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Enhancing collaboration between the health and education systems to increase access to parent-led CBT for child anxiety: the 'Working on Worries' implementation project

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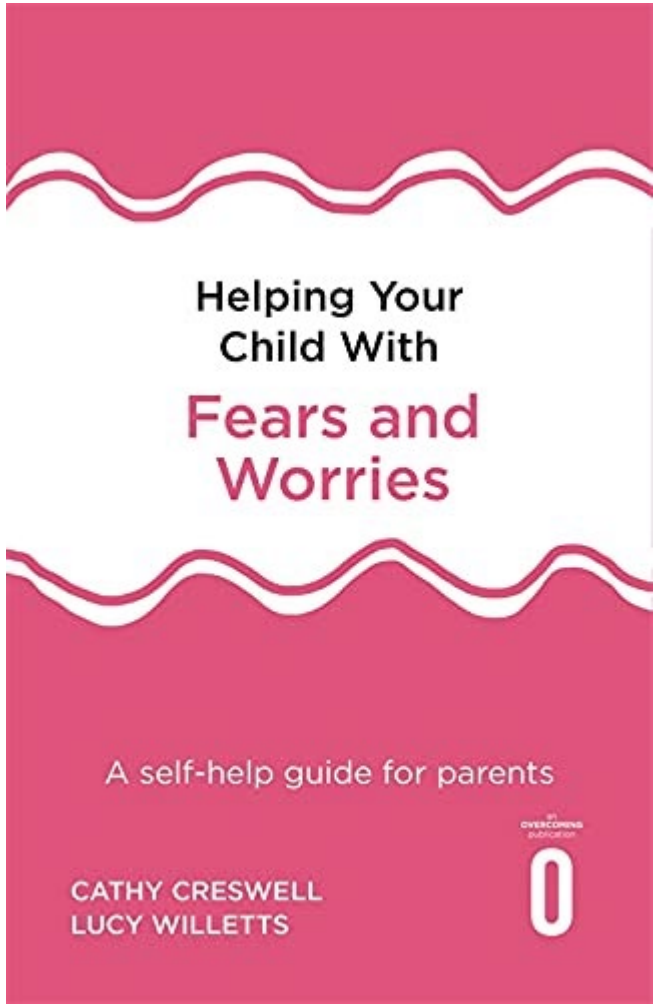
Background

- Childhood anxiety disorders are common and are associated with increased risk of negative educational, social and health outcomes.
- While, there are evidence-based treatments for childhood anxiety disorders, most families are currently unable to access them. Reardon et al. (2020), reported that less than 3% of children identified as meeting diagnostic criteria for an anxiety disorder via school-based screening had accessed evidence-based treatment.
- Already high demand for child and adolescent mental health services has increased further in the wake of the COVID-19 pandemic, exacerbating existing capacity issues.
- Novel approaches are needed if we are to provide more children experiencing anxiety difficulties with timely access to evidence-based treatment.

Parent-led CBT

- Parent-led cognitive behavioural therapy (CBT) for child anxiety is a brief, manualised, evidence-based intervention.
- The approach involves the practitioner working with a child's parent/carer to support them to implement CBT strategies in their child's day-to-day life.
- Evidence suggests that the intervention can be successfully delivered by novice therapists without previous CBT training.
- The intervention was select by the NIHR MHIN as a target for expanded implementation.



Nebula Federation Pilot

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IMPLEMENT–TEAM: PARENT–DELIVERED CBT FOR ANXIETY IN PRIMARY SCHOOLS

"They are now much more confident and more independent. They have managed all of the tasks that we set out, which at the time seemed like a mountain to climb. As a result of achieving the goal set out they are really happy and much more independent. They are now able to be themselves for short periods and happy to go to their friends without me always being by their side" [Anon, Parent]

Authors & Affiliations

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INTRODUCTION

Lifetime prevalence of anxiety disorders are common (NHS Digital, 2021) and increasing where the onset is often thought to start before the age of 12 in 50% of cases (Kessler., et al, 2005). It is estimated that anxiety prevalence in children is 6.5% and associated with many negative outcomes, such as poor school attendance, poor school performance, reduced life satisfaction etc. (Polanczyk et al., 2015). Furthermore, families and children often experience difficulties in accessing mental health services and receiving timely support due to increased demand and capacity issues. One study suggests that of 65% of families who sought support for child anxiety only 2% accessed an evidence-based treatment (i.e. Cognitive Behavioural Therapy; Reardon et al., 2019)

Parent-Delivered CBT (Creswell et al., 2017) is an evidence-based brief CBT based intervention that can be delivered with the parent/carer by a range of professionals with good effect.

