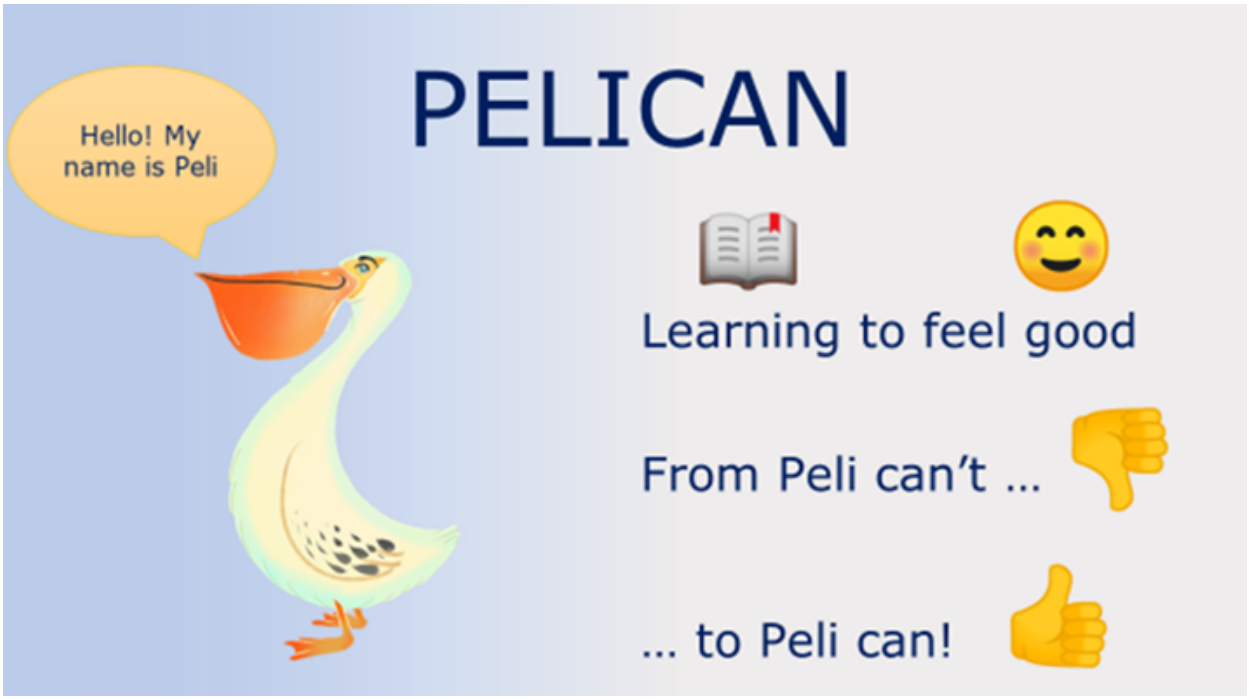
# P E L I C A N:

## **P**romoting **E**motional **L**iteracy **i**n **C**hildren with **A**dditional **N**eeds[1]

## Background Paper




foundation for people with learning disabilities

EST 1892 LSBU

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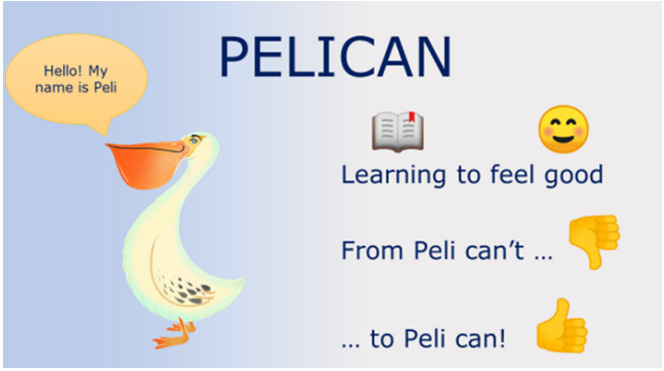


