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Combining child social skills training with a parent early intervention program for inhibited preschool children

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ABSTRACT

Background: Previous studies have demonstrated the efficacy of early intervention for anxiety in preschoolers through parent-education. The current study evaluated a six-session early intervention program for preschoolers at high risk of anxiety disorders in which a standard educational program for parents was supplemented by direct training of social skills to the children.

Methods: Seventy-two children aged 3–5 years were selected based on high behavioural inhibition levels and concurrently having a parent with high emotional distress. Families were randomly assigned to either the intervention group, which consisted of six parent-education group sessions and six child social skills training sessions, or waitlist. After six months, families on waitlist were offered treatment consisting of parent-education only.

Results: Relative to waitlist, children in the combined condition showed significantly fewer clinician-rated anxiety disorders and diagnostic severity and maternal (but not paternal) reported anxiety symptoms and life interference at six months. Mothers also reported less overprotection. These gains were maintained at 12-month follow-up. Parent only education following waitlist produced similar improvements among children. Quasi-experimental comparison between combined and parent-only interventions indicated greater reductions from combined intervention according to clinician reports, but no significant differences on maternal reports.

Conclusions: Results suggest that this brief early intervention program for preschoolers with both parent and child components significantly reduces risk and disorder in vulnerable children. The inclusion of a child component might have the potential to increase effects over parent-only intervention. However, future support for this conclusion through long-term, randomised controlled trials is needed.

1. Introduction

Anxiety disorders are high frequency mental disorders that affect large numbers of adults (Remes, Brayne, van der Linde, & LaFortune, 2016; Slade et al., 2009) and youth (Ford, Goodman, & Meltzer, 2003; Merikangas et al., 2010). Anxiety is associated with moderate impact on functioning including reduced social interactions, increased family and personal distress, reduced academic and career functioning, and increased medical complications (Rapee, Schniering, & Hudson, 2009). Anxiety is also highly chronic, with disorders typically starting early in life and continuing to impact functioning for many years. These chronic impairments combined with their high prevalence, means that anxiety disorders provide very significant contributions to the burden of disease (Ezpeleta, Keeler, Alaatin, Costello, & Angold, 2001; Murray et al., 2012). Early intervention for anxiety is therefore an important social and economic objective.

Evidence has pointed to a number of likely risk factors for the onset and chronicity of anxiety disorders. Some of the most well researched risks include an inhibited temperament; parent emotional distress; parenting style; and poor interpersonal processes (Broeren, Muris, Diamantopoulou, & Baker, 2013; Mian, Wainwright, Briggs-Gowan, & Carter, 2011; Spence & Rapee, 2017). An inhibited temperamental style has been the most widely studied risk and shown to be associated with elevated rates of later anxiety disorders, especially social anxiety (Chronis-Tuscano et al., 2009; Hudson, Dodd, Lyneham, & Bovopoulous, 2011; Rapee, 2014). Early childhood inhibition has been defined and assessed in a variety of ways, most common of which have been behavioural inhibition to the unfamiliar (Fox, Henderson, Marshall, Nichols, & Ghera, 2005; Kagan, Reznick, Clarke, Snidman, & Garcia-Coll, 1984) and social withdrawal or shyness (Coplan, Prakash, O'Neill, & Armer, 2004; Rubin, Coplan, & Bowker, 2009). Early social withdrawal has also been shown to predict later

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internalising distress, including both anxiety and depression (Ollendick, Greene, Weist, & Oswald, 1990; Rubin, 1993).

Parental anxiety and negative affectivity more broadly also predict child and adolescent anxiety (Hudson et al., 2011; Rapee, 2014; Wichstrom, Belsky, & Berg-Neilsen, 2013). Several family studies demonstrate associations between offspring anxiety disorders and both parent anxiety and mood disorders (Vidair, Fichter, Kunkle, & Boccia, 2012). The relation between parent and child negative affectivity is likely to reflect both genetic and non-genetic factors. Non-genetically, parents of anxious children are likely to model avoidant styles of coping and may also support their child's avoidant characteristics through overly protective parenting. Evidence supports the associations between overprotective parenting and anxiety disorders (McLeod, Wood, & Weisz, 2007; Yap, Pilkington, Ryan, & Jorm, 2014) and some longitudinal data also demonstrate prospective, bi-directional relationships (Edwards, Rapee, & Kennedy, 2010).

Identification of factors that place children at risk for anxiety disorders provides promising targets for early intervention (LaFreniere & Capuano, 1997; Rapee, 2002). Consequently, some early intervention programs (Anticich, Barrett, Silverman, Lacherez, & Gillies, 2013; Fox et al., 2012; Hirshfeld-Becker et al., 2010; LaFreniere & Capuano, 1997; Rapee, Kennedy, Ingram, Edwards, & Sweeney, 2005) and clinical treatments (Cartwright-Hatton et al., 2011; Comer et al., 2012; Pincus, Eyberg, & Choate, 2005) have addressed the above risks. The most extensively evaluated so far is the Cool Little Kids program (Rapee, Lau, & Kennedy, 2010). This program provides brief (6 session), inexpensive (group), education to parents of highly inhibited preschool-aged children that teaches strategies to (1) counter the child's natural avoidance style; (2) reduce parental overprotection; and (3) manage parent anxious expression. Empirical evaluation has shown reduced anxiety disorders, life impairment, and behavioural inhibition by early to middle childhood (Kennedy, Rapee, & Edwards, 2009; Rapee, Kennedy, Ingram, Edwards, & Sweeney, 2010). By mid-adolescence, girls in active intervention showed lower levels of anxiety and mood disorders (Rapee, 2013). These outcomes have been estimated to be highly cost-effective (Mihalopoulos, Vos, Rapee, Pirkis, & Carter, 2015).

