



Government of **Western Australia**  
Child and Adolescent Health Service



# Adapting the Cool Kids Anxiety Program for children in Spinal Rehabilitation within Kids Rehab WA at the Perth Children's Hospital



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**COOLKIDS**  
ACCREDITED



Compassion

Excellence

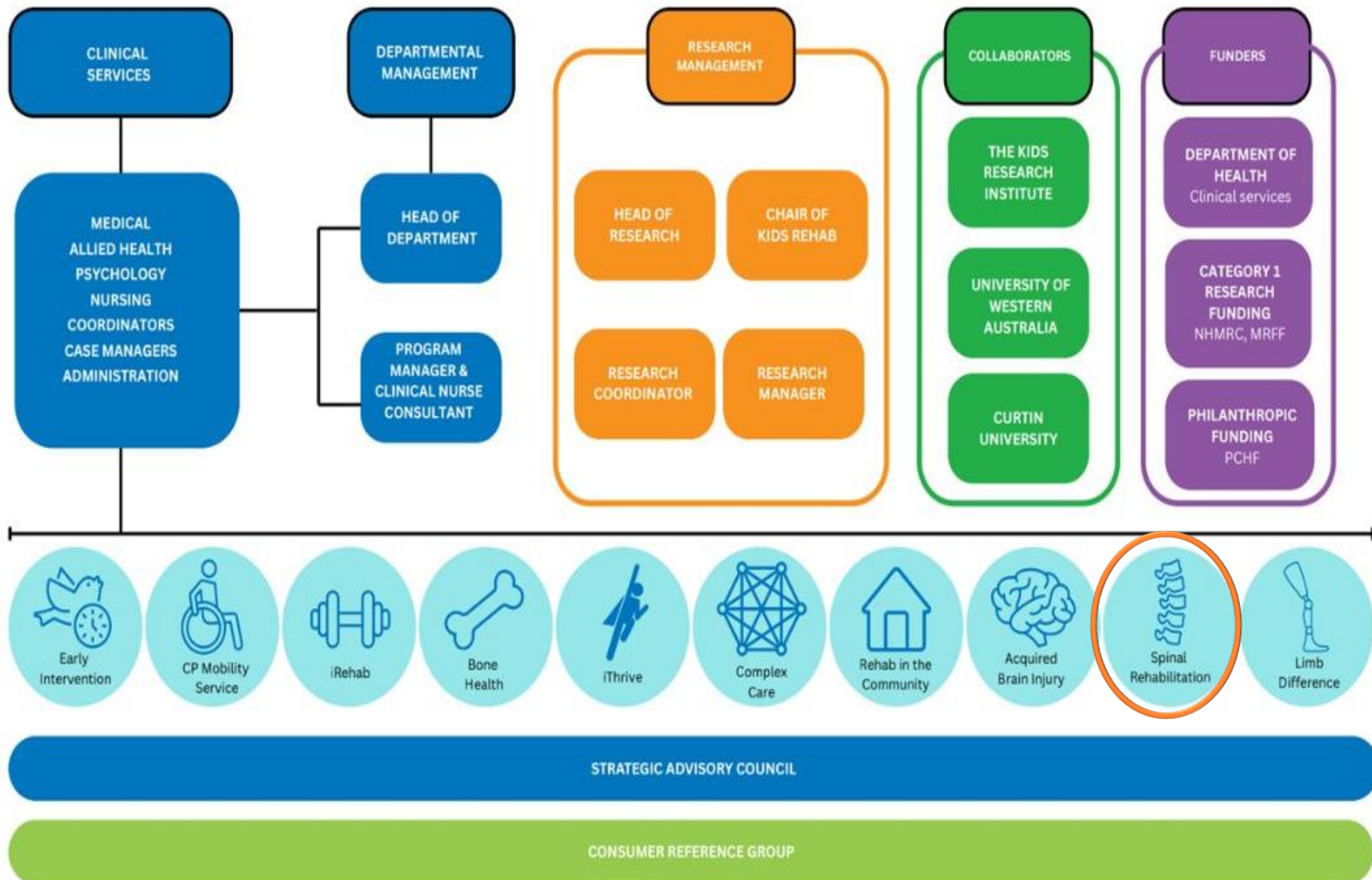
Collaboration

Accountability

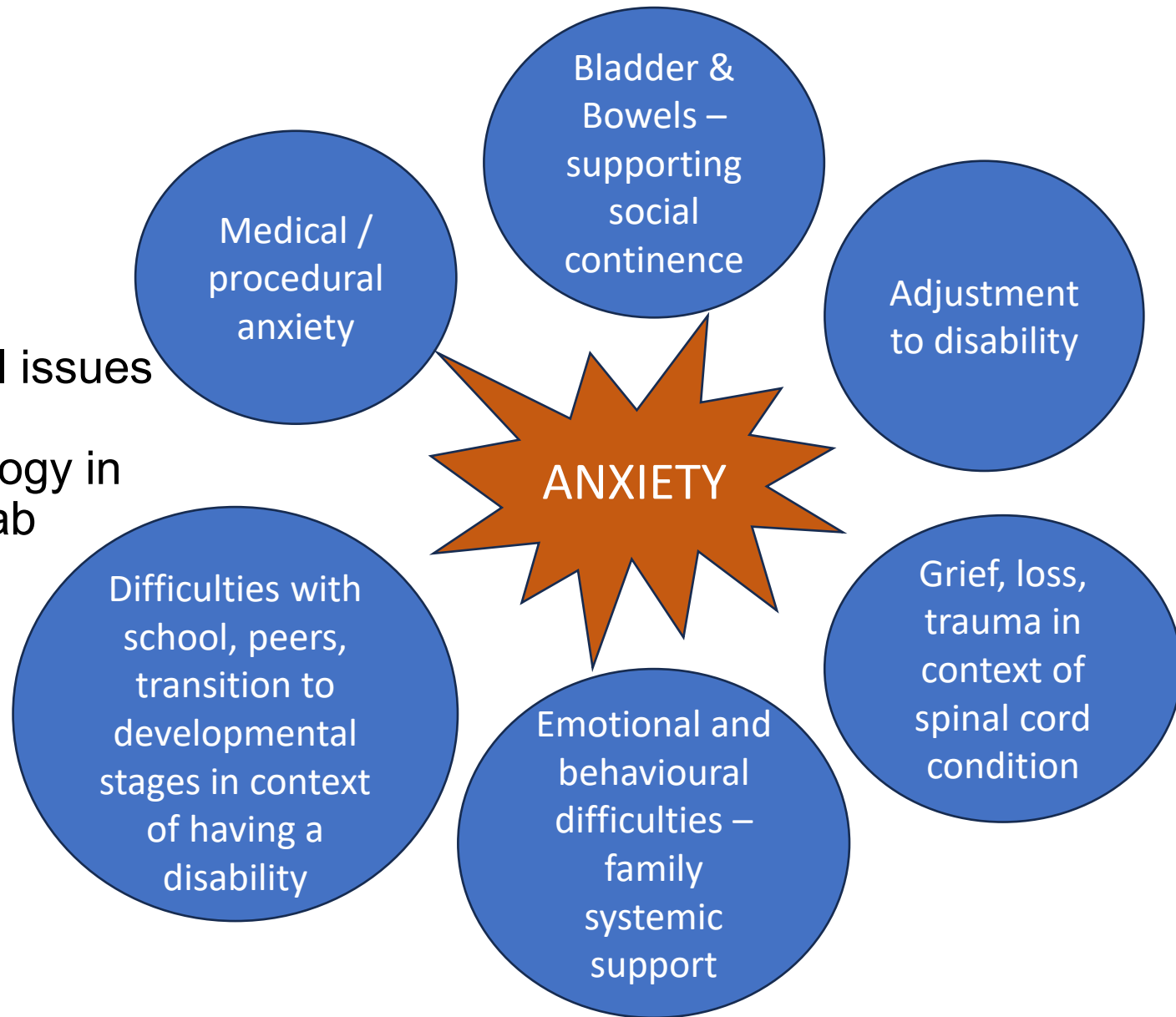
Equity

