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INNOVATOR Q&A

R.I. health tech startup aims to reach pediatric anxiety patients where they are

Braver, founded by former doctors at Bradley Hospital, deploys coaches to help in specific situations that kids may find challenging

By [Alexa Gagosz](#) Globe Staff, Updated March 13, 2023, 6:00 a.m.



Braver was founded by CEO Dr. Brady Case, right, a child psychiatrist and researcher, and chief clinical officer Dr. Abbe Garcia, a clinical psychologist and pediatric researcher. MARK STOCKWELL FOR THE BOSTON GLOBE

EAST PROVIDENCE, R.I. — A new behavioral health tech startup is looking to break

down the barriers to accessing mental health help for kids while freshening up the oldest form of treatment for anxiety: facing your fears.

Across the US, [one in every 11 children](#) has an anxiety disorder, which has been exacerbated during the last three years when the pandemic forced isolation for the sake of public health. Terrible news of tragedy — from global deaths from COVID-19 to the nation’s housing crisis putting a real stress on families — has compounded America’s mental health crisis.

The founders behind [Braver](#), headquartered in East Providence, believe “exposure therapy” could help soothe children’s “false alarms” when dealing with anxiety and obsessive compulsive disorder. The company was founded by CEO Dr. Brady Case, a child psychiatrist and researcher, and chief clinical officer Dr. Abbe Garcia is a clinical psychologist and pediatric researcher.

Q: What is Braver and how does the program work?

Case: Braver is the solution to the twin crises of access to care and quality care in pediatric anxiety. We provide a personalized outpatient program that is built around exposure therapy, which has been proven helpful for anxiety and obsessive compulsive disorder.

Our core innovation are the mobile exposure coaches, which is enabled by tech. That coach is an unlicensed, but trained, helper who is part of a team that includes licensed clinicians, that are flexible enough and cost effective enough to provide exactly the kind of care that reaches people where they are and helps them make the changes they need to.

What are some examples of stresses or anxiety-inducing situations for kids where exposure therapy could help?

Garcia: Braver is especially helpful for those with anxiety in specific situations since we go where the problem is. Families can identify a specific problem, such as a fear of

throwing up, ordering food, or heading to soccer practice.



Braver Brags that children clients made after overcoming their anxieties are pinned to a bulletin board. MARK STOCKWELL FOR THE BOSTON GLOBE

What can you do about a child getting anxious about heading to soccer practice?

Garcia: If a child is okay at school all day long but as soon as he gets in the car and on his way to practice is when the butterflies in the stomach start, and he asks to go home, that's when we would be able to deploy a Braver coach to be on that drive to soccer practice or be in the parking lot.

During that time, the Braver coach can figure out what the issue is: is it the other kids on the team? That might be social anxiety. Is this something about performing, worried about messing up, or letting the team down? Are they worried their soccer coach doesn't think they're good? There could be a lot of reasons for avoidance. In that situation, we

can assess what the issue is, and encourage approach instead of avoidance.

Won't some children "outgrow" these sort of anxieties?

Garcia: It's what a lot of parents in these scenarios might think, or that it's this specific soccer coach or team. Our experience shows that the earlier you intervene, the shorter the course of "treatment" can be. When we worked at Bradley, we provided a much higher level of care. By the time kids got to that level of care, they quit the soccer team and weren't functioning well. The beauty of this model is a pediatrician might hear about an issue during a routine visit and we can go in quickly before a child has to miss a soccer season or have any other part of their life interfered with. This way, you can keep kids in the game.