In addition to the risks for emotional disorders noted above, a related literature has addressed the role of peer relationships and social interactions in the development of anxiety. Shy preschool aged children are characterised by solitary play and social isolation (Coplan, Arbeau, & Armer, 2008) and, as they mature, anxious middle aged children experience peer neglect, rejection, and victimisation (Gazelle & Ladd, 2003). These relationship difficulties are likely underpinned by poor social processes demonstrated by shy children from preschool age, including minimal verbalisations, reduced social initiations, and poor social interchange (Coplan, Schneider, Matheson, & Graham, 2010; Karevold, Ystrøm, Coplan, Sanson, & Mathiesen, 2012). In a recent longitudinal study, over 700 children aged 4 years were followed for two years to determine risk for the development of anxiety disorders (Wichstrom et al., 2013). Peer victimisation at age 4 emerged as a significant predictor of later anxiety and social competence rated by preschool teachers was a significant protective factor. Based on this literature, training young children to increase social competence and create positive peer relationships should be a valuable additional target in the prevention of emotional disorders.

An emerging literature has begun to develop programs that directly address the social difficulties of shy preschool children (Social Skills Facilitated Play) (Coplan et al., 2010). Fully powered randomised control trials are yet to be conducted, but pilot studies have shown promise, particularly in terms of improving social skills and social participation. In an early pilot, 22 highly inhibited preschool-aged children were allocated to either waitlist or social skills training (Coplan et al., 2010). Children in active intervention demonstrated greater increases in observed social competence and interaction and a decrease in social wariness at preschool relative to controls. A more recent trial among Chinese preschool children showed that those taught social skills, relative to waitlist, were observed to express more prosocial behaviours, better social communication, and stronger peer interactions (Li et al., 2016). Unfortunately, the impact on shyness and anxiety were not reported.

Given the range of risk factors for anxiety, it is likely that stronger efficacy from early intervention could be achieved by simultaneously addressing a larger number of risk factors. The efficacy of parent-focused programs that address parent behaviours and child avoidance and the promising results from child-focused interventions that aim to increase children's social skills, suggests that combining these methods might create a more efficacious intervention. One small trial has tested this model (Chronis-Tuscano et al., 2015). Forty preschool-aged children were randomly assigned to either waitlist or the Turtle Program comprising eight, 90-min sessions conducted concurrently with the parents and children. Parents were taught methods to increase in vivo exposure for their child and methods to improve general parenting and consistency. Children were taught social interaction skills following the Social Skills Facilitated Play program (Coplan et al., 2010). Immediately following intervention, children in the Turtle program showed significantly lower levels of anxiety symptoms and parent-reported inhibition, although the difference in anxiety disorders did not reach significance.

The aim of the current study was to conduct an initial evaluation of the efficacy of a program for the prevention of emotional disorders that comprised a combined focus on the risk factors addressed by Cool Little Kids with the additional risk (social competence) targeted by Social Skills Facilitated Play. We were also able to include a quasi-experimental comparison between the new, combined intervention and the standard Cool Little Kids program.

2. Method

2.1. Participants

The participants in this study were 72 children (38 boys, 34 girls) aged 36–65 months (M_{age} = 52.1). The children were attending local childcare centres and preschools in Sydney, Australia.

Target criteria to be included in the study were (1) age within 36–66 months at the time of recruitment; (2) a minimum of 30 (1.15 *SD* above the norm) on the child's score of social approach on the Short Temperament Scale for Children (see below) as rated by one parent; (3) a minimum of 30 on at least one parent's self-reported scores on the Depression Anxiety Stress Scales; (4) no known diagnosis of any severe developmental disorders; and (5) parents who were able to complete questionnaires in English.

Children were randomly assigned to the combined intervention (Comb; n = 39) or 6-month waitlist control (WL; n = 33). The two groups did not differ significantly on age (M_{Comb} = 52.4 mos., *SD* = 7.4; M_{WL} = 51.6 mos., *SD* = 7.3), $t(70) = -0.44$, $p = 0.658$, or gender (Comb = 51.3% girls, WL = 42.4% girls), $\chi^2(1, N = 72) = 0.56$, $p = 0.453$. The flow of participants is shown in Fig. 1.

2.2. Measures

2.2.1. Behavioural inhibition

One parent (usually the mother) completed the *Short Temperament Scale for Children* (STSC) (Prior, Smart, Sanson, & Oberklaid, 2000), designed for children aged 3–8 years. The *approach* subscale, assessing approach/withdrawal from unfamiliar people and situations, was used as a construct related to behavioural inhibition (Prior et al., 2000). Internal consistency in the current sample was $\alpha = 0.79$.

Both parents also completed the *Behavioral Inhibition Questionnaire* (BIQ) (Bishop, Spence, & McDonald, 2003), assessing the three main domains of behavioral inhibition (social, situational, physical caution).

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