Supporting Children — By Supporting Practitioners and Families During COVID-19 and Beyond

Rapid Research Review on Effective Approaches for Reducing Childhood Anxiety

June 2020

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REPRESENTATIVE FOR CHILDREN AND YOUTH

We celebrate the Indigenous Peoples on whose traditional territories we are all privileged to live and work.

Citing This Report
Schwartz C, Yung D, Barican J, Gray-Grant D, Waddell C. *Supporting Children – By Supporting Practitioners and Families During COVID-19 and Beyond. Rapid Research Review on Effective Approaches for Reducing Childhood Anxiety*. Vancouver, BC: Children's Health Policy Centre, Simon Fraser University, 2020.

Acknowledgements

The British Columbia (BC) Representative for Children and Youth funded this report. The BC Ministry of Children and Family Development, Child and Youth Mental Health Policy Branch, also supports our work.

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Executive Summary

The COVID-19 public health crisis has introduced new and urgent mental health challenges for children across British Columbia. Among these challenges, this rapid research review addresses childhood anxiety because anxiety disorders are the most common childhood mental disorders. Problematic childhood anxiety may also increase during the COVID-19 pandemic and in its aftermath. Acknowledging needed changes in service delivery, we specifically address anxiety interventions that practitioners can provide virtually and that children and families can access using self-directed delivery. Findings are as follows, based on recent systematic reviews of randomized controlled trials conducted in children.

For virtual delivery:

- Cognitive-behavioural therapy (CBT) is the most effective psychosocial intervention for preventing and treating childhood anxiety and can be readily adapted for virtual delivery (adaptation details and resources for practitioners are described below).

- Fluoxetine is an effective medication for treating childhood anxiety when CBT has not succeeded; it has fewer troubling side effects than other medications and can be prescribed and monitored virtually.

For self-directed delivery:

- Three CBT interventions were effective: MoodGYM for preventing childhood anxiety; and Turnaround and Helping Your Anxious Child for treating childhood anxiety.

COVID-19 has caused significant disruptions in the lives of all children and families in BC — and is affecting some children and families disproportionately. Yet our findings suggest that there are pathways to reducing childhood anxiety during the COVID-19 pandemic, and beyond.

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1. Background

1.1 Mental Health Consequences of COVID-19 for BC's Children

The COVID-19 public health crisis has introduced new and urgent mental health challenges for children across British Columbia (BC), given physical distancing and isolation requirements, among other stressors. These measures have affected all children — potentially leading to increased fear, sadness, boredom, frustration and anger for many young people.[1] Temporary school closures have also reduced access to learning opportunities and educational programs, exacerbating the impact. At the same time, COVID-19 is affecting some children disproportionately. The pandemic has created severe social and economic challenges, causing some parents and some communities to struggle to meet children's basic needs.[1] These challenges have the potential to exacerbate existing socioeconomic disparities.[2] COVID-19 has also increased the risk of family violence, resulting in more children being exposed to this form of adversity.[3] Closures have added to the burdens, particularly for children needing school- or clinic-based social programs and mental health services.[4] (Throughout, "children" refers to young people aged 18 years and younger.)

Past experiences with significant disasters predict there will be immediate repercussions for children, as well as negative outcomes for years to follow.[5–6] This is because children are often more deeply affected by disasters, their mental health needs being overshadowed by the needs of their families and communities.[7] The needs during the current crisis are further compounded as mental disorders are already the leading cause of childhood disability globally — and as only a third of children with disorders receive specialized mental health services.[8–11] Consequently, BC's response to the COVID-19 pandemic and its aftermath needs to address the existing and emerging mental health needs of children. This includes ensuring that children's basic needs are met, in addition to ensuring access to effective interventions.

BC's response to the COVID-19 pandemic and its aftermath
needs to address the existing and emerging mental health needs of children.

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1.2 Starting With Anxiety

Anxiety disorders are an important focus because they are the most common mental disorders for children.[12] In fact, at any given time, pre-COVID-19 an estimated 6.0% of young people — or nearly 45,000 children in BC — will meet diagnostic criteria for an anxiety disorder.[13–14] These disorders include agoraphobia, generalized anxiety disorder, panic disorder, selective mutism, separation anxiety disorder, social anxiety disorder and specific phobias.[15] It is also anticipated that problematic anxiety may increase for children in response to conditions during COVID-19 and beyond.[16]

It is particularly crucial to address anxiety symptoms and disorders early because if they are not prevented or treated in childhood, they typically persist into adulthood, adding greatly to individual and population burdens.[17–18] Beyond this, there is strong research evidence on effective prevention and treatment interventions for childhood anxiety — so there is much that can be done.[19]