Respect

# Kids Rehabilitation WA



## Common Referral issues for Clinical Psychology in Spinal Rehab





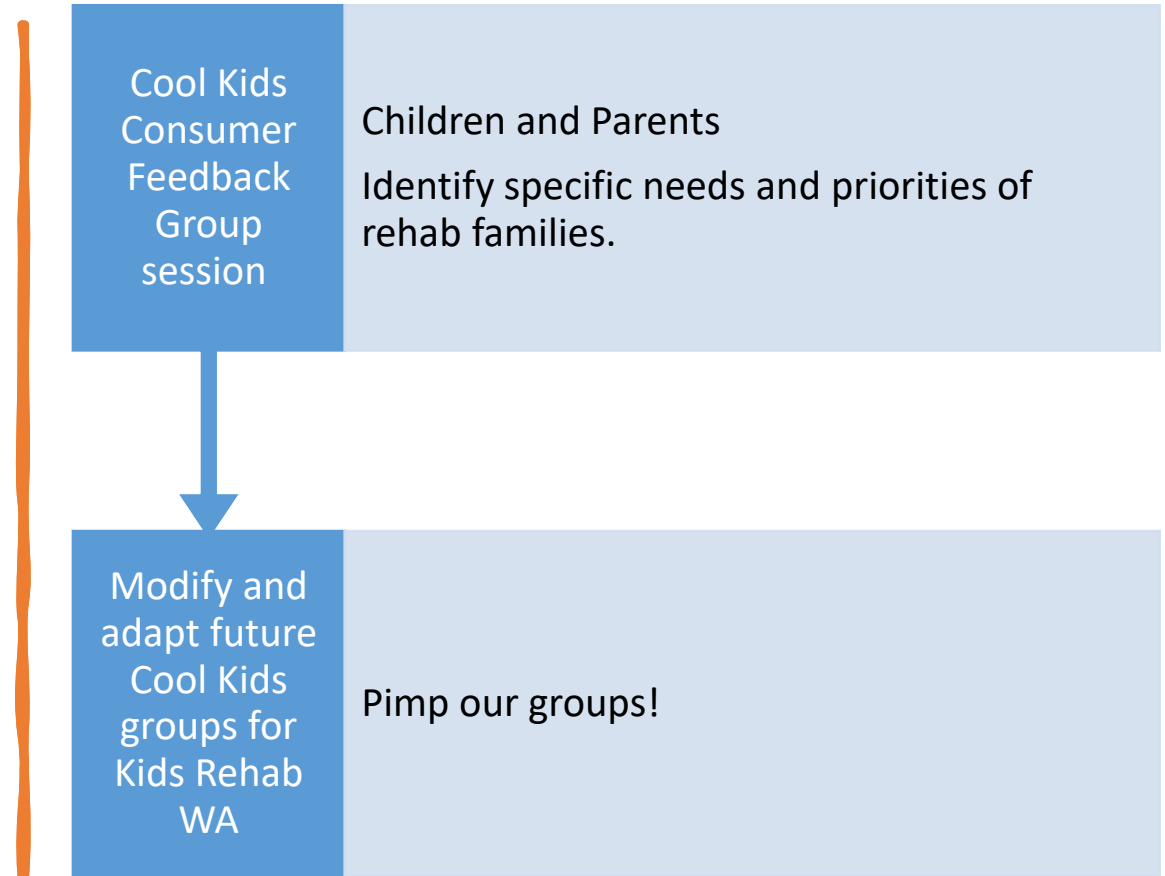
# COOLKIDS

- Developed by Macquarie University (Rapee, R. M., Lyneham, H. J., Schniering, C. A., et al., (2006)).
- Structured 10 - week CBT program that teaches children and their parents how to better manage a child's anxiety.
- Topics covered include:
  - Learning about anxiety
  - Learning to think realistically
  - Parenting an anxious child
  - Facing fears using stepladders and
  - Learning coping skills such as relaxation or problem solving.
- Separate child and parent groups run concurrently



Rapee, R. M., Lyneham, H. J., Schniering, C. A., Wuthrich, V., Abbott, M. A., Hudson, J. L., & Wignall, A. (2006). *The Cool Kids child and adolescents anxiety program: Therapist manual*. Centre for Emotional Health, Macquarie University.