It is a good solution to increase the uptake of anxiety treatments across different settings.

OBJECTIVE

To pilot the implementation of Parent-Delivered CBT for Child anxiety through training Primary school pastoral staff to deliver it.

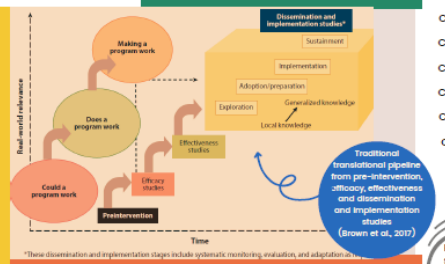
DESIGN & METHOD

This was a mixed methods implementation case-series design with pre-post clinical outcomes and post within-site implementation outcomes.

Implementation Strategy:
Our strategy was informed by the Exploration, Preparation, Implementation and Sustainment (EPIS) framework (Aarons et al., 2011), Normalisation Process Theory (May et al., 2015) and the PARiHS (Promoting Action on Research Implementation in Health Services; Kitson et al., 2008) Framework. We developed optimised implementation facilitators across inner and outer contexts through:

- Leadership agreement and buy-in
- Resources
- Training and supervision
- Clear outcome collection plan
- Monitoring fidelity / adherence
- Forming an bridging 'partnership'

Methods:
- Clinical outcomes
- Goal based outcomes
- Surveys
- Focus Group / After Action Review
- Implementation Outcomes



RESULTS/ FINDINGS

Participants were 12 parents/carers-child and 5 pastoral staff facilitators. All children were identified as having anxiety difficulties with 8 of the 12 being in the raised or clinical range for anxiety.

Goal based outcomes (GBO; Law & Jacob, 2015), the Revised Children's Anxiety and Depression Scale (RCADS; Corpita et al., 2015) and the Child Anxiety Impact Scale (Langley et al., 2004) were adminstered for most at baseline, final and review session. A Parent survey was also completed by 7 parents.

Implementation success was measured by assessing adherence to the training / manual; an after actin review / focus group, a facilitator survey and the Normalisation Process Theory Toolkit (May et al., 2015) measure NoMad (Finch et al., 2015) was used to assess implementation factors

ANALYSIS

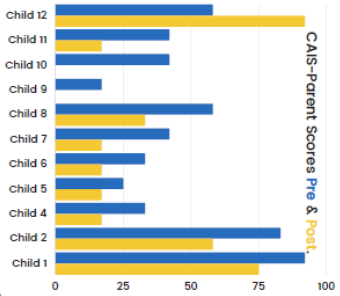
Differences in pre-post Clinical outcomes measures were analysed by calculating t-tests, effect sizes and reliable change.. Qualitative survey data was thematically analysed and implementation outcomes using the NPT tool examined visually.

CLINICAL OUTCOMES

There was no significant change in RCADS scores with a small effect. In general though RCADS anxiety scores improved and there were less children in the clinical range following intervention.

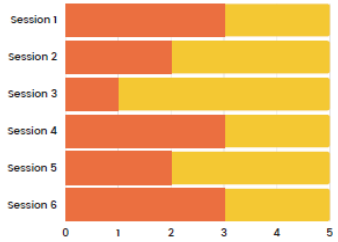
In the 11 cases with paired scores the CAIS-P examining the impact of anxiety on a child's life scores decreased in 10 cases where this was significant with LARGE effects (see below)

For GBOs all 12 families moved towards at lest one of their goals with 8 of the 12 reaching reliable change.



IMPLEMENTATION OUTCOMES

Facilitators were either FULLY or MOSTLY adherent to all sessions. None were partial or non-adherent. Session 4 with step by step plans required flexibility to suit individual needs. See Below.



