



Young children have social worries too: Validation of a brief parent report measure of social worries in children aged 4–8 years



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ARTICLE INFO

Keywords:

Children
Social anxiety
Psychometric properties
Rating scales
Parent report

ABSTRACT

This study investigated the psychometric properties of the Social Worries Anxiety Index for Young children (SWAIY), adapted from the Social Worries Questionnaire—Parent version (SWQ-P; Spence, 1995), as a measure of social anxiety in young children. 169 parents of children aged four to eight years from a community sample completed the SWAIY and a standardized measure of anxiety; the SWAIY was completed again two weeks later. Parents deemed the items appropriate and relevant to children of this age. The SWAIY demonstrated excellent (> 0.80) internal consistency and a one-factor model. Test-retest reliability was strong ($r = 0.87$) and evidence of convergent validity ($r > .50$) was found. The study provides initial evidence for the validation of SWAIY as a measure of social anxiety in children aged four to eight years old. This questionnaire is ideal for investigating social anxiety over early childhood and the relationship between early social worries and later anxiety disorders.

1. Introduction

Social anxiety disorder often begins in early adolescence (Kessler et al., 2005) yet symptoms of social anxiety have been identified much earlier in childhood. Between 2.1% to 4.6% of pre-schoolers in non-psychiatric samples meet criteria for social anxiety disorder (Egger & Angold, 2006). Although social anxiety affects the wellbeing and achievements of children in the short term and in later life (Copeland, Angold, Shanahan, & Costello, 2014; Ginsburg, Silverman, & La Greca, 1998), we currently know little about the specific manifestations of social anxiety in young children or about the stability and development of social anxiety over childhood (Spence et al., 2001). While several anxiety assessments for older children include a social anxiety subscale, to our knowledge there is currently no stand-alone measure of social anxiety for children younger than eight years. The present study therefore reports on the adaptation and validation of the Social Worries Questionnaire—Parent version (SWQ-P; Spence, 1995) into the Social Worries Anxiety Index for Young children (SWAIY), a brief parent-report measure of social anxiety that is appropriate for young children.

Social anxiety is characterised by an intense and irrational fear of embarrassment in social situations (Alkozei, Cooper, & Creswell, 2014). For a DSM-5 diagnosis of social anxiety, a child must respond to these situations with avoidance or distress that interferes significantly with day-to-day functioning (American Psychiatric Association, 2013). Social anxiety in childhood is associated with a range of negative correlates both

concurrently and prospectively. For example, children with social anxiety have difficulties with social competence (Ginsburg, Silverman, & La Greca, 1998; Spence, Donovan, & Brechman-Toussaint, 1999) and poorer functioning at school (Mychailyszyn, Mendez, & Kendall, 2010). In eight and nine year olds, social anxiety is negatively associated with friendship and positively associated with peer victimisation (Larkins, 2014; Slee, 1994), specifically overt victimisation (verbal or physical aggression; Storch, Zelman, Sweeney, Danner, & Dove, 2002). Furthermore, social anxiety during childhood is associated with poor mental health in adulthood (Copeland et al., 2014).

Social anxiety can be diagnosed as distinct from other anxiety disorders in children as young as 4–5 years (e.g. Ford, Goodman & Meltzer, 2017; Shamir-Essakow, Ungerer & Rapee, 2005;). Further, factor analysis of parent-report scales such as the Preschool Anxiety Scale (PAS; Spence, Rapee, McDonald, & Ingram, 2001) shows that items related to social anxiety can be differentiated from items related to other common anxiety problems in young children such as separation anxiety disorder. A recent population-based study found a prevalence rate of 10.7% for social anxiety disorder amongst 4–8 year olds (Paulus, Backes, Sander, Weber, & von Gontard, 2015). Despite the potential negative consequences and high prevalence, research investigating social anxiety in early childhood is rare (e.g. Kingery, Erdley, Marshall, Whitaker, & Reuter, 2010; Morris et al., 2004). It is known that the incidence of social anxiety increases with age (Hitchcock, Chavira, & Stein, 2009), yet we know little about the stability and development of social anxiety within individuals, from early childhood. Initial research suggests that early social anxiety may indicate risk

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for emotional health problems across childhood. For example, Bufferd and colleagues found that a diagnosis of social anxiety at age 3 years predicted social anxiety disorder and specific phobia 3 years later (Bufferd, Dougherty, Carlson, Rose, & Klein, 2012). Furthermore, Carpenter et al. (2015) found that a history of preschool social anxiety predicted less functional connectivity between the amygdala and ventral frontal cortices when children viewed angry faces (Carpenter et al., 2015), indicating a potential difficulty with emotion regulation.

These examples highlight the potential that research examining social anxiety in young children holds for furthering our understanding of the development of anxiety across childhood. However, to conduct this type of work with young children it is imperative that we have valid and reliable measures of social anxiety for this age group that can be administered quickly and easily. Whilst diagnostic assessments such as the Preschool Age Psychiatric Assessment (PAPA; Egger & Angold, 2004) used by Bufferd et al., 2012; and the Anxiety Disorders Interview Schedule (ADIS; Silverman & Nelles, 1988) are the gold standard, they are not always practical given the time and resources required to train assessors and carry out the interviews. Currently, the only available questionnaire measure of social anxiety in early childhood is a subscale of the PAS; other subscales include generalized anxiety, separation anxiety, obsessive compulsive disorder and physical injury fears. The PAS was developed as a parallel measure of the Spence Children's Anxiety Scale (SCAS; Spence, 1998), which measures anxiety symptoms in children aged 7–18 years. The PAS is not ideal for capturing social anxiety for two reasons. First, the social anxiety scale, which consists of six items, is not designed as a stand-alone measure so many additional items (a further 22 items) must be completed unnecessarily. Second, the PAS includes many cognitive items i.e. "Worries that he/she will do something to look stupid in front of other people". Due to the 'hidden' nature of cognitions and the broad context of the questions, it may be difficult for parents to accurately respond to these items (Comer & Kendall, 2004).