### Why is PELICAN important?

Although research shows that children and young people with learning disabilities (CYP-LD) have higher rates of emotional and behavioural problems than their peers without learning disabilities, it also shows they have less access to services and support. This has changed little over the past two decades (Foundation for People with Learning Disabilities, 2002; 2005; Emerson and Hatton 2007; Children and Young People's Mental Health Coalition's Overshadowed, 2019). In addition, numbers of children and young people with complex learning difficulties and disabilities are increasing (Carpenter et al., 2011; Blackburn et al., 2010), with increased survival of low-birth-weight babies and rise in Foetal Alcohol Spectrum Disorder etc (SSAT, 2017).

Recent policy and legislation including Future in Mind (DH, 2015), Transforming Care (DH, 2012), NICE (NHSE, 2015), Building the Right Support (NHSE, 2015) Children and Families Act 2014 (2014), and SEND Code of Practice (DfE/DH, 2015) all emphasise the need for early, coordinated multiagency interventions. Research into effective interventions is urgently needed.

The Equality Act 2010 requires organisations including the NHS, education, social care and voluntary sectors to make reasonable adjustments to provide services across a range of protected characteristics including disabilities.

### Covid-19 Pandemic

It is important that frameworks and resources are available to provide support to manage the stresses, losses and uncertainties linked to the Covid-19 pandemic has increased the stressors, uncertainties and losses for all 'PELICAN Lite' has been developed as a streamlined version showing how to use PELICAN during the pandemic (see pg 6).

[1] Children and young people with additional needs includes: learning disabilities including PMLD, sensory difficulties, autism etc. PELICAN focuses on those wth more complex additional learning needs.

**PELICAN development**

There have been three phases of PELICAN's journey so far:

**1. Pre 2010 –** building a nest!

- Some publications demonstrated adaptations to psychological interventions including group work for people with learning disabilities (mainly Cognitive Behaviour Therapy; CBT Benson,1989, Rossiter et al.,1998). Policy prioritised mental health and well-being e.g., Every Child Matters (2003), Social and Emotional Aspects of Learning (SEAL, 2005, 2007), Targeted Mental Health in Schools (TAMHS) projects (DCFS, 2008), BUT there were very few resources for, or attention to, children and young people with learning disabilities and/or Special Educational Needs (SEN).

- Practice learning from school-based groups delivered in 2009/2010 was shared (Andrews et al., 2010 and Rossiter et al., 2011). This included the value of groups for developing emotional management through using practical, visual and multisensory resources and activities (e.g., thought bubbles, sensory stories, using a drum to represent heartbeats).

- The possibility of adapting existing evidence-based manualised interventions, with potential to evaluate then roll out at scale, was identified. The World Health Organisation (2004) recommended FRIENDS for Life (Barrett 2006, Stallard et al 2007, 2008), based initially on Kendall's (1990, 1995) Coping Cat, as efficacious as a preventive, universal and targeted intervention for anxiety.

- Integration of practice-based evidence with evidence-based practice learning from literature and systematic reviews informed further developments and plans for funding for action research and more formal evaluation (Rossiter, 2008a; 2008b; Rose et al., 2000, 2005; Creswell, 2001; Shechtman & Pastor, 2005; Sofronoff et al., 2005; Singh et al., 2006; Haddock & Jones, 2006; Soler & Weatherall, 2007; Thompson & Lonsdale, 2008). This included individual and group interventions, CBT and groups adapted for learning disabilities.

**2. 2010-2018**- the beginnings of PELICAN's egg!

- A development project using action research adapted activities and resources in the FRIENDS for Life manuals for, and with, children and young people with learning disabilities. This was supported by legacy funding to the FPLD from the estate of Patricia Collen, who lived much of her life in Normansfield, UK. Co-production and evaluation was conducted to understand whether the adapted activities could be delivered, understood and enable CYP-LD to learn the 'FRIENDS' skills and maintain fidelity to FRIENDS. This included identifying and naming feelings, relaxation, identifying green and red thoughts, growing green thoughts, problems solving and practicing, in children and young people with complex needs

- The adaptations based on relevant research, expert opinion, our combined experience (120+ years!) and input from children and young people with LD their families/carers and session leaders and the feedback and learning were published as web-based guidance, resources and Background paper in 2013 by FPLD.

