



CALM Pilot RCT Results (2014 – 2018)

After the initial intervention development, two successive open trials were conducted to inform modifications for a pilot RCT comparing CALM and CALM-R. Below is a summary of those results:

Nurses Trained:

- 30 school nurses completed training to learn anxiety reduction strategies (CALM or CALM-R protocols) in schools throughout CT and MD
- Average overall training satisfaction score was 6.83 (1 = *not at all satisfied* to 7 = *very much satisfied*)
- Nurses providing CALM were offered optional consultation sessions with a clinical psychologist
 - 75% of nurses in CALM condition opted to engage in consultation
- Nurses delivering CALM did so with adequate adherence to the intervention protocol

Enrollment and Retention:

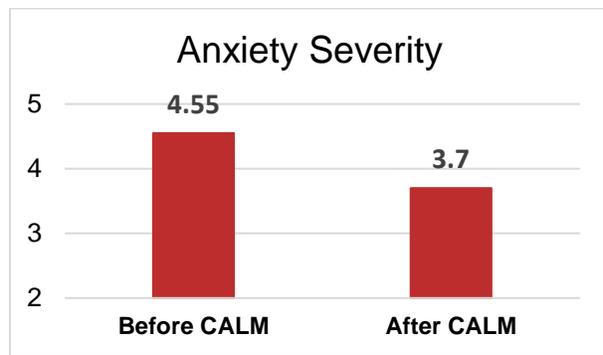
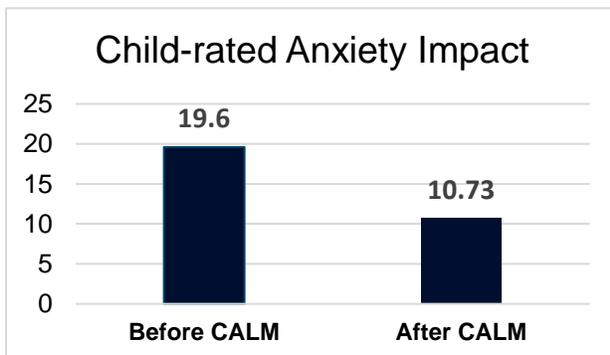
- 70% of nurses identified and enrolled students with excessive anxiety in their schools
- 54 families enrolled in the program
- 100% of eligible students completed the CALM or CALM-R program

Program Satisfaction:

- 100% of nurses reported that they would recommend CALM
- 85% of parents reported that they would recommend CALM

Impact of CALM on student anxiety:

Students in both CALM and CALM-R showed clinically meaningful improvement in anxiety symptoms immediately following the intervention and at follow-up:



Anxiety Impact Score, Child Report. This measure assesses the child’s perception of how much feelings of anxiety or worry have contributed to difficulty engaging in school, social, and home-family activities.

Clinical Global Impression-Severity. This score reflects the severity of anxiety symptoms, assessed by an independent evaluator. Higher scores represent higher anxiety. Note: score of ≥ 4 = clinical level of anxiety.



Case Examples

Student One: 7-year-old female in 2nd grade

Pre-Intervention Symptoms:

- Uses the bathroom excessively when not at home and avoids going places where a bathroom might not be available, including asking to stop during family car trips
- Misses full days of school due to physical complaints (e.g., stomachaches) due to anxiety
- Asks for reassurance that homework is perfect; cries for extended periods (i.e., an hour or more) when she believes work is not perfect

Post-Intervention Improvement:

- Can wait to use the bathroom, including on car rides with family
- Reduced school avoidance; no missed days due to physical complaints in the past month at follow up
- Checks her homework only once, and seeks reassurance less frequently in other domains

Student Two: 10-year-old male in 5th grade

Pre-Intervention Symptoms:

- Excessive concerns about lateness, including seeking reassurance, always wearing a watch, becoming extremely upset if he believes he might be late, and catastrophizing thoughts about what might happen if he is late (e.g., “I will get behind in school”)
- Does not participate in extracurricular activities, despite his interest, due to worries about being late
- Regular physical complaints (e.g., muscle aches, butterflies in stomach, leg pain) due to anxiety
- Worries about his health (e.g., worrying he may be diagnosed with diabetes after eating candy)

Post-Intervention Improvement:

- Was late for the bus and did not become upset
- Started taking music classes after school
- No major physical complaints in the past month at the follow up evaluation

Student Three: 10-year-old female in 4th grade

Pre-Intervention Symptoms:

- Significant separation anxiety, even at home (e.g., leaving door open when using bathroom, preferring to remain within earshot of mother at all times); texts mom for one hour or more upon separation to seek reassurance
- Requests that mother remains at all activities (e.g., girl scouts, sports practice) for their entire duration
- Stomachaches prior to separation that cause her to be late to school and requesting to stay home

Post-Intervention Improvement:

- Spends significantly less time seeking reassurance from mom, with fewer texts or communication during school or activities
- Permits other adults (e.g., other parent, coach, grandparent) to attend activities with her rather than just her mom
- Reduction in physical symptoms and requests to stay home from school