1.3 Goals of This Rapid Research Review

To assist the greatest number of children with anxiety during COVID-19 and beyond, given physical distancing and other restrictions, innovative intervention delivery approaches are needed. These include virtual and self-directed approaches. Virtual interventions are those that can be delivered by practitioners without seeing children or families in person — using telephone, email, internet or videoconferencing. Virtual approaches are essential during COVID-19 given the need for physical distancing. Self-directed interventions are those that children and/or families can complete mostly on their own, although practitioner support may be included, albeit without face-to-face contact. Self-directed approaches can help with longstanding children's mental health service shortfalls[20] — and are particularly useful during the COVID-19 pandemic, when many children cannot attend programs delivered in their typical locations.

We therefore aimed to identify effective child anxiety interventions that could be provided using virtual or self-directed approaches. The overarching goal was to assist practitioners and families to support children not only during COVID-19 but also beyond.

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2. Methods

To identify the most effective approaches, this rapid research review built on a recent systematic review and meta-analysis of 14 randomized controlled trials (RCTs) evaluating anxiety prevention and treatment interventions over the past six decades.[19] Using RCT methods helps to ensure that any benefits found are due to the intervention rather than due to chance or other factors, while systematic review and meta-analyses methods have the advantage of combining findings from multiple RCTs. To be deemed effective for this review, interventions had to show significant success in reducing anxiety symptoms or diagnoses in children aged 18 years or younger.

To address *virtual* anxiety interventions, we drew on the systematic review and meta-analysis noted above to identify effective anxiety interventions.[19] We then described how effective interventions could be adapted for virtual delivery, based on our clinical training and experience in child and adolescent psychology and psychiatry.

To identify *self-directed* anxiety interventions, we re-analyzed two recent systematic reviews of RCTs evaluating these approaches for use by children and families.[21–22] Relevant data were summarized and interpreted. For applicability to children and families in BC, we also required that effective self-directed interventions be available to the general public without requiring specialized training or licensing.

3. What We Found

3.1 Cognitive-Behavioural Therapy is the Most Effective Psychosocial Intervention

Based on this rapid research review, cognitive-behavioural therapy (CBT) is the most effective psychosocial intervention for both preventing and treating childhood anxiety disorders. CBT can (and should) be adapted to individual needs and circumstances, but four core components are typically included:

1. Educating children and families/caregivers about anxiety;
2. Managing physical symptoms of anxiety;
3. Challenging unrealistic and unhelpful anxious thinking; and
4. Facing feared situations.[23]

A recent systematic review and meta-analysis found that CBT produced statistically-significant benefits and made a clinically-meaningful difference in children's daily lives.[18] (The former was indicated by p values of less than .05; the latter was shown by CBT producing a substantial effect size with log odds ratio=0.95). Notably, CBT was also effective from the preschool through the late teen years, meaning that it can be applied across important developmental stages.[19]

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Cognitive-behavioural therapy is the most effective psychosocial intervention for both preventing and treating childhood anxiety disorders.

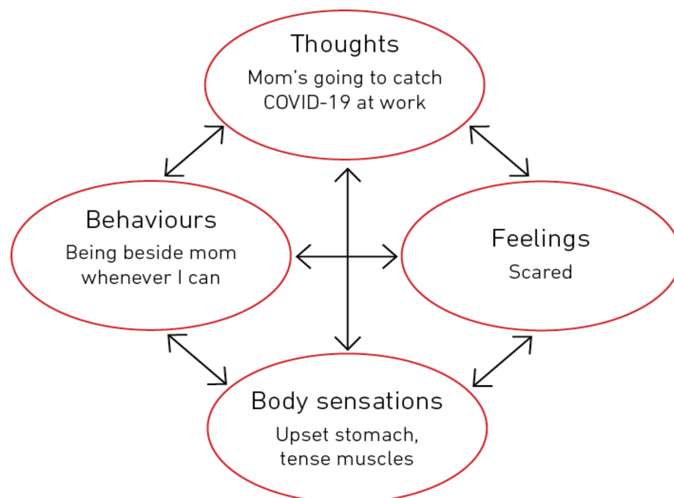
3.2 Virtual CBT for Practitioners

All four CBT components can be adapted for virtual delivery by telephone or videoconferencing. Here, we outline how each component can be adapted.