- Collaboration with others led to further shared learning with others trialling adaptations for children and young people with autism and associated learning difficulties (Mullin, 2010;

Slack, 2013). The publication of the autism-focused Special FRIENDS (Barrett, Smith and Slack, 2015), provided a specific, differentiated bridge between the "generic" FRIENDS and the adaptations and resources needed for children and young people with more substantial learning needs and/or neurodevelopmental conditions. Licensed FRIENDS training days focusing particularly on delivery to CYP-LD and/or autism began as a trial in 2015.

- An NHS England “Transforming Care for Children” grant (2016) supported further training for professionals and parents. This enabled further adaptations for more substantial cognitive and communication impairments, and the second edition of the web guidance. Increased activities of our Community of Practice allowed for better sharing of practice, development and evaluation through networks, training, presentations and posters at national and international conferences, and publications eg Holmstrom (2016); blog on Paving the Way (CBF & EIP).

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- Continued practice evaluation and reviewing of literature highlighted the need to ensure CYP of all abilities were included. Awareness of some other interventions grew, along with awareness of the under-representation of CYP-LD in research and exploration of issues of ‘manualised’/‘non-manualised’, stages, phases or steps of prevention/early intervention/specialist intervention; groups/individual; adapted interventions across a range of cognitive impairments including brain injury (Rossiter & Holmes, 2013), universal (for all) targeted, specialist (Chief Medical Officer Annual Reports, DH, 2013; 2014).

- Some disadvantages of linking with only one intervention became apparent as barriers of costs and licensing could not sit easily with charity’s objectives. When FRIENDS evolved to a digital only version without Special FRIENDS, it was no longer “bridgeable” for CYP-LD so a deeper review of our own, and other evolving practice was commenced.

3. **2019 –** current (January 2021) PELICAN gets ready to hatch

- A comprehensive review comprised of; a survey of the experiences of the Community of Practice in delivering the adaptations, and broad literature review of recent children and young people, lifespan LD and autism studies, to identify and learn from newer interventions. Appendices 1 and 2 show summaries of some of these.

- Some promising new LD and other interventions were identified (Taming Sneaky Fears, Monga et al. 2009, Benoit & Monga, 2018; Growth Factory, Verberg et al. 2018; Fearless Me! Hronis et al. 2019; Feelings Detectives, Psychology Publishing, 2020), which are signposted in the PELICAN Guidance.
- Well known/evidenced interventions such as Dialectical Behaviour Therapy (Linehan, M. 1993, 2015), it’s use in schools for Emotional Problem Solving for Adolescents (DBT STEPS-A, Mazza et al. 2016), DNA-V (Hayes & Ciarrochi, 2015) and Compassion Focused Approches were reviewed, but there are no current publications about their use with neurodiverse children and young people or those with additional needs.

- The contents of, and evidence base for, other approaches, for use in special education such as Zippy’s Friends (Rowley & Cook, 2007; Unwin et al., 2018), Zones of Regulation (Kuypers, 2011), SCERTS (Prizant, 2006) were reviewed. Whilst some practice based evidence is reported, the interventions were not adapted/trialled across a wide enough range of abilities.

- The need to consider systems and contextual models and frameworks such as

Bronfenbrenner's (1979, 2009) ecological model; Resilient Therapy (Hart, 2007); THRIVE (Wolpert et al., 2019) to embed development of emotional and physical wellbeing and resilience, and to build on existing initiatives such as Healthy Schools with focus on food, activity, sleep etc or The 5 (or 6) Ways to Wellbeing - Connect, Be Active, Take Notice, Keep Learning, Give (plus Care for Planet).

