time scheduled for the task.
- Visual schedules
- Task analysis
- Evaluate the appropriateness of the task to determine: (a) if the task is too difficult and (b) if the length of time scheduled to complete the task is appropriate
- Provide the student with success-oriented tasks. The expectation is that success will result in a more positive attitude and perceptions toward self and environment.
- Provide the student with as many social and academic successes as possible
- Calling on the student when they will most likely be able to answer correctly (if previous agreement with the student to respond in this manner)

Replacement Behaviors: Teaching the student to use various forms of functional communication to indicate how she is feeling when non preferred activities or tasks are required. As an example, the student can tell the supervising adult that a moment to relax in a calm spot, visit the counselor, or other preferred environment would be preferable to sitting in the class ruminating or perseverating. Other techniques would be the ability to advocate for themselves with task demands (e.g., needing more time to complete an assignment, non preferred topic, et al.). Additional skills include personalized CBT strategies (e.g., ABC model, breath work, journaling, or “mindfulness” strategies).

- ABC modeling of events (see appendix C)
- Breathing exercises
- Positive thinking
- Teach self-management strategies
- Utilize FCT alternatives
- Taking a personal inventory, self-awareness and “mindfulness” strategies
- Teach self-reinforcement techniques

- Journal or use self-recording applications (e.g., smartphone applications, et al.)
- Change of environment

Training Underdeveloped Skills and Self-Management: Being a high achieving student, “A” has many of the necessary curricular skills mastered to maintain high standards. Her greatest issue is to find the momentum to engage in successful activities again. One technique of BA is to create schedules for the day that do not require much effort, but promote one activity being attempted for that day.

- Give the student responsibilities in the classroom (e.g., teacher assistant, peer tutor, group leader, et al.) to improve confidence and/or a change of environment
- Invite professionals from the community to share their “real-life” experiences about a variety of topics with the class
- ABC model applied to situational events
- Breathing exercises
- Present awareness inventory of self
- Emotion regulation worksheet (see appendix D)
- Self Care (see appendix E)
- Rehearsal with peer or teacher (e.g., eyes only on a specific person if public speaking)
- Develop a behavior contract
- Recommend an inspirational book or movie

Interaction Strategies

Conversation strategies with non preferred peers. The teacher discussed with a peer how to converse with the student who is having difficulty communicating as a non preferred and unfamiliar person. Additionally, graduated exposure to non preferred peers and activities may result in higher rates of flexibility and cooperative engagement.

- Show interest in the student (e.g., acknowledge the student, ask the student’s opinion, et al.)
- Teach the student to “think” before acting (e.g., ask herself, “What is happening?” “What am I doing?” “What should I do?” “What will be best for me in the long run?”
- Write a contract with the student for preferred behaviors (e.g., showing an interest and participating in school activities) and what reinforcement will be made available when the terms of the contract have been met
- Reinforce the student for showing an interest and participating in school activities based on the length of time they attended. Gradually increase the length of time required for reinforcement as the student demonstrates success.
- Avoid embarrassing the student by giving the student orders or being too critical
- Treat the student with respect. Talk in an objective manner at all times
- Make positive comments about school and the importance of school

- One-on-one tutoring by the teacher
- Teacher provided accommodations
- Preferred peer mentoring
- Graduated exposure exercise with new peers
- Multiple check-ins with a preferred adult
- Self-monitoring checklist
- Bring awareness to the positive attributes of the student.
- Use of NCR by attending adults ("Catch 'em being good!")
- Reduce situations that contribute to anxiety (e.g., testing, speaking in front of others, timed activities, et al.)
- Allow the student to perform operational tasks for interaction with other students (e.g., pass out worksheets, collect homework, et al.).
- Well-defined network of persons for wrap-around support (e.g., parents, caregivers, select peers, teachers, aides, et al.)

Response Strategies: Demand duration for non preferred activities should be reduced to shape skill acquisition and confidence. Caution should be exercised when introducing novel experiences that may overwhelm the student

- Avoid punitive measures: time-out, response cost, over-correction, et al.
- Use noncontingent reinforcement
- Pass card
- Graduated exposure to non preferred activities and peers
- Activity for expressing frustration (e.g., running the track)
- Teacher cues for self-management
- Reduce emphasis on perfection
- Provide alternative activities
- Avoid embarrassing the student by giving the student orders or being too critical
- Treat the student with respect. Talk in an objective manner at all times
- Make positive comments about school and the importance of school