3.2.1 Educating children and families

Educational materials, including the CBT model of anxiety (Figure 1), can be adapted for virtual delivery. For example, the model can be displayed on screen during a virtual session or emailed/mailed to young people and their parents/caregivers in advance of a telephone session. (However, it is important to acknowledge that many teens, and even children, may prefer not to include parents/caregivers; this preference should be explored and respected.) Practitioners can highlight the connections between thoughts, feelings, body sensations and behaviours that are associated with anxiety, then guide children to provide examples from their own experiences. By reviewing this model, children (and parents/caregivers) can learn about anxiety and how treatment will help them manage it. In particular, practitioners can let children know that they will learn strategies for managing physical symptoms and for changing their thinking so it is more accurate and helpful — thereby helping them cope, even with very difficult situations, such as during COVID-19.

Figure 1: Cognitive-Behavioural Therapy Model of Anxiety



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3.2.2 Managing physical symptoms of anxiety

Techniques to address physical symptoms of anxiety also lend themselves to virtual delivery. Specifically, during a telephone or videoconference session, practitioners can use the same breathing and progressive muscle relaxation exercises that they would typically use during face-to-face sessions. (Breathing exercises teach children to take slow, deep breaths to counter the rapid shallow breathing that often occurs during anxious moments; progressive muscle relaxation exercises teach children to notice when their muscles are tense and provide strategies to help them relax.) Practitioners can also create audio recordings to help young people practice between sessions.

3.2.3 Challenging anxious thinking

Another core component of CBT involves teaching children to recognize the specific thoughts they experience when they are anxious, then to identify more realistic and helpful ways to think about feared situations. Practitioners can have the same dialogues they typically would have in-person to help children identify and challenge their worries and thoughts during virtual sessions. To help children practice between sessions, practitioners can provide worksheets — electronically or by mail — so children can note both anxious thoughts as well as more realistic ones. Parents/caregivers can be helpful in supporting children to complete these exercises. Table 1 gives examples of fears that young people may experience during COVID-19, as well as ways to challenge these thoughts.

Table 1. Challenging Anxious Thinking

Anxious Thought	Realistic Thought
Mom's going to catch COVID-19 at work	Mom is taking all the steps she can to keep herself safe at work and at home
It's never going to get back to normal	Scientists around the world are working on a vaccine and restrictions will start to loosen
I'm going to get behind in school	Everyone's getting used to working at home and I'm connecting with my teachers online to help me keep on track

3.2.4 Facing feared situations

The final component involves supporting children to face the situations that cause them anxiety. This is typically done by helping children identify challenging situations and rate their level of anxiety for each — to create an "anxiety hierarchy." Anxiety hierarchies typically involve children identifying five or six feared situations and rating their associated anxiety on a scale from 0 to 10. Table 2 gives examples.

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Practitioners prepare children to face feared situations by encouraging them to practice deep breathing and relaxation and to practice thinking more realistically. Children are then supported to use these techniques while learning to tolerate exposure to the feared situation — until their anxiety is significantly reduced. Some children may begin by imagining themselves in the feared situation, rather than facing it in real life. Parents/caregivers can support children by helping them create anxiety hierarchies and preparing them to face their feared situations.

Table 2: Creating a Hierarchy to Help Reduce Anxiety

Feared Situation	Anxiety Rating (0–10)
Dad being in another room in the house for 30 minutes	3
Dad going grocery shopping	6
Dad going to donate blood	10

3.2.5 Other resources for practitioners

For practitioners who want more information about using CBT to treat childhood anxiety, comprehensive treatment manuals are available,[24–25] as are clinical guides detailing strategies for delivering CBT via the internet.[26] Importantly, practitioners who use virtual delivery must take precautions to ensure confidentiality for children and families — whether in primary care, specialized mental health or school settings. Additional information on navigating legal and ethics issues in virtual delivery is available for practitioners.[27]

3.3 Self-Directed CBT for Children and Families

We found three successful self-directed forms of CBT for use with children: MoodGYM for prevention, and Turnaround and Helping Your Anxious Child for treatment. All three were evaluated in Australia but are accessible to BC children and families without needing practitioner involvement.

MoodGYM, an online program, was designed to prevent and reduce anxiety symptoms for children aged 12 to 17 years. It consists of five internet-based modules teaching youth to use CBT techniques to change unhelpful thinking and improve self-esteem and relationships. The RCT evaluating this prevention program found that it significantly reduced anxiety symptoms six months after program completion.[28] The five MoodGYM modules and workbook are available for download (by individuals 18 years or older) for approximately $39 (2020 CDN) per year of access.[29]

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Turnaround, an online program, was designed to treat anxiety for children aged five to 11 years. It consists of 10 CBT audio lessons for children and families. Parent/caregiver materials also provide guidance on using praise and problem-solving to help reduce children's anxiety. To reinforce learning, children complete daily journal exercises as well. The RCT evaluating this treatment found that it significantly reduced anxiety diagnoses and symptoms, and improved child functioning by program completion.[30] Turnaround is available for download, including audio files (MP3) and a journal workbook (PDF), which can be purchased online for approximately $175 (2020 CDN).[31] The cost of this program, however, may be prohibitive for some families.