- Awareness grew of the need to, and ways of, incorporating both attachment and trauma informed approaches (Costa, 2017; Learning Disabilities Professional Senate 2020) as research shows that chidren and young people with disabilities experience more ACE's (Adverse Childhood Experiences) and more abuse (Spencer et al. 2005), along with concerning reports of restrictive practices (CBF/PABSS 2019; 2020)

- The findings were synthesised, and implications considered. There is very little which includes ALL abilities. CYP-LD with the most complex needs are the most overlooked and the less well served.

From analysis of the best-evidenced and/or most promising current interventions, key elements they have in common are:

- feelings identification/recognition (self and others), noticing body signs and behaviours
- relaxation (calming breaths, tummy breathing, muscle relaxation, visualisation, mindfulness, calming activities)
- helpful (green, go) and unhelpful (red, stop) thoughts
- problem solving & goal planning, breaking things down to steps; have a go/try things out, practice; practice
- generally delivered as a group with focus on group process

Some approaches use a more 'individual therapy' model, rather than systemic, contextual resilience building.We wanted to build in more attention to the development of skills in the context of relationships. There was very little literature and guidance across **all** abilities.

Hence, our review and synthesis of evidence led to the decision to focus on including the often overlooked CYP-LD with complex needs, and integrate our learning-to-date with the review. We aim to create an accessible (for CYP, professionals and parents/carers), developmental framework, guidance and resources to support the development of 'emotional literacy'.

'Playing' with frameworks and acronyms led to **PELICAN**: **P**romoting **E**motional **L**iteracy **i**n **C**hildren with **A**dditional **N**eeds.

**What is PELICAN?**

**P**romoting **E**motional **L**iteracy **i**n **C**hildren with **A**dditional **N**eeds

**PELICAN** comprises a framework, a short, visual story to illustrate the framework, guidance on the elements with activities, and electronic resources to deliver. The PELICAN story helps engagement and makes the PELICAN framework easy to understand and remember. The

guidance explains the ‘what’ and ‘why’ of each of the elements, outlines activities and provides resources to support key learning as below:
**The four elements of PELICAN** are:

**I CAN Feel –** developing skills in noticing and naming feelings in ourselves and others, normalizing feelings, similarities and differences, identifying different body signs for feelings, and when feelings are “too big”; beginning to link feelings, situations, thoughts and behaviours.

**I CAN Relax –** developing more skills to notice our own body signs and situations that make us worried or angry and different relaxation/chill skills to calm both our body and mind.

**I CAN Think –** learning to spot the difference between thoughts and feelings, recognise the difference between green (helpful) and red (unhelpful) thoughts, grow green thoughts, begin to build links between feelings, situations, thoughts and behaviours**.** Learning to develop problem solving skills, make goal plans & coping plans, by breaking them down, use flexible thinking (star thinking), use other PELICAN skills such as relaxation/chill skills, use support, support/help others; eat & sleep well; get outdoors.

**I CAN Do –** learning to practice, remember, try, reward ourselves and others for trying, use and give support and have fun!

There are sections on I CAN Begin with information on setting up and process/’how to’, session structure, ages and abilities, and I CAN Evaluate with information on a range of ways to measure change.
So, the use of PELICAN promotes Emotional Literacy.

**What is Emotional Literacy?**

‘The ability to understand, handle and appropriately express feelings’

which, according to Faupel & Sharp, 2003,

‘involves having recognition of your own, and others, feelings, and knowing how to manage them’.

So, **Emotional Literacy** is a key element of mental health

**PELICAN’s approach to Emotional Literacy:**

PELICAN focuses on noticing the body signs and sensations that are linked to feelings, to ensure that children and young people with additional needs and those supporting them learn to notice and know the body signs and behaviours for their feelings, rather than focusing on building up ‘feelings vocabularies’. Experience has shown that children and young people can build up ‘feelings vocabularies’, ie recognising/using words, whilst not connecting this to their own bodily sensations and behaviours, or how to ‘regulate’ them.