In contrast, the SWQ-P is a brief (10-item) parent-report measure of social anxiety in 8–17 year olds. All items load onto a single 'social worries' factor. The items focus on specific situations and observable behaviours e.g. "Avoids or gets worried about entering a room full of people". As avoidance is more easily observed than cognitive symptoms and specific situations are given, parents should be able to provide more accurate report than on the PAS. Given this advantage of the SWQ-P as a parent-report measure, it is an attractive candidate for adaptation into a measure of social anxiety for a younger age group (children aged 4–8 years) for whom no specific measure of social anxiety currently exists. Such a measure will provide a valuable new tool for gathering information about social anxiety within this age group. The original SWQ-P has been acknowledged as a useful prescreening tool for social anxiety in children (Hitchcock et al., 2009) and the adapted version may also assist researchers and clinicians in this way. Beyond this, the adapted measure would be useful, as discussed, for addressing questions regarding the stability of social worries over childhood and the role of early social worries in the development of anxiety disorders later in life. This research may then, in turn, have implications for the prevention and early treatment of social anxiety in children.

In the present study, we describe the adaptation of the SWQ-P into the Social Worries Anxiety Index for Young children (SWAIY) and assess the content validity, test-retest reliability, convergent validity and internal reliability of the new measure as well as examining the internal structure through factor analysis. These investigations contribute to assessment of the questionnaire's construct validity.

2. Materials and method

2.1. Participants

Data was collected via online questionnaires. To be included as a

study participant at either time 1 or time 2, full data was required for the SWAIY and basic demographics. This resulted in a sample of 169 parents (166 female) at time 1 and 106 (105 female) at time 2. An additional eight parents at time 1 and six parents at time 2 only partially completed the online questionnaires and were therefore excluded.

Parents completed questions about their child. At time 1, 99% considered themselves the child's primary caregiver. Children's ages ranged from 3.92 to 8.92 years old ($M = 6.25$, $SD = 1.29$, 4 year olds = 38, 5 year olds = 35, 6 year olds = 41, 7 year olds = 36, 8 year olds = 23), 81 of the children were female. No differences in age were found between male and female children ($t(167) = 0.711$, $p = 0.75$). No children were reported as having a diagnosis of Autistic Spectrum Disorders (ASD) or learning difficulties but two were reported as having ADHD. These children did not appear as outliers on any of the variables of interest and analyses were consistent when these children were excluded thus their data is included in the analyses reported. Note that details regarding ASD and learning difficulties were collected due to the potential social difficulties that these children might experience which could affect parents' responses on the questionnaires of interest (Kreiser & White, 2014).

At Time 2, 106 of the original 169 parents completed the online questionnaire for a second time. The same parent answered the questionnaire at both time points. At this point, 98% of parents stated they were the child's primary caregiver. Children's ages ranged from 3.92 to 8.92 years old ($M = 6.20$, $SD = 1.32$, 4 year olds = 23, 5 year olds = 22, 6 year olds = 28, 7 year olds = 22, 8 year olds = 14) and 52 were female. No differences in age were found between genders of the children ($t(104) = 1.03$, $p = 0.305$). No children were reported as having a diagnosis of ADHD, ASD or learning difficulties.

2.2. Measures

2.2.1. Spence Child Anxiety Scale—Parent version (SCAS-P) and Preschool Anxiety Scale (PAS)

Both scales are parent report questionnaires assessing child anxiety symptoms in specific anxiety domains, for example social anxiety and separation anxiety. The PAS is a 28 item questionnaire validated for use with 4.5–6.5 year olds. Items are answered on a five point Likert scale (0 = Not true at all; 4 = Very often true). Two scores were computed: total anxiety score being a sum of responses from all 28 items (min = 0, max = 112) and the social anxiety subscale (6 items; min = 0, max = 24). Higher scores indicate more anxiety. The PAS has strong psychometrics; scores align with DSM-IV diagnoses, and the internalising scale of the Child Behaviour Check List (CBCL; Achenbach, 1991; Spence et al., 2001). The PAS has also shown good internal consistency both in terms of the full scale ($\alpha = 0.86$) and social phobia subscale ($\alpha = .81$) (Broeren & Muris, 2008). In the present sample $\alpha = 0.88$ for total score and $\alpha = 0.82$ for the social anxiety subscale.

The SCAS-P is a parallel measure which includes 38 items answered on a four point Likert scale (0 = Never; 3 = Always) validated for use with six to 18 year olds. The SCAS-P can be split into six subscales assessing specific anxiety domains, i.e. social anxiety. Two scores were taken from this questionnaire: the total anxiety score (the sum of all 39 items (min = 0, max = 114)) and the social anxiety subscale (the sum score of 6 items (min = 0, max = 18)). Higher scores indicate greater anxiety. The SCAS-P has good psychometric properties. It has good internal consistency of the total score ($\alpha = 0.82$) and social phobia subscales in a community sample ($\alpha = 0.70$) (Spence, 1998). In the present sample $\alpha = 0.87$ for total score and $\alpha = 0.77$ for the social anxiety subscale. The total score is able to differentiate between anxiety-disordered children and normal controls and the social anxiety subscale can differentiate between children with primary social anxiety and those with another primary anxiety diagnosis. The SCAS has also shown convergent validity with the CBCL (Achenbach, 1991).

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