Generalization and Maintenance

To monitor progressions or regressions, it is recommended that the school staff that interacts with “A” regularly record observations of engagement to be reviewed by the counselor or psychologist (see Appendix F). This can be used to determine efficacious practice and investigate potential setting events that correlate with corrected or adverse behaviors. The charts will be compiled weekly and will include areas for anecdotal description for the behavioral team to review. Training and tracking tools will also be offered to the caregivers if any of the maladapted behaviors are present outside of school. Including the primary caregivers is paramount to providing a holistic and socially significant change in well-being for the student

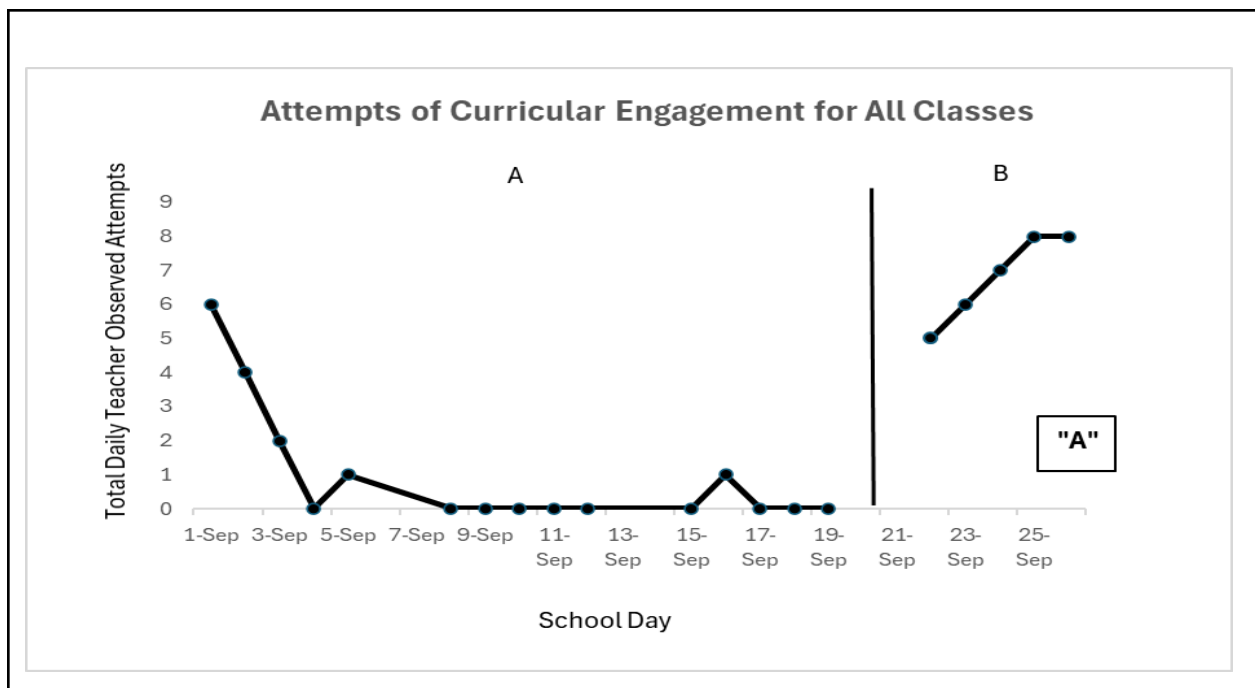
and promoting consistency of reinforcement and corrective strategizing (see Appendix G). “A” will also be able to conduct her assessment and record her daily activity log. These three tools may afford the lead investigator evidence to support a more specialized treatment package to bring “A” back to her historic baseline.

Projected Graph

An AB(A) design will be used during the primary intervention phases. Due to the nature of the target behaviors, it is expected to maintain all intervening strategies until automatic reinforcement has been achieved and the monitoring of the intervening strategies are not required. As the rates avoidance absolves and a steady trend in engagement is shown, intervening strategies will be faded, thinned, or omitted if corroborating evidence from school and home indicate as such.

Figure 1

Fictitious Cumulative Attempts of Active Engagement at School by “A’s” Classroom Teachers



Discussion

Teachers are not trained as mental health professionals. Major liabilities exist if someone is practicing outside of their professional scope. Adolescents experience a high rate of shifts in

mood and motivation. Unfortunately, suicidal ideation and suicide can be the result of a lack of care for a student. As mandated reporters, we must report to the proper authorities if a student exhibits any sign of suicide or other harmful behaviors. That being said, the interventions as mentioned above in this document have highlighted a few very common problem-solving strategies that, after some training, can be administered and utilized by most adolescents and adults. A guiding philosophy behind BA, CBT, and REBT is that the therapist is a teacher, and the client is the student. After the student has acquired a sufficient understanding of the intervention, they can apply the techniques throughout their lifespan. To maintain an ethical approach in any helping profession, consent, permission, assent, and full transparency should be used for all pertinent stakeholders in the client's environment. The intervening strategies outlined in the FAIR plan may be considered standard procedures for accommodating a student experiencing hardships or needing an adaptive environment by school teachers. The literature review discusses strategies that should be guided by the help of a counselor or psychologist, not the teacher.