The book, Helping Your Anxious Child, was designed to treat anxiety for children aged six to 12 years — mainly by teaching parents/caregivers to use CBT. As well as detailing core CBT strategies, the book reviews ways to help build children's social skills. The RCT evaluating this treatment found that it significantly reduced anxiety diagnoses and symptom severity by study completion.[32] The book can be purchased at bookstores or online for approximately $23 (2020 CDN).[33]

3.4 Other CBT Resources in BC

The BC branch of the Canadian Mental Health Association offers a CBT program for BC parents/caregivers to support children aged three to 12 years who are experiencing mild-to-moderate anxiety. This program, Confident Parents: Thriving Kids, is delivered to parents/caregivers through videos and workbooks along with four-to-eight weekly telephone coaching sessions with practitioners.[34] Referrals are accepted from primary care practitioners including family physicians and pediatricians, as well as from teachers, school counsellors and Ministry of Children and Family Development Child and Youth Mental Health (MCFD-CYMH) practitioners.[35]

MCFD-CYMH also offers mental health services at no cost for all children in BC. These services include CBT for anxiety and virtual services during COVID-19 — as well as specific services for Indigenous children and families through Aboriginal Child and Youth Mental Health.[36] MCFD-CYMH accepts referrals directly from children and families as well as from primary care practitioners and schools.[37]

As well, MCFD-CYMH has developed Everyday Anxiety Strategies for Educators (EASE) in collaboration with BC educators and clinical experts. EASE is a collection of CBT strategies for addressing anxiety with students from kindergarten to grade 7. While initially designed as classroom resources, EASE prevention resources have been adapted for families to use online at home in response to the COVID-19 pandemic. EASE is available for free.[38]

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3.5 Medications Are Also Sometimes Needed

When anxiety is not detected early, such that it becomes more severe, or when CBT has not resulted in sustained improvements in a child's anxiety, medication may be considered. Fluoxetine, a "selective serotonin reuptake inhibitor," has been found to be particularly successful for childhood anxiety. A recent systematic review and meta-analysis based on RCT evidence found that this medication reduced anxiety symptoms and diagnoses, with fewer troublesome side effects than other similar medications.[19] Practitioners prescribing these medications nevertheless need to regularly monitor for both efficacy and side effects. As with other interventions, practitioners must also ensure the underlying factors contributing to anxiety are addressed, prior to prescribing.

During COVID-19, many BC physicians are providing mental health services, including prescribing, using the telephone or videoconferencing. (Patient confidentiality must be ensured when using these approaches.) To meet this need during COVID-19, the BC College of Physicians and Surgeons is supporting physicians to use these approaches.[39] So if medication is needed for childhood anxiety, there are avenues for obtaining this form of help.

3.6 Meeting the Needs in Indigenous Communities

COVID-19 has the potential to exacerbate existing socioeconomic disparities,[2] which already affect many Indigenous communities in BC. While coping with these challenges, some Indigenous communities have nevertheless successfully kept COVID-19 transmission rates well below those in other BC communities.[40–42] Even so, concerns persist about the availability of mental health services for Indigenous children during COVID-19 and beyond. For example, self-delivered interventions requiring internet access may be inaccessible for many families given that approximately 27% of BC's Indigenous communities still lack basic broadband access — despite this being declared a basic service in Canada.[43]

There are other barriers that need to be overcome to ensure that Indigenous children and families have access to suitable interventions. Specifically, effective CBT interventions for childhood anxiety may need to be adapted to be more culturally relevant. To this end, one CBT program that is effective in preventing and treating anxiety — Friends — has been adapted and enriched to make it more culturally engaging, meaningful and appealing for Indigenous children in BC.[19, 44] Revisions included using storytelling and integrating concepts like medicine pouches, circles of support and a medicine wheel.[44]

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4. Conclusions

COVID-19 has caused significant disruptions in the lives of all children and families in BC — and is affecting some children and families disproportionately. The pandemic has also likely caused increased anxiety for many children, including some whose anxiety will be severe enough to require treatment. CBT — the most effective psychosocial approach for preventing and treating childhood anxiety — can be adapted for virtual delivery by practitioners and for self-directed delivery for children and families. At the same time, medications such as fluoxetine can be helpful when CBT has not succeeded and can also be prescribed and monitored virtually. These findings suggest there is a path forward for helping children with anxiety in challenging times, during COVID-19 and beyond.

There is a path forward
for helping children with anxiety in challenging times,
during COVID-19 and beyond.

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