From 2022  
to now



# Cool Kids 2024 Modifications

Mixed mode delivery – alternate TH & F2F each week (2 x F2F in-session exposures)

Increase group size to 4 – both parents invited

Webpage – session structure, homework tasks

Hidden exposure task – “Ask a Spinal Doctor”



# Cool Kids Group 2024

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## Participants:

- EC 10 years, Spina Bifida anxiety in relation to medical appts, procedures, needles, pain.
- JO 9 years Currurino Syndrome, anxiety around doing CIC independently when out in public.
- LM 9 years old VACTRL, anxiety around using continence bag, changing soiled underwear at school.
- ZP 10 years transverse myelitis, anxiety around CICs, adjustment to disability, public speaking, and being the centre of attention.



# Cool Kids Webpage



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## Cool Kids Anxiety Program



### ANXIETY PROGRAM

In term 2, Kids Rehab WA will be offering the Cool Kids program to selected children.

The program will be run during school hours by the Kids Rehab Clinical Psychologists.

#### About the program

Cool Kids is a structured program that teaches children and their parents how to better manage a child's anxiety.

The program is based on Cognitive Behavioural Therapy (CBT), involves the participation of children and parents, and focuses on teaching practical skills.

Topics covered in the program include:

- Learning about anxiety
- Learning to think realistically
- Parenting an anxious child
- Facing fears using stepladders
- Learning coping skills such as relaxation or problem solving

#### How is the program delivered?

Cool Kids sessions will be run via a mix of Telehealth and in-person sessions by clinical psychologists from Perth Children's Hospital's Kids Rehab Department. The clinical psychologists will be assisted by a trainee psychologist who is completing postgraduate studies in clinical psychology.

Cool Kids will involve a parent-only group and a child-only group, which run at the same time.

There will be 10 group sessions held weekly, from 9:30am to 11am on Thursday on the following dates:

- 11 April - in-person at PCH
- 18 April - Telehealth
- 2 May - in-person at PCH
- 9 May - Telehealth
- 16 May - in-person at PCH
- 23 May - Telehealth
- 30 May - in-person at PCH
- 6 June - in-person at PCH
- 13 June - Telehealth
- 20 June - one week break

#### Ask a spinal doctor

Sometimes coming into Spinal clinic can feel overwhelming, especially when you experience anxiety. You may have certain questions about your body, but in the appointment, you may feel too nervous or worried to ask.

During your participation in Cool Kids, we want to support you in developing your confidence to speak with the friendly doctors and nurses who are all here to help you with your health and life goals.

If you have a question about your body, your medical condition, or your overall health and feelings, feel free to type this in the box below.

Our Cool Kids team will pass the questions to one of our spinal doctors or nurses who will answer these for you.

Who is our mystery doctor? [Click here to submit your question](#)





# Hidden Stepladder – “Ask a Spinal Doctor”

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How do kids get disabilities?

Another great question, but there isn't a single answer. I always say that we all have unique abilities. At the same time, there are a few things we aren't good at. Some of these areas where we lack ability get labelled as disabilities when they are severe. In some ways, we are all specially-abled and, at the same time, disabled!



Why do you have numbing cream to put the cannula in and why does it need to be on both hands?

Numbing cream helps reduce needle pain to some extent. It takes about an hour to work, so we apply it to both hands. If we fail to find a vein in one hand, we can quickly move on to the other hand without having to wait another hour.



How do you do surgeries without being disgusted?

I personally don't perform surgeries anymore. But when I did, I viewed it as, "I am trying to help and make someone better." I believe you can overcome any unwanted feelings when you focus on helping others. And, the way of training in medical school helps a bit.



