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The prevention of anxiety in preschool-aged children: Development of a new program and preliminary findings

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Abstract

The purpose of this study was the development and pilot testing of a program designed to prevent anxiety in shy-inhibited preschool-aged children. In particular, twenty parents of shy-inhibited children completed an 8 session parent training program, and a preliminary assessment of the program was conducted through the use of a one-group pretest-posttest design. A high level of acceptability was found for the program, and based on parent-report data, significant reductions were found in child shyness and in parent stress and anxiety from pre to post-intervention. Overall, although more research is needed, the initial findings are promising, and the current study adds to a surprisingly small number of studies focused on the prevention of anxiety in younger children.

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Introduction

Anxiety disorders are among the most common psychiatric disorders in adults with 12 month prevalence estimates ranging from 5.6% to 18.1% (Baumeister & Härter, 2007). Onset often occurs at an early age, and the course is often chronic (Cartwright-Hatton, McNicol, & Doubleday, 2006; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Hirshfeld-Becker & Biederman, 2002). In addition, anxiety disorders have a negative impact on quality of life in a number of areas of functioning, including academic performance, social interactions, self-confidence, and ability to enjoy daily life experiences (Barrett & Pahl, 2006; Langley, Bergman, McCracken, & Piacentini, 2004). Consequently, continued research is needed to develop and

refine interventions to prevent the onset of anxiety disorders.

Anxiety prevention programs for school-aged children have received strong empirical support, and the effectiveness of the FRIENDS program has been particularly well-established (Fisak, Richard & Mann, 2011; Neil & Christensen, 2009; Teubert & Piquart, 2011). However, considerably fewer studies have focused on prevention of anxiety in preschool-aged children (i.e., early anxiety prevention). This is somewhat surprising, as programs implemented with this age group may be particularly effective. In particular, it is not uncommon for children to develop anxiety in elementary school, and by the time school-based programs are implemented, an anxiety disorder may have already developed (Cartwright-Hatton et al., 2006; Hirshfeld-Becker & Biederman, 2002). Further,

shy-inhibited temperament, a particularly robust and well-established risk factor for anxiety disorders, can be accurately and efficiently identified in preschool-aged children (Claus & Blackford, 2012; Rapee, 2002).

The relatively few selective anxiety prevention studies that have focused on preschool-aged children have yielded promising results (Kennedy, Rapee, & Edwards, 2009; LaFreniere & Capuano, 1997; Rapee, Kennedy, Ingram, Edwards, & Sweeney, 2005), and for the reasons mentioned above, these programs typically target children who exhibit a shy-inhibited temperament. In particular, LaFreniere and Capuano (1997) examined the effectiveness of an intensive program focused on parent-child interactions in shy-inhibited preschool-aged children through the use of a randomized design. The intervention was associated with increased child social competence and decreased maternal control. Although in the expected direction, no group differences were found for child anxious-withdrawn behavior.

Rapee et al. (2005) conducted a brief, 6-session intervention with the parents of shy-inhibited preschool-aged children. Relative to a comparison group, children with parents in the intervention group reported lower levels of anxiety; however, no group differences were found for shy-inhibited temperament. Parents and children were tracked longitudinally at 3-year and 11-year follow-up (Rapee, 2013; Rapee, Kennedy, Ingram, Edwards, & Sweeney, 2010). Program participation was associated with lower levels of anxiety, but not inhibited temperament, 3-year follow-up, and at 11-year follow-up, girls of parents who went through the program showed fewer internalizing disorders in relation to the comparison group (Rapee, 2013). However, there were no between-group differences for boys.

In a follow-up to the study by Rapee et al. (2005), Kennedy et al. (2009) conducted an 8-session program with the parents of preschool-aged children. Relative to a comparison group, the authors found greater reductions in shyness-inhibited temperament in the intervention group at 6-month follow-up based on parent report and behavioral observation. The intervention group also exhibited a greater reduction in anxiety disorder symptoms. In general the initial findings of these programs are promising; however, surprisingly few selective anxiety prevention studies have focused on preschool-aged children. Consequently, more research assessing the effectiveness of selective anxiety prevention programs is needed.

In addition to shyness/inhibited temperament, parent stress has been found to be a risk factor in the development of child anxiety symptoms. For example, Pahl, Barrett and Gullo (2012) found parent stress to be a unique predictor of anxiety symptoms in preschool-aged children, even after controlling for shy/inhibited temperament. Further, Ashford, Smit, van Lier, Cuijpers and Koot (2008) found an association between stress in the parents of preschool-aged children and later internalizing symptoms, and the association between parent stress and internalizing symptoms has been supported by other studies (Bayer, Sanson, & Hemphill, 2006; Costa, Weems, Pellerin, & Dalton, 2006). It is also noteworthy that higher levels of parent stress have been found to be associated with less favorable treatment outcome (Crawford & Manassis, 2001).

Based on the above findings, it is likely that interventions focused on the reduction of parent stress and anxiety may

be an effective strategy in anxiety prevention. Mindful-parenting may be particularly promising approach for several reasons. In particular, ineffective parenting behaviors are often overlearned and automatized (Dumas, 2005). These automatized responses may be a barrier to change, as parents often slip into habitual and maladaptive behavioral patterns when interacting with their children. This may be particularly likely during stressful parent-child interactions. Mindfulness-based interventions may be beneficial by increasing moment-to-moment awareness and acceptance of internal experiences during parent-child interactions (Dumas, 2005; Bögels, Lehtonen, & Restifo, 2010; Tiwari et al., 2008). Consequently, parents who practice mindfulness may be more likely to engage in deliberate and adaptive responding, and therefore, they may be more likely to implement newly learned parenting skills. For example, parents who take part in mindful-parenting may be more likely to successfully complete planned exposure tasks with their children, as they may be better able to tolerate stress and anxiety typically experienced during exposure. Further, anxious parenting behaviors, including modeling and overprotection, have been found to be related to the development of child anxiety (Murray, Creswell, & Cooper, 2009; Wood, McLeod, Sigman, Hwang, & Chu, 2003), and these behaviors may be influenced, in part, by the parent's own anxiety, as parents of anxious children are more likely to experience elevated stress and anxiety when compared to the parents of children without an anxiety disorder (Last, Hersen, Kazdin, Orvaschel, & Perrin, 1991; Lieb et al., 2000).

Consequently, mindful-parenting interventions may be beneficial by reducing parent stress and anxiety and by improving the parent's ability to monitor and regulate anxious parenting behaviors. Although mindful parenting has been effectively incorporated into parent-based programs for a number of disorders, including ADHD and pervasive developmental disorders (Cohen and Semple, 2010), this approach has yet to be used in the context of anxiety prevention.

Overall, the purpose of this study was to pilot a new parent-based program designed to prevent anxiety in preschool-aged children. The program was selective, as the parents of shy-inhibited children participated. It was hypothesized that the program would be acceptable and feasible to parents. Further, it was hypothesized that parents would report decreases in child shyness from pre to post-intervention, including decreases in disruption in functioning due to child shyness. It was also hypothesized that the parents would report lower levels of anxiety and stress following the completion of the program. Finally, although not a central goal of the program, it was also anticipated that parents would report a decrease in child anxiety symptoms.

Method

Participants

Twenty primary caregivers of preschool-aged children between the ages of 3 and 6 were recruited from the metropolitan area of a medium-sized city in the

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