The Normalisation Process Theory NoMAD tool suggested that the staff delivering the intervention felt it was now **familiar, a normal part of their work or would become a normal part of their work. The understood what was expected** of them, recognised its **value** and had a **shared understanding.**. They felt it was a legitimate part of their work, that the **organisation was driving this forward** and that they would **like to continue using it**. They felt that were **skilled enough and had adequate training and support and were keen to learn and improve.** Areas for implementation improvement were to **find additional time to integrate** in to practice and modify to fit with their other duties as well as further **understand how this intervention differs from others.**

Survey results support these findings where facilitators talked positively about the intervention, **felt confident** using it, felt it was **acceptable** and would like to continue to **sustain** its use. They agreed that some **flexibility in session durations was required** to suit the school context and timetable and are keen to trial other formats such as group and face-face sessions too. The felt for most it was **overall very effective** and had made a difference to the families, child and school. There was a sense that they also wanted to intervene **earlier as a preventative intervention.** There was agreement that the **leadership** provided by the pastoral manager and school leadership team was key to implementation as was **training, supervision and working across agencies.**

PARENT QUALITATIVE SURVEY THEMES

Parents **initially felt ambivalent** but were pleased to be offered some support. **Engagement and relationship** with their facilitator was an important facilitator and relationships were generally perceived positively with facilitators identified as **engaging and empathic.** They generally found the intervention **easy to follow and acceptable.** Most felt it had a **positive overall effect and made a difference to the child and family.**

CONCLUSION & CLINICAL RECOMENDATIONS

Parent-delivered CBT can successfully be delivered by Primary school pastoral staff and it is an acceptable, clinically useful and helpful approach. Pastoral staff with comprehensive training, supervision, resources and 'time' can implement this intervention with good adherence. Considering implementation factors and a strategy is key to ensuring that this intervention is optimised and sustained. Implementation facilitators include training, flex of session durations to fit a school context, links with external mental health services and good internal leadership, staff dedication and integration in to their workload.

Working on Worries

Project aims

The aim of the Working on Worries project is to enhance collaborations across the health and education systems in Norfolk & Waveney in order to improve access to Parent-led CBT for child anxiety .

Focusing on schools in areas of Norfolk and Waveney with highest need, we aim to support the local mental health system to provide training and ongoing collaborative learning to primary school pastoral support staff to enable them to deliver Parent-led CBT for child anxiety to families within their school communities.

We aim to using implementation science to optimise delivery and sustainability, and are evaluating the process and outcomes to inform future implementation and facilitate shared learning.

Implementation plan

- Identify practitioners in the region who are currently trained to deliver parent-led CBT for child anxiety to receive further '**train the trainer**' training to enable them to train and support school staff to deliver the intervention.
- Work with public health colleagues to **identify schools** with high deprivation/mental health needs and those not currently covered by MHSTs.
- **Invite schools to participate** and identify an implementation lead and school staff to be trained.
- Co-produce a tailored **implementation plan** with each school.
- Provide identified school staff with **training** to deliver parent-led CBT and establish Collaborative Learning and Support Sessions (CLaSS) to provide **ongoing support**.
- School staff **deliver the intervention** to families within their school communities who might not otherwise have access to it.

Working on Worries

Progress to date

Train the trainer

- 21 CYP mental health professionals have been trained to train school staff in parent-led CBT for child anxiety and have begun providing ongoing support through Collaborative Learning and Support Sessions (CLaSS).

Wave 1 (March 2023)

