

# Exposure Therapy for Childhood Anxiety Disorders Using Technology to Promote Behaviour Therapy

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# DESCRIPTION

Depression and anxiety are common during adolescence. While effective interventions are available, treatment services are limited, preventing many adolescents from receiving effective assistance. Delivering mental health interventions through technology, such as computers or the internet is one potential way to increase access to psychological treatment. The goal of this systematic review and meta-analysis was to update previous work and investigate the current evidence for the effect of technology-delivered interventions for children and adolescents (aged up to 18 years) with depression and anxiety. A systematic search of eight electronic databases yielded 34 randomised controlled trials involving 3113 children and young people aged 6-18. The trials looked at computerised and internet cognitive behaviour therapy programmes, as well as computer-delivered attention bias modification programmes. Cognitive bias modification programmes. When compared to a waiting list control group, our findings revealed a small effect in favour of technology-delivered interventions: g = 0.45 [95 percent CI 0.29, 0.60] p 0.001. The effect size of CBT interventions was medium (n = 17, g = 0.66 [95 percent CI 0.42-0.90] p 0.001). The effect size of ABM interventions was small (n = 8, g = 0.41 [95 percent CI 0.08-0.73] p 0.01). CBM and 'other' interventions did not show a significant advantage over control groups. The type of control condition, the severity of the problem, therapeutic support, parental support, and the continuation of other on-going treatments all had a significant impact on effect sizes. Our findings suggest that using CBTbased technology delivered interventions can be beneficial in situations where access to traditional psychotherapies is limited or delayed. Anxiety and depressive disorders in children and adolescents can be effectively treated with psychological therapies. However, many children and adolescents with mental health issues do not receive specialised care. Despite efforts to increase the capacity of child mental health services to provide evidence-based interventions, demand for face-to-face therapy continues to exceed capacity. This has sparked interest in the use of information and communication technology to boost capacity for supporting and improving the mental health of children and adolescents. E-mental health encompasses a variety of digital technologies that deliver interventions through computers or web-based platforms via mobile tablets or smartphones. Digital technologies provide advantages such as increased reach to geographically isolated populations, flexible access, increased convenience, fewer visits to specialist clinics, increased privacy and anonymity, improved treatment fidelity, rapid scalability, and low-cost delivery. Concerns about the use of digital technologies include the lack of a strong motivating and supportive therapeutic relationship; negative professional attitudes toward their use; technology failure; questions about their. It has been suggested that digital technology may be especially appealing to adolescents, who are known to be early adopters and frequent users of new technologies. In the United Kingdom, 83 percent of 12-15-year-olds own a smartphone, 55 percent own a tablet, and 99 percent spend nearly 21 hours per week online. In the United States, 93 percent of 12-17-year-olds have access to a desktop or laptop computer, and 74% have internet access. While technology to support mental health interventions with children is still in its infancy, adult studies have shown that internet and computer-delivered interventions can be effective for the treatment of depression and anxiety. Using Technology to Promote Behaviour Therapy for Childhood Anxiety Disorders. Increasing community therapists' use of exposure during the treatment of childhood anxiety disorders is critical to improving the quality of available treatment. The current study sought to determine whether a brief training in the delivery of an exposure-focused

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and technology-assisted treatment protocol increased community therapist openness to exposure therapy, its use in treatment, and patient symptom improvement.

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### **CONFLICT OF INTEREST**

The author's declared that they have no conflict of interest