Is it common when you have a spinal injury to have to use a catheter?

Unfortunately, yes, it's very common. Some of these patients make a full recovery after a period of time, while others don't. The connection between the bladder and the brain is permanently lost in patients who require long-term catheters. Those who recover may have experienced mild swelling or inflammation that resolves with a course of treatment. Once again, it's highly unpredictable who will make a recovery and to what extent that recovery will be.

# Who is the Mystery Doctor??

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# Conquering Goals

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- Walking to the toilets with continence bag
- Being the centre of attention / doing a speech in front of a crowd
- Doing a catheter on my own when out in public – prep for camp
- Tolerating pain (needles, hair-brushing)
- Going to clinic





# Measures

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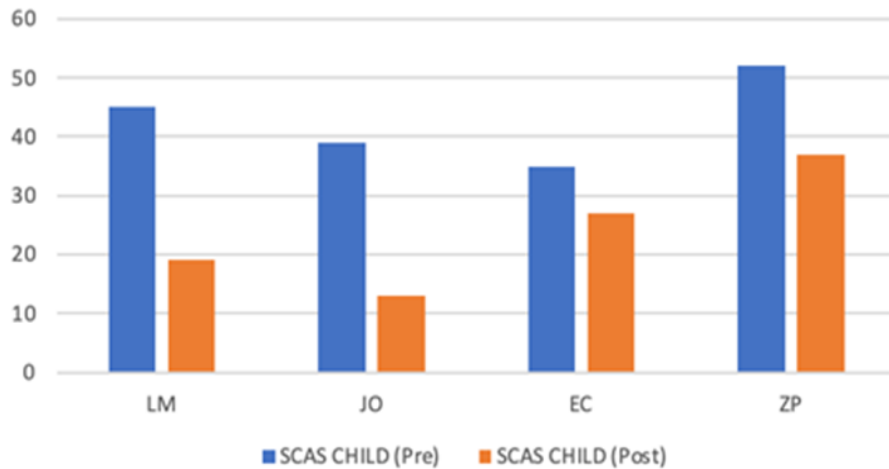
- Spence Children's Anxiety Scale (SCAS)
- Child Anxiety Life Interference Scale (CALIS)
- Mood and Feelings Questionnaire (MFQ)



