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| **Appendix A**Table A1*The modifications made to the Cool Kids program to create Cool Reading* |
| Module | Modifications  |  |
| **Psychoeducation**Goal: to teach children and parents about the nature, cause, and experience of anxiety | * Replaced written workbook explanations with cartoon videos that were introduced in session
* Activity sheets were simplified by removing written content and using images
* Activities were completed in session with the clinician, child, and parent
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| **Controlled breathing**Goal: to teach children relaxation strategies to calm their physiological response to anxiety and to tolerate feelings of distress when anxious | * Introduced the activity using a cartoon video that children could practice in-session with the clinician
* Breathing was completed immediately before commencing reading treatment each session
* Written explanations of controlled breathing were replaced with images
* Visual cues were used to remind children to practice breathing
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| **Cognitive restructuring**Goal: To modify children’s unrealistic or maladaptive thoughts, expectations, and beliefs | * Replaced written workbook instructions using cartoon videos
* Illustrative pictures were used to teach children the steps of cognitive restructuring
* The illustrative pictures were used as prompts and reminders for children to practice cognitive restructuring
* The terminology was simplified by changing “realistic and unrealistic” thoughts to “calm and worried”
* The writing demands on the child were reduced by inviting parents to record their child’s responses or allowing children to draw pictures
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| **Gradual exposure**Goal: to reduce anxiety by teaching children to repeatedly and gradually face their fears to encourage new learning. | * Cartoon videos were used to introduce the rationale for gradual exposure
* Written content was removed from the child workbook
* The writing demands for the child were reduced by asking the clinician or parent to write the child’s responses, or allowing the child to draw pictures
* Gradual exposures were delayed until session 13 (week 5) to provide children the opportunity to improve reading skills and confidence reading to reduce any potential negative reading related exposures
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| **Child management strategies for parents**Goal: to teach parent’s strategies to reduce the maintenance of their child’s anxiety | * No modifications were made to the treatment materials per se
* The materials were introduced in a modified session format as described in column 3
* The frequency in which parents attended sessions was modified to include the last 10 to 15 minutes of each session
* Session 1: Rewarding children for managing anxiety
* Session 2: Anxiety parenting traps; Anxiety, misbehaviour, or typical child?
* Session 6: Providing support without encouraging anxiety
* Session 9: Change the conversation
* Session 12: Build independence and confidence; Parent Action plan
* Session 13: Fighting fear by facing fear
* Session 15: Challenges to exposure
* Session 18: Build independence and confidence; Parent Action Plan
* Session 19: Parent action plan review
* Session 34: Coping skills
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| **Social anxiety treatment components**Goal: to teach children specific skills to reduce fears related to social anxiety | * We included the social anxiety treatment components from Cool Kids social into the program
* These components were administered to children with social anxiety
* No modifications were made to the treatment materials per se
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| **Social skills and confidence**Goal: to teach children basic social skills through role play activities | * No modifications were made to the treatment materials
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| **Structured problem solving**Goal: to teach children to identify problems, brainstorm solutions, and select and execute a solution | * No modifications were made to the treatment materials
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| **Dealing with bullying**Goal: to equip children with strategies to help them cope with bullying | * No modifications were made to the treatment materials
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| **Progressive muscle relaxation**Goal: to teach children another relaxation strategy to reduce physiological arousal | * No modifications were made to the treatment materials
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