There is more focus on relaxation and de-arousal, building in sensory needs and multisensory learning throughout. Learning from each other, collaborative problem solving and connecting with others are key aspects of emotional development – PELICAN recognises and focuses on learning in and through relationships.

**Benefits of PELICAN:**

PELICAN has been developed to support children and young people with complex needs develop emotional literacy and resilience across wide ability and age ranges. PELICAN aims to be accessible, do-able, collaborative, innovative and integrative. Feedback has been positive about PELICAN being engaging, appropriate and useful. It can be used along with other approaches.

PELICAN aims to be accessible for practitioners in education, health, social care, voluntary and community sectors and families by having the PELICAN framework, story, guidance and resources online.

A ‘Community of Practice’ to support the use of PELICAN, share practice, resources and problem solve is planned. Information will be posted on the web.

Some small scale evaluation of PELICAN is currently underway in ‘early adopter’ schools and teams.

**‘PELICAN-lite’ for the pandemic**

Whilst the pandemic continues and the longer-term impacts of social distancing and lockdown become apparent, the need to support all children and young people with their emotional literacy, and emotional needs is increased. So, for children and young people with additional needs, the importance of PELICAN has increased. Whilst, there are multiple stressors on children and young people, teachers, carers and parents, full PELICAN delivery may not be possible. A stream-lined ‘PELICAN-Lite’ recognises this and focuses more on ‘I CAN Relax’ – focusing on relaxation, especially breathing and sensory activities elements. PELICAN-Lite is outlined on the website.

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| APPENDIX 1 PELICAN - Summary of Evidence for Interventions of Children and Young People with Learning Disabilities | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Intervention**<br><br>(authors)<br><br>Website | **BRAVE**<br><br>(Sue Spence et al.)<br>http://www.brave-online.com/about-brave-online-program/ | **Coping Cat**<br><br>(Kendall et al.)<br><br>https://www.copingcatparents.com/ | **CUES-ED**<br><br>(Browning et al.)<br><br>https://www.cues-ed.co.uk/ | **Fearless Me!**<br><br>(Hronis et al. 2019)<br><br>https://www.fearlessme.com.au/ | **Feelings Detectives**<br><br>(Psychology Publishing Ltd 2019)<br><br>https://www.feelingsdetectives.com/ | **FRIENDS for Life**<br><br>(Barrett et al. 2005 to date)<br>www.friendsresilience.org | **Growth Factory**<br><br>(Verberg et al 2018) | **Taming Sneaky Fears**<br><br>(Monga et al 2009; Benoit & Monga 2018) |
| **Aims & elements** | Online CBT child /teenage sessions to learn **BRAVE** strategies<br><br>**Body signs**: detect physiological symptoms of anxiety<br>**Relax**: calming body signs - progressive muscle relaxation, guided imagery, deep breathing.<br>**Activate helpful thoughts**: coping self-talk, cognitive restructuring.<br>**Victory over fears:** use of graded exposure and problem solving.<br>**Enjoy yourself:** positive reinforcement and | Manualised CBT<br><br>**FEAR =**<br><br>**F**eeling frightened<br>**E**xpecting bad things to happen<br>**Att**itudes & Actions that can help<br>**R**esults and Rewards<br><br>**STIC**=<br>**S**how<br>**th**at<br>**I**<br>**c**an | Learn how to:<br><br>Eat, sleep & exercise well<br><br>Recognize emotional & behavioural cues that things are not right<br><br>Use of coping strategies: behavioural e.g., relaxation, distraction, appropriate help seeking & cognitive e.g. catching/changing unhelpful | Anxiety treatment program designed specifically for children & adolescents with an intellectual disability. Aims to help the children overcome their fears and worries and help them to live a full and happy life. Explores the ways in which children think, feel and behave. Teaches strategies including relaxation techniques & how to cope with worrisome situations through 3 Modules:<br>• Keep Calm<br>• Stop and Think<br>• Facing Fears<br><br>Online, and delivered individually & in groups. | Teaches coping skills to help manage anxiety using cognitive behavioural therapy (CBT) principles-young people become "Feelings Detectives" in sessions led by adult "Lead Detective"<br><br>A Feelings Detective is someone who can:<br><br>• Recognise and understand feelings<br>• Manage helpful and unhelpful thought patterns<br>• Use effective coping strategies including problem-solving skills in the face of life challenges | Manualised group intervention teaching children/ young people techniques to cope with anxiety, promote wellbeing, social & emotional skills & resilience across the FRIENDS acronym:<br><br>**F** eelings<br>**R** emember to relax<br>**I** can do it. I can try my best<br>**E**xploring soloutions | Online sessions guided by avatar chosen by adolescent with ID on:<br>1: Brain-plasticity, like a muscle, can grow by exercise<br>2: Growth and fixed mindset<br>3: Growth mindset helps accomplish goals- embrace challenges, persist with setback, effort as strategy to reach potential. Practice growth thoughts<br>4: Recipe of growth includes growing your brain; effort strategies (find the best for you); practice to develop abilities & skills | Help children recognize & label various feeling states.<br><br>Relaxation strategies e.g., muscle tension relaxation, deep breathing, imagery (session 4 on).<br><br>Cognitive strategies e.g., talking & labelling feeling states to adults when anxious, ignoring scary thoughts, & thinking of alternative or "brave thoughts"<br><br>In 2018, published |