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Appendix

Appendix A

Sample Behavior Contract

BEHAVIOR CONTRACT

Date: _____

GOAL BEHAVIOR

I, _____, agree to work on this behavior:


REWARD

The reward I will receive for meeting this goal is:

REVIEW

We'll check in on how this contract is going on this date: _____


Student Signature Adult Signature



Appendix B

Sample ABC Worksheet

THE ABC OF CBT – *blank template – create several versions with B and C outcomes*

A	ACTIVATING EVENT OR SITUATION	
B	BELIEFS AND THOUGHTS	
C	CONSEQUENTIAL PHYSICAL FEELINGS (THREAT RESPONSE – NERVOUS SYSTEM)	
CONSEQUENTIAL BEHAVIOUR		CONSEQUENTIAL EMOTIONAL FEELINGS


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Appendix C

Sample Activity Log

Activity diary A Record each of your daily activities in the slots below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7.00am to 9.00am							
9.00 to 10.00							
10.00 to 11.00							
11.00 to 12.00							
12.00 to 1.00pm							
1.00 to 2.00							
2.00 to 3.00							
3.00 to 4.00							
4.00 to 5.00							
5.00 to 6.00							
7.00 to 8.00							
8.00 to 9.00							
9.00 to 10.00							
10.00 to 12.00am							

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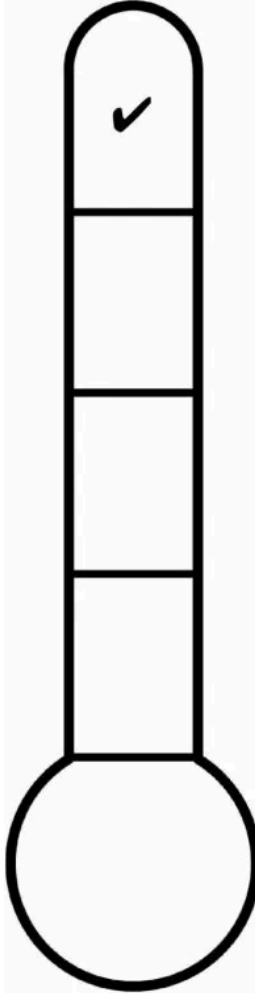
Appendix D

Sample Feelings Thermometer Worksheet

Your Practice Name Here
 Therapist Name: Therapist Name Here
Feelings Thermometer Worksheet

Client Name: Client Name Here
 Today's Date: 02/02/2022

A feelings thermometer is a visual tool that you can use to measure how you are doing emotionally and provide steps to help you shift your mood.



How Do You Feel?	Why?	What Can You Do About It?
Angry Furious Explosive Steaming		
Frustrated Annoyed Irritable		
Anxious Worried Unsettled Jittery		
Sad Down Negative Lonely		
Happy Joyful Calm Content Relaxed		

Appendix E

Sample Daily Care Self Report Worksheet

10 Steps for DAILY Self Care *The night before...*

① Efficient morning routine → _____

② Exercise More → _____ *★ Drink more water:* _____


④ Healthy Diet → _____

⑤ Start a hobby ☺ _____ *☀️ QT with Friends + Fam* _____

⑦ Read more 📖 _____ *⑧ Be Tidy* _____

⑨ Meditate _____

⑩ Daily Rewards



Appendix F

Sample Daily Student Engagement Tracker for School Staff

Daily Student Engagement Tracker						
Student: _____ Date: _____						
MARK: IE (independent engagement), PE (prompted engagement), AA (adapted activity), NE (no engagement)						
	M	T	W	TH	F	Club/Organization
1st period						
2nd period						
3rd period						
4th period						
Lunch						
5th period						
6th period						
7th period						
1st Period Comments:						
2nd Period Comments:						
3rd Period Comments:						
4th Period Comments:						
5th Period Comments:						
6th Period Comments:						
7th Period Comments:						

BA strategies								
Other: _____								
Reinforcement:								
Praise								
Preferred edibles								
Preferred activity at home (e.g., time with Mom, et al.)								
Other: _____								
If major negative behaviors are present:								
Response block until the episode abates								
Physical restraint until the episode abates								
Call suicide hotline or other agency for emergency help								