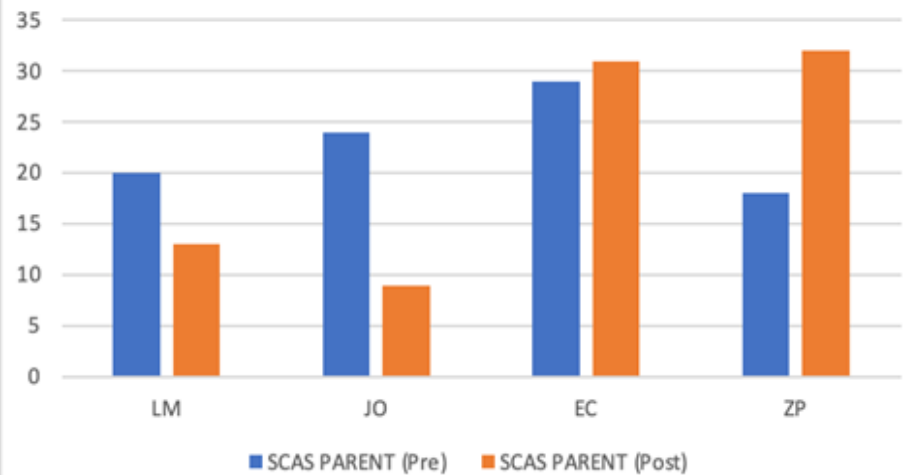
# Outcomes – Anxiety Symptoms

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SCAS Child Questionnaire



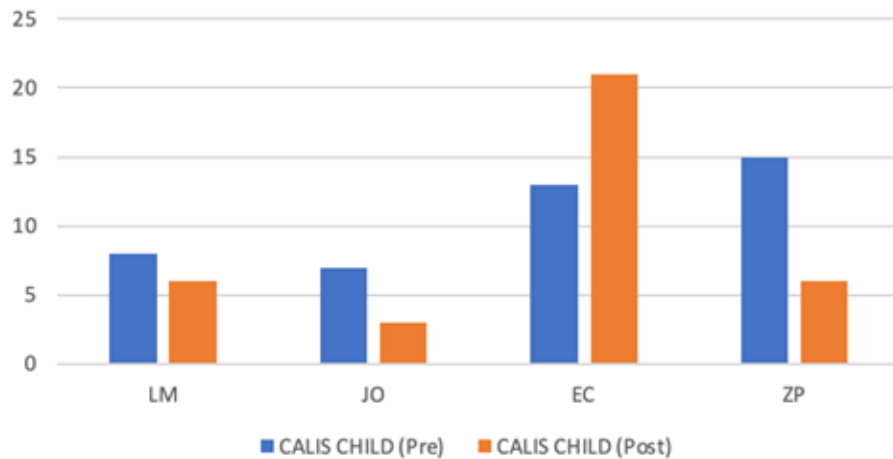
SCAS Parent Questionnaire



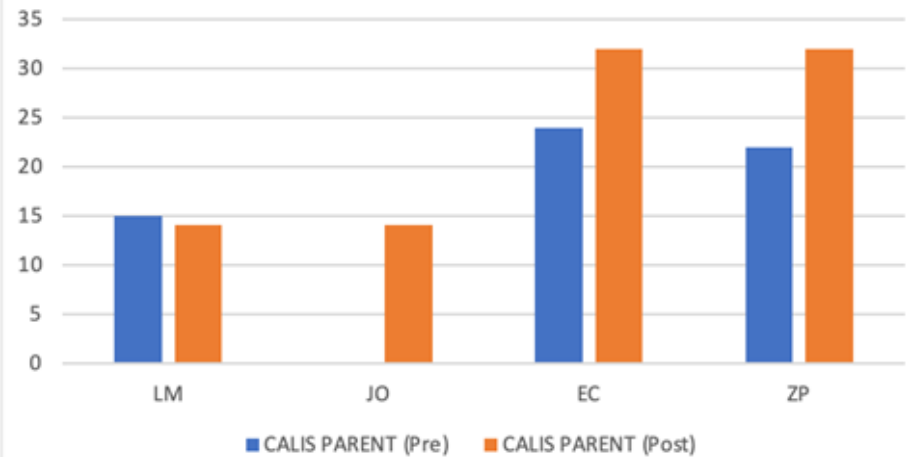
# Outcomes – Life Interference

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CALIS Child Questionnaire



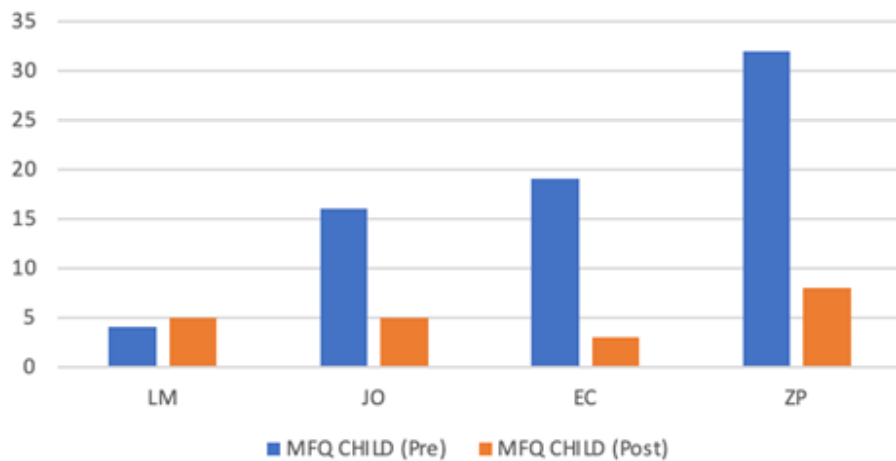
CALIS Parent Questionnaire



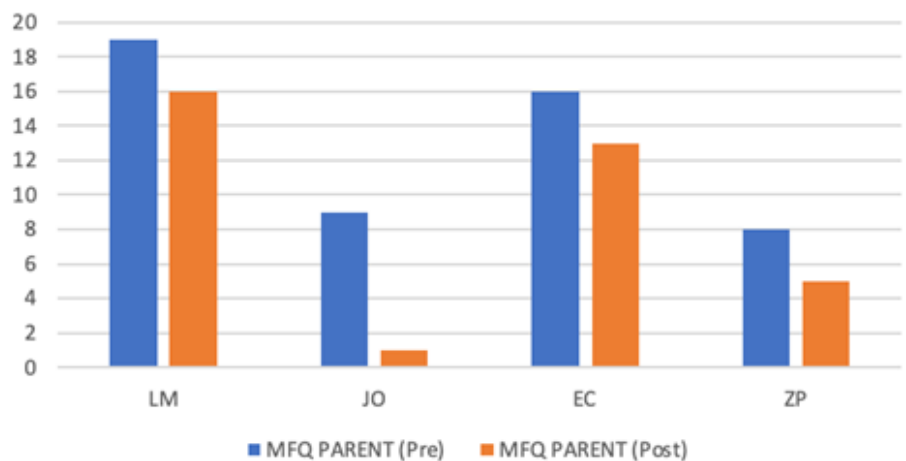
# Outcomes – Mood & Feelings

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MFQ Child Questionnaire



MFQ Parent Questionnaire





# Qualitative Feedback – Group Size

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*"Good. The bigger the group the less that gets said per person. Children can be missed if the group size is too big. JO developed good comradery with the other girls which is cool. This allowed her to see girls with similar things going on and realise it isn't just her with challenges" GO (Fa)*

*"It was the right number, EC felt validated. She enjoyed it" BC (Mo)*



# Delivery Modality

*"In person is so important, although this is hard to achieve across 10 sessions. The mixed mode was appropriate. If F2F was removed it would definitely feel impersonal.*

*JO gained true friendships by going along in person.*

*It also allowed the girls a chance to be silly together which is harder to do online and also is important given the heavier topics that can be brought up when dealing with anxiety" GO (Fa)*



# Medical / procedural anxieties specific to spinal rehab

*"It was useful for ZP to know that there are other children who use catheters. She even learnt about other children's bowel concerns and troubles. I think it was good for her to be exposed to this. Meeting people with similarities was so good even for me to be exposed to. I didn't know that other families had to also use catheters and go through what we do. This was ZP's first exposure to others who have the same challenges and body concerns" SP (Mo)*