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| | self-reward<br><br>Parent sessions accompany child or teen programs | | thoughts | | | **N**ow reward yourself<br>**D**o it every day<br>**S**mile! Stay calm and ask for help<br><br>Initially based on Kendall's Coping Cat | 5: 3 ingredients - help from others ask for/accept help, is rewarding role-play - learn 5 steps to ask for help<br>Sessions 3, 4, 5 include peer role model video clips & CBT based exercises, ie recognize neg thoughts, change to growth thoughts<br>6 apply all above<br>There is a 3m follow up session | Taming Sneaky Fears story -8 chapters & workbook, 8 sessions for 4-7 years & parents/carers based on the research & ongoing work |
| **Ages**<br><br>***Abilities*** | Children:<br>3-6 years<br>7-11 years<br><br>Teens: 12-18 years.<br><br>who are experiencing anxiety or who are showing early signs of becoming anxious. The program is completed by the parents, who in turn can help their children. It involves 4 sessions that cover a range or strategies that | 8-13 years<br><br>Originally IQ 80 and above Kiddie Cat for 4-7 year olds | Years 3 – 6; 7-11 years | 8- 18 years<br><br>Mild, moderate or borderline ID | 7 - 13 years<br><br>Social communication and interaction difficulties, including autism. | A range of developmentally differentiated versions:<br><br>4-6 years<br>7-11 years<br>12-16 years<br>17+ years/adults<br><br>Research (eg Barrett 2006; Stallard et al. 2007, 2014; Anticich 2013) shows effectivenss as both preventive and | 12-23 years<br><br>Mild to borderline ID (50-85) | 4-7 years<br><br>Published trial: 32 (19 females), 5–7 years (mean 6.51 years) with DSM-IV anxiety disorders & families. Parent & child groups (5–8 children per group) held separately but concurrently. RCT |