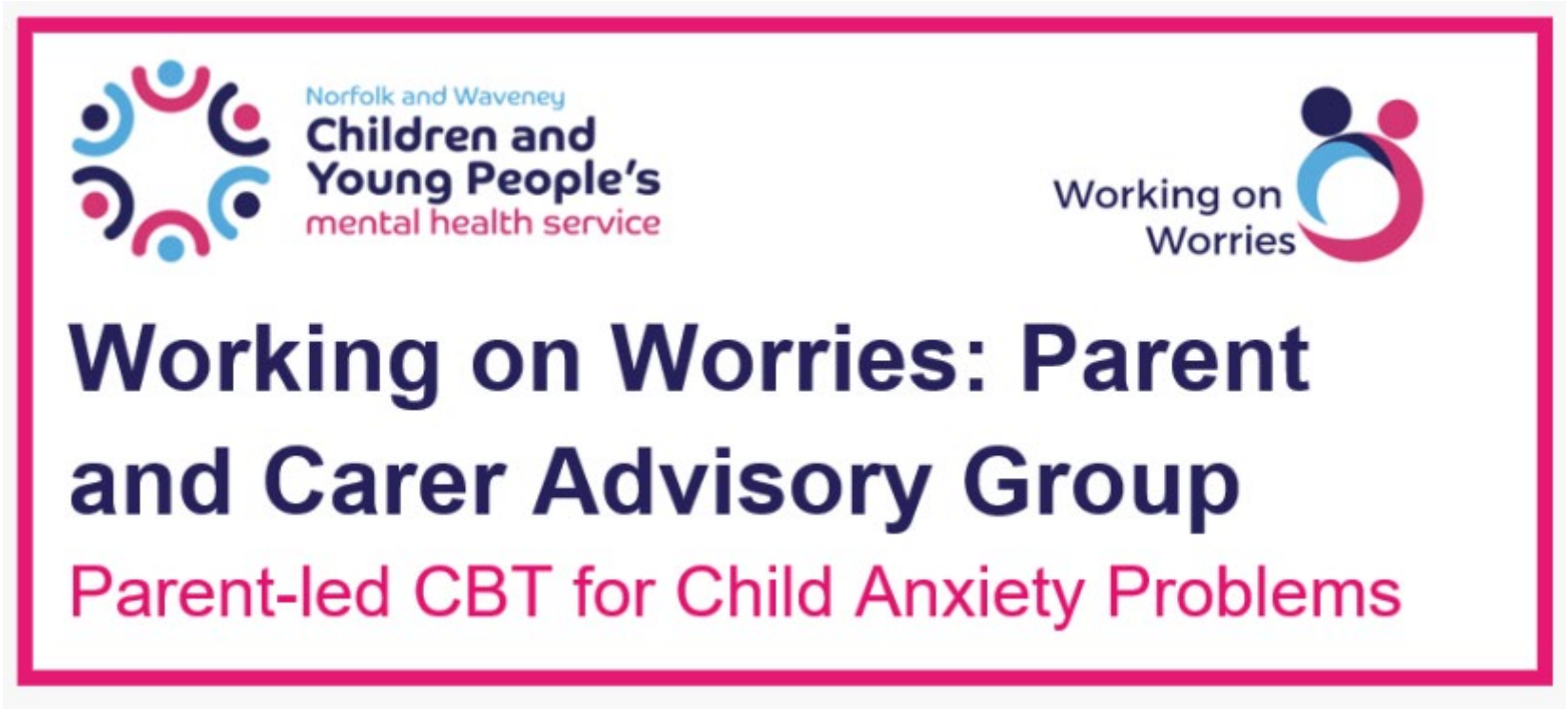
- 48 staff from 35 primary schools attended
- Have begun delivering the intervention to families

Wave 2 (July 2023)

- 39 staff from 27 primary schools attended
- Will begin delivering the intervention in September

Working on Worries

PPI


Norfolk and Waveney
Children and Young People's mental health service
Working on Worries
Working on Worries: Parent and Carer Advisory Group
Parent-led CBT for Child Anxiety Problems

Evaluation

- We are collecting a wide range of data using mixed methods to enable us to assess implementation outcomes, evaluate the implementation process and identifying barriers and facilitators of implementation.
- Our choice of implementation outcomes is informed by Proctor et al.'s (2009, 2011) taxonomy and framework of implementation outcomes: acceptability, adoption, appropriateness, feasibility, fidelity, implementation cost, penetration, and sustainability.
- Evaluation of the implementation process is focused on understanding the barriers and facilitators of implementation to allow us to optimising future implementation of parent-led CBT for anxiety within primary schools, support sustainment of this model of delivery in Norfolk and Waveney, and share learning nationally.

Working on Worries

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Project Co-leads: Dr Tim Clarke, Dr Bonnie Teague & Dr Jonathon Wilson

Project Co-ordinator: Dr Ella Mickleburgh; **Project Assistant Psychologist:** Luke Wrigley

PPI lead: Rachel McGuire; **School lead:** Natalie Brown

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Thank you for listening

Any Questions?