



# Extending online interventions across the lifespan: Using BRAVE-ONLINE to reach preschool children with anxiety

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## ANXIETY DISORDERS IN PRESCHOOLERS

- ◉ Contrary to what was once thought, it has been found that the architecture of child and adolescent psychopathology is in fact already formed and in place in the preschool years
- ◉ Prevalence rates of 9.4% have been reported for anxiety disorders in community and primary care samples
- ◉ Yes! Very young children CAN have anxiety disorders too!
- ◉ The earlier we treat them, the earlier we can disrupt problematic trajectories
- ◉ Face to face therapy has shown efficacious results



## THE BRAVE PROGRAMS...



- Cognitive-behavioural treatment programs for anxious young people
  - Clinic versions
  - Internet versions
- › For children aged 7-12 years
- › For adolescents aged 13-17 years
- Therapist-mediated
- Shown to be efficacious in 3 x RCTs
- So can we intervene using BRAVE-ONLINE even earlier?

## AUSTRALIAN ROTARY HEALTH GRANT



[www.australianrotaryhealth.org.au](http://www.australianrotaryhealth.org.au)

- Donovan & March
- 52 parents of young children aged 3-5 with a clinical level anxiety disorder
- Randomly allocated to either the treatment or waitlist conditions
  - 23 in the BRAVE-ONLINE condition & 29 in the waitlist control condition
- Children - 28 females and 24 males
- Mean age = 4.08 years (SD=0.763)

## A BIT MAKESHIFT...

- ◉ Only a pilot study...so we had to improvise a bit...
- ◉ We used the existing parent sessions from BRAVE-ONLINE for children and provided parents with an accompanying booklet with age-appropriate examples and explanations to make the program age appropriate when required



## SO WHAT DID THE PARENTS DO?

- ◉ 6 online, parent sessions taking approximately 60 minutes each to complete
- ◉ First five sessions were delivered weekly, with a 4-week break between session 5 and session 6 to allow time for exposure
- ◉ Two booster sessions conducted 1 month and 3 months after treatment



## THE PROGRAM

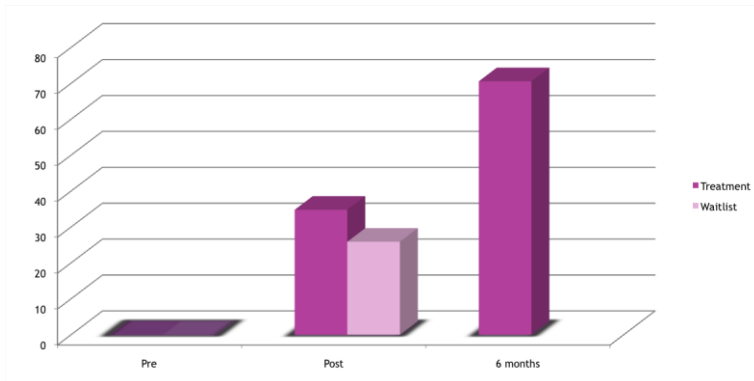
- ◉ Taught how to act as a 'coach' in order to support their child to cope with anxiety-provoking situations
- ◉ Training in anxiety management strategies
  - recognition of the physiological symptoms of anxiety, relaxation strategies, cognitive strategies, graded exposure, problem solving techniques
- ◉ Education regarding anxiety disorders and the role of parent behaviours in the development and maintenance of child anxiety
- ◉ managing children's 'anxious' behaviour
- ◉ reinforcement of 'brave' behaviours (e.g. rewards and praise)



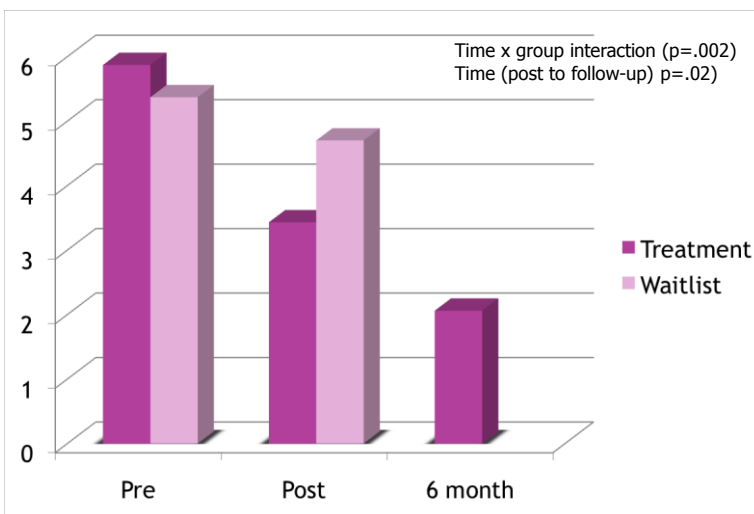
## SO WHAT DID WE FIND?