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| | parents can use to help their child to learn coping skills, and to face their fears. | | | | | intervention | | |
| **Number of sessions** | 10 x 60-minute online sessions for the child (8-12 years), and 6 parent(s) sessions, completed weekly. Or -10 x 60-minute online sessions for the teenager (13-18 years) and 5 parent(s) sessions.<br>Both, have 2 booster sessions after 1 & 3 months for consolidation of skills & relapse prevention. | 16 sessions<br><br>1-8 psycho-education<br>9-16 exposure focused<br><br>Brief 8 session version | | 12 sessions | 12 weeks of 2 x 30 minute sessions | 10 x 1 hour sessions plus 2 boosters and 2 parent sessions | 6 online sessions | 12-week, manualized CBT group program of weekly 1hr sessions sessions for child (parents only at session 1), then seperate, concurrent sessions for children and parents |
| **Delivered by**<br><br>**Where delivered eg school clinic;**<br><br>**group/individual** | BRAVE–ONLINE is completed by families in their own home. Each session involves between 20 and 30 web pages and participants are required to work through each page. Sessions were designed to be equivalent in length to the clinic | | 2 extenal therapists (Clin psychologist & Cognitive Behaviour Therapist)<br><br>At school<br><br>Whole class | The program runs for 12 sessions, usually conducted weekly including pre/post assessment sessions. Children will have face-to-face individual therapy sessions.<br>Children & caregivers will be given access to the Fearless Me! online program which allows children to practice their skills at home. | Range of practitioners, who have undergone 1 day training,<br><br>often school based | Practitioners who have undergone 1 day training- psychologists, teachers, therapists | | Initially clinic based practice and research<br><br>Programme & materials refined after 10 years+ use and feedback. So from 2018, *"Taming Sneaky Fears"* - story (8 chapters) and workbook (8 sessions) is |

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| | version of the program, of approximately 40-60 minutes duration | | | | | | | avaialble to buy for 4-7 year olds and their parents |
| **Manualised:**<br><br>**Where:** | Model and materials online<br>Only Australia | yes | Some info re model & materials online<br>Currently schools in South-East London- further roll out planned. | Model and materials online | Yes | Yes<br><br>International | No | Yes in book format |
| **License**<br><br>**Need training**<br><br>**Cost** | ? If in Australia, can learnt how to help your child or teenager manage stress and anxiety generally by accessing the BRAVE Self-Help program at www.brave4you.psy.uq.edu.au | No<br><br>Manuals available to buy<br><br>Approx £25 | No<br><br>The CUES-Ed package costs £3950 per class | No<br><br>?<br><br>? | Yes<br><br>Yes- or "top up" training/introduction for experienced practititioners | Yes<br><br>Yes<br><br>? | **?**<br><br>**?**<br><br>**?** Not clear if can be accessed | No<br><br>No<br><br>Approx £15 |

**APPENDIX 2 PELICAN - Summary of recent evidence on interventions for children and young people with ASC**

| Main author & year[2] | N: | Age, ability: | Intervention:<br><br>Content and delivery – who, where e.g., school clinic; group/individual? | Measures: | Outcomes (inc means; Standard Deviations, pre & post; P Values; effect sizes): | Follow Up: |
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| **McNally Keehn et al. (2013)[1]** | 22 | 8 - 14 years IQ equivalent below 70, ASD and clinically significant anxiety | 12 randomly assigned to 16 sessions of CBT condition, 10 to 16-week wait-list (WL) | **Diagnostic:** ADOS & ADI-R confirm ASD diagnoses. ADIS-P for anxiety/comorbid (non-ASD) diagnoses<br><br>**Parent and Child Report Anxiety Measures:** The Spence Children's Anxiety Scale/parent version - secondary outcome measures SCAS, SCAS-P<br><br>**Outcome at Post-Treatment Measure:** ADIS-P as recovery criterion | **Pre-treatment comparability:** no statistically significant pre-treatment differences in demographic, diagnostic, or intervention variables except a larger proportion of WL children using stimulant medications at pre-treatment<br><br>**Outcome at Post-Treatment/WL:**<br>58% in CBT condition no longer met criteria for primary anxiety diagnosis post-treatment; 100% in WL condition continued to meet criteria for the primary anxiety diagnosis at post-WL assessment ($\chi 2$ (1) = 8.56, p = .003).<br><br>For ADIS-P primary anxiety diagnosis Interference Ratings, a significant main effect for time, $F(1, 20) = 25.94$, $p < .001$, Cohen's d = 1.15, and significant group × time interaction, $F(1, 20) = 12.53$, $p < .01$, Cohen's d = 1.35, was found.<br><br>Secondary outcomes for parent, but not child, report yielded clinically meaningful reductions in anxiety (n line with previous reports)- SCAS-P scores, children receiving CBT evidenced a decrease in anxious symptomatology post-treatment. Results not replicated in child version, SCAS. Previous studies have questioned the accuracy of child-reported symptoms in children with ASD. | **2 month follow up:** Data from 92% of pps who received CBT intervention were collected at 2m f-u. ADIS-P primary anxiety diagnosis. Interference Ratings at post-treatment/WL as recovery criterion,<br><br>36% remained free from meeting diagnostic criteria. 1 relapsed & re met criteria; 10 retained their diagnostic status from post-treatment. |
| **Kerns et al. (2016)** | 180 | 7 -13 years<br><br>ASD | 3 universities.<br><br>Participants randomly | **ASD:** Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), Childhood Autism Rating Scale- Second | Not included- paper describing trial background and method | 6 month follow up: Participants are seen for booster |