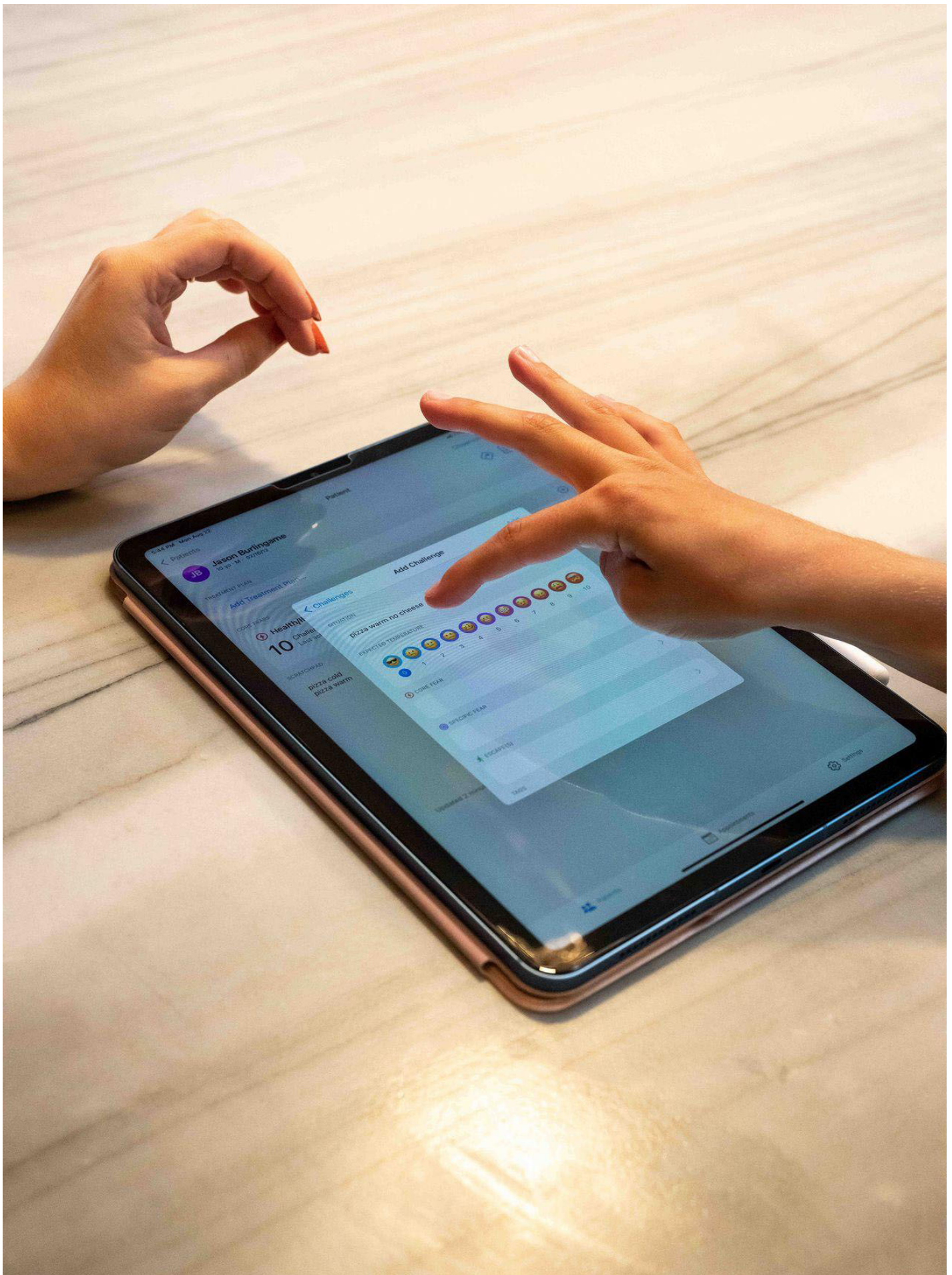
Can exposure therapy minimize the use of medication?

Case: We do de-prescribe all the time. Understanding what the specific issues are can eliminate the need for medication. But it's obviously not a one-size fits all approach. The single biggest thing I've learned over the years that stands in the way of a parent feeling comfortable trying medication is feeling like there's no exit. So when we do need to involve medication, I've learned to say, "Let's talk about the exit before we even start a treatment."

It's extremely challenging to find de-prescribing research. I've done some. It's not a popular topic.

[Case said he has been trying to obtain data on de-prescribing pediatric patients for years. The company does not have enough data from its own patients on their system to share at this point, but could down the road, he said. Garcia said there is a lot of data that shows the efficacy of exposure therapy.]





Jason Burlingame uses an app to rate his anxiety during an exposure therapy session at his home in Coventry, Rhode Island. (REUTERS/ERIC LAMOTHE)

Who makes a good candidate to become a coach?

Case: A typical candidate must have an undergraduate degree in psychology or related field, be concerned about a child's well-being but be able to tolerate themselves and the child being uncomfortable. Because when you're inviting a child to feel uncomfortable to feel braver, there might be initial feelings that you're contributing to this child's distress.

Is Braver covered by insurance?

Case: Thankfully Blue Cross Blue Shield of Rhode Island has been a forward-thinking partner in this process. The coaching services and check-ins up to six months after active treatment ends are all within network for their members. But also, this system we're building is active and involved, and does not necessarily need the kinds of costs you typically associate with the American health care system. Parents don't have to choose between if they save for college or help their kids get the help they need.

Why isn't Braver covered by other insurance companies?

Garcia: We've been trying to move beyond Blue Cross as the single payer that recognizes the value in providing this care, and doing it early. We've been talking to other insurance companies and things move very slowly in that world. We have lots of people who want this treatment for their kids and they simply can't afford it. That breaks our heart. This needs to be available to all kids, and that is one of our major goals.

What are your other immediate challenges?

Garcia: The technology side to this business is very expensive. Our tech development to date has been funded by angel investors. With their investment, we've been able to create what we call a "coach-facing app," which is a way to make sure the coach knows what the treatment plan is and provides data back to the supervisor.

Our real vision is for there to be a data platform that supports all parties because the

parent and the patient are notably absent from the system. Currently, while their exposure therapy with a coach once per week is a great model, these kids should be

practicing a lot. If we can facilitate that with technology and the flow of information to the coach in between sessions, it will potentiate what we are doing in the sessions even more than what we're already doing.

The Boston Globe's weekly Ocean State Innovators column features a Q&A with Rhode Island innovators who are starting new businesses and nonprofits, conducting groundbreaking research, and reshaping the state's economy. Send tips and suggestions to reporter Alexa Gagosz at alexa.gagosz@globe.com.

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