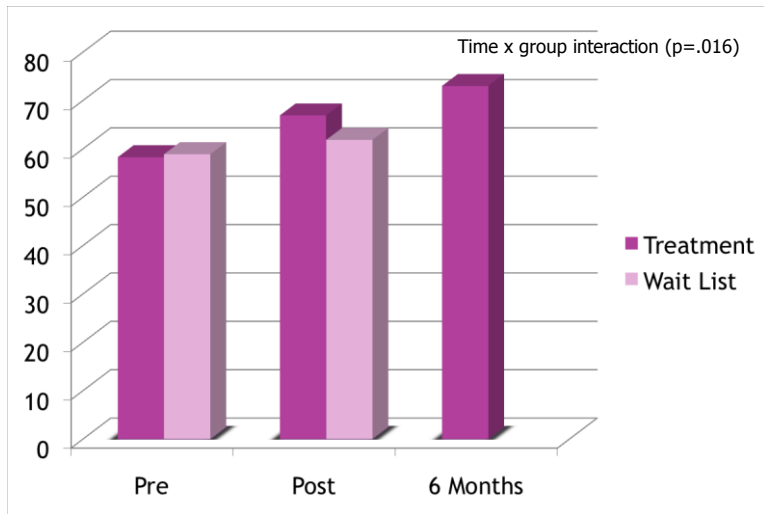
## LOSS OF PRIMARY DIAGNOSIS



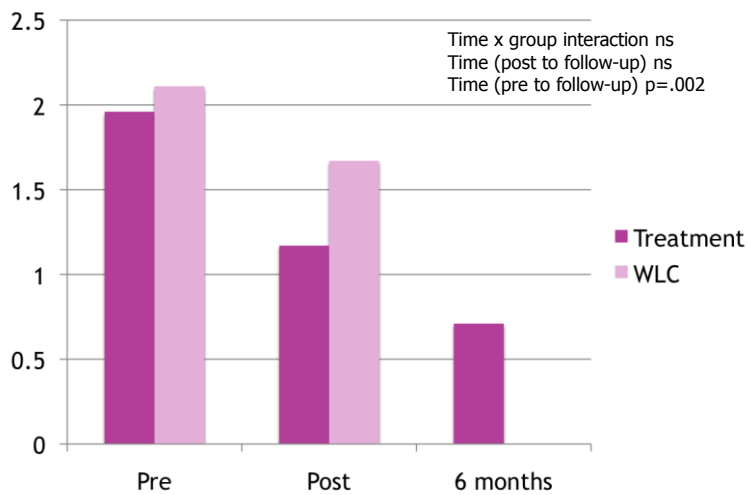
## CLINICAL SEVERITY RATING



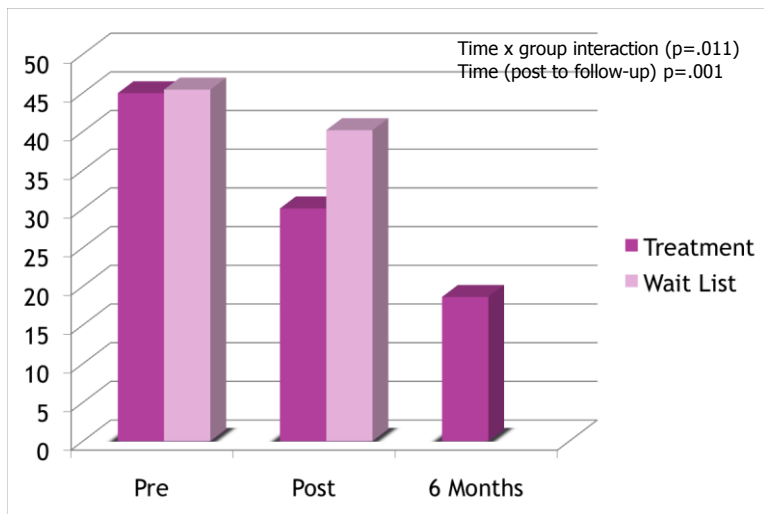
## CHILD'S GLOBAL ASSESSMENT OF FUNCTIONING



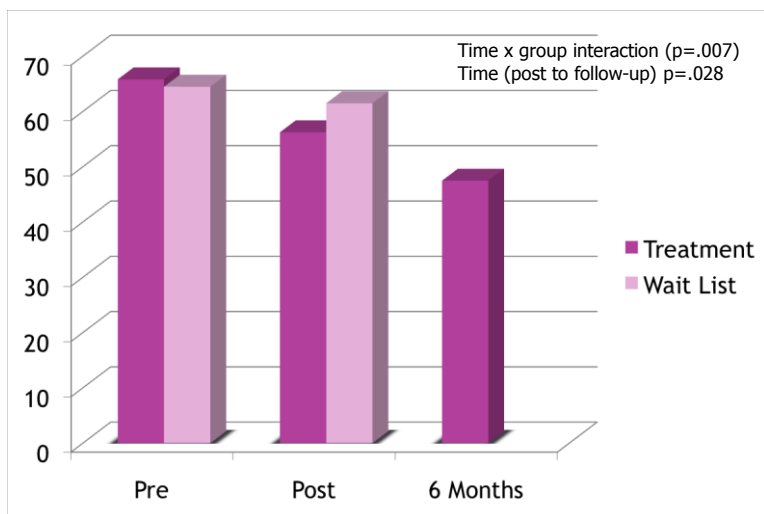
## NUMBER OF DIAGNOSES



## PRESCHOOL ANXIETY SCALE



## CHILD BEHAVIOUR CHECKLIST



## RESPONDERS VERSUS NON-RESPONDERS

- ◉ Responders at post-treatment were more likely to:
  - Have fewer dx at pre
  - Have a higher level of functioning at pre (CGAS)
  - Have fewer anxiety symptoms at pre (PAS)
- ◉ Responders at 6-month follow-up were more likely to be male
- ◉ No other results on demographic or outcome variables

## CONCLUSIONS



- ◉ It would seem that we CAN treat preschoolers with anxiety disorders over the internet - even with a makeshift program!
- ◉ The rates of improvement at post are not as strong as face-to-face...BUT the majority are NOT finished the program by post assessment
- ◉ By 6-month follow-up, rates of improvement are equivalent to those of face-to-face therapy
- ◉ It would seem that children less impaired by anxiety respond better at post treatment but at 6-month follow-up, initial impairment is less important
- ◉ We need to make a proper preschool program now...\$\$\$



THANK YOU!



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