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| | | Anxiety over 3 years. | assigned to 16-weeks of BIACA (Behavioural Interventions for Anxiety in Children with Autism) (45% of sample), Coping Cat (45% of sample), treatment as usual (TAU) in the community (10% of the sample). | Edition (CARS-2), Social Responsiveness Scale: Parent Version – 2nd Ed<br><br>**Anxiety:** Paediatric Anxiety Rating Scale (PARS); Anxiety Disorders Interview Schedule: Parent Version and Autism Spectrum Addendum<br><br>**Primary Outcome measures:** Clinical Global Impressions (CGI) Scale, PARS, and a continuous measure of autism severity, the SRS. | | sessions in their perspective treatment arm every 4 weeks. |
| **Wood et al. (2019)[3]** | 167 | 7-13 years<br><br>ASD<br><br>"Maladaptive and interfering" anxiety | RCT - earlier recruitment as above<br><br>Standard-of-practice CBT (some adaptations), CBT specifically adapted for ASD, or TAU. Independent evaluators were blinded to grouping. | **Paediatric Anxiety Rating Scale** - primary outcome measure<br><br>Treatment response on the Clinical Global Impressions–Improvement scale and checklist measures- Secondary outcomes<br><br>Standard CBT - affect recognition, reappraisal, modelling/rehearsal, in vivo exposure tasks, and reinforcement (Coping Cat manualised)<br><br>BIACA Behavioural Interventions for Anxiety in Children with Autism – similar, also addressed social communication & self-regulation challenges with perspective-taking training & behaviour-analytic techniques. | 167/214 were randomized (remainder did not meet criteria). 145 completed treatment, 22 discontinued participation.<br>- No significant difference in discontinuation rates across conditions.<br><br>CBT adapted for ASD outperformed standard-of-practice CBT and TAU on parent-reported scales of internalizing symptoms | None |

The following papers were published later with some findings paralleling our learning and some helped us add new emphases within PELICAN:

Perihan C, Burke M, Bowman-Perrott L, et al. 2020. Effects of Cognitive Behavioral Therapy for Reducing Anxiety in Children with High Functioning ASD: A Systematic Review and Meta-Analysis. *J Autism Dev Disord.* 50(6): 1958-1972. https://doi:10.1007/s10803-019-03949-7

Spain, D., Happé, F. 2020. How to Optimise Cognitive Behaviour Therapy (CBT) for People with Autism Spectrum Disorders (ASD): A Delphi Study. *J Rat-Emo Cognitive-Behav Ther.* 38, 184–208 https://doi.org/10.1007/s10942-019-00335-1

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