*"It was helpful in a lot of ways. EC hasn't met any other kids in spinal clinic & didn't know the other girls were going through the same thing" BC (Mo)*



## Webpage functionality & "Ask a Spinal Doctor"

*" ZP was excited to look at it [webpage]. She asked a lot of questions about really liked it. She was reluctant to participate in group at first, but I think this got her more comfortable asking those specific questions in a group setting and seeing that other children had those same questions. It really sparked her interest and engagement" SP (Mo)*





# Qualitative Feedback – Generalisation after Cool Kids

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***"The best part is the techniques taught and the process. We will use these skills for the rest of our lives. We now use the skills with our youngest child as well. We are still using the program and refer to it at home and will continue to do so." GO (Fa)***

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***"We did find that regular visits to the hospital, seeing the other children who attend the hospital and seeing health practitioners in this [Cool Kids] environment has helped a lot. LM is more desensitised now. We were at emergency last night and she didn't act silly and dysregulated (due to her anxiety) like she has in the past. She managed the situation much better" JM (Mo)***



# What's Next?

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## Publishing 2023 Masters Dissertation

- Acceptability and feasibility within Paediatric Rehabilitation
- Journal of Paediatric Psychology

## Cool Kids Group in Term 3 2025

## Target specific spinal rehab fears & worries

- Evaluate use of questionnaires that are sensitive to measuring changes and outcomes to specific fears

