

# Treatment of Anxiety and Depression in the Preschool Period

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**Objective:** Empirical studies have established that clinical anxiety and depressive disorders may arise in preschool children as young as 3.0 years. Because empirical studies validating and characterizing these disorders in preschoolers are relatively recent, less work has been done on the development and testing of age-appropriate treatments. **Method:** A comprehensive literature search yielded several small randomized controlled trials of psychotherapeutic treatments for preschool anxiety and depression. The literature also contained case series of behavioral and psychopharmacologic interventions for specific anxiety disorders. However, to date, no large-scale randomized controlled trials of treatment for any anxiety or depressive disorder specifically targeting preschool populations have been published. **Results:** Several age-adapted forms of cognitive-behavioral therapy have been developed and preliminarily tested in small randomized controlled trials and appear promising for different forms of preschool anxiety disorders. Notably, these adaptations centrally involve primary caregivers and use age-adjusted methodology such as cartoon-based materials and co-constructed drawing or narratives. Modified forms of Parent Child Interaction Therapy have been tested and appear promising for anxiety and depression. Although preventive interventions that target parenting have shown significant promise in anxiety, these methods have not been explored in early childhood depression. Studies of the impact of parental treatment on infants suggest that direct treatment of the youngest children may be necessary to affect long-term change. **Conclusions:** Recommendations are made for the clinical treatment of these disorders when psychotherapy is the first line of intervention. *J. Am. Acad. Child Adolesc. Psychiatry*, 2013;52(4):346–358. **Key Words:** preschool, treatment, depression, anxiety.

## VALIDATION OF DEPRESSION AND ANXIETY DISORDERS IN PRESCHOOLERS

Over the past two decades, numerous independent empirical studies have shown that clinical depressive and anxiety disorders can arise as early as the preschool period of development. In contrast to the older established literature and common clinical lore, the idea that these symptoms when arising in young children would be nonspecific or developmentally transient also has been largely refuted by available data. A substantial body of literature has shown that several discrete *DSM-IV* depressive and anxiety disorders can be identified in preschool children.<sup>1–6</sup> These disorders are

characterized by the same core symptom constellations known in older children, although some developmental adjustments to the criteria have been recommended in specific disorders.<sup>5,7,8</sup>

Although only a few epidemiologic studies using sensitive semistructured interviews are available to inform the prevalence rate of preschool disorders, rates for anxiety and depression have been estimated at 9% and 2%, respectively, similar to the rates reported in school-age children.<sup>9,10</sup> In addition, the rates and pattern of comorbidity in these preschool-onset disorders are similar to those known in the school-age period.<sup>3</sup> Early identification of mental disorders increasingly has been emphasized based on promising evidence for more robust treatment effects during a period of relatively greater developmental change and associated neuroplasticity.<sup>11,12</sup> Based on these data, the principle of “watchful waiting” is no longer the standard of care for anxiety and depression in early childhood. This article



Clinical guidance is available at the end of this article.

provides a review of the available treatment literature on these early childhood disorders and recommendations for clinicians about how to proceed with evaluation and treatment informed by the currently available empirical database.

#### Assessment

Although adequately powered empirical investigations in early childhood mental health have gained momentum only recently, general techniques for the age-appropriate assessment of mental disorders in infants and preschoolers have been established and in use for many decades.<sup>13,14</sup> Specialty mental health clinics focusing on the assessment and treatment of infants and preschoolers were established and numerous case reports published many years before the publication of the Diagnostic Classification 0-3 system in 1994.<sup>15-18</sup> Several useful updated guides are available detailing principles and techniques for the assessment of early childhood mental disorders using newly available measurements and methodologies.<sup>19</sup> Key principles of early childhood assessment that differentiate it from standard assessment methods used in older children include the need for multiple observations of the child over time with different caregivers (when applicable). This principle therefore requires that early child mental health assessments involve more time than the standard for older children. In addition, the use of the caregiver-child dyadic context and play as the medium of observation is critical and unique to this age group. That is, the mental status examination of the young child should be conducted as a dyadic play observation with a primary caregiver, a well-justified approach based on the central importance of relationship-specific behavioral problems in early childhood and greater state-related variation in behavior.<sup>20</sup> The use of the dyadic relationship's context to evaluate the young child and observation of the child in play interaction with caregivers are the central and perhaps most important developmental tenants of an age-appropriate preschool mental health assessment. Given the increased importance of context specificity of behavioral problems in early childhood, preschool or daycare teacher reports, and, if possible, observations are very important and must be considered part of a comprehensive evaluation of the young child. The assessment of developmental

competencies, a component of all child assessments, is particularly important in early childhood when the developmental trajectory is steep and developmental delays commonly accompany emotional and behavioral problems. All these principles reflect the need for developmentally sensitive approaches to obtain an accurate view of the young child's mental state and functioning. In addition, consideration of how symptoms might manifest differently, accounting for the unique life experience of the young child (e.g., when play is the central activity), is critical and has been a key component of the nosologic work conducted to date in preschool populations. Examples of this are that death or suicidal themes may not be verbally expressed but instead are evident in play or that anhedonia is evidenced by the inability to enjoy daily play activities as is the norm at this developmental period.

#### Validation of Preschool Major Depressive Disorder

Significant progress has been made in the identification and validation of depressive disorders in young children. The database showing the validity of clinical depression in preschool children has grown significantly over the past two decades. Building on the early studies of Kashani *et al.*, larger empirical investigations that make use of advances in measurement have shown a stable and specific symptom constellation, discriminant validity from other preschool-onset psychiatric disorders, homotypic continuity, and increased family history of related disorders.<sup>3,4,10,21-23</sup> In addition, biological correlates such as alterations in stress hormone reactivity have been detected in depressed preschoolers.<sup>24</sup> More recently, evidence of alterations in functional brain activity similar to that known in depressed adults has been detected in school-age children who experienced a preschool episode of depression and in depressed preschoolers (M.S. Gaffrey, D.M. Barch, J. Singer, R. Shenoy, J.L. Luby, unpublished data, 2013).<sup>25,26,27</sup>

#### Validation of Preschool Anxiety Disorders

In the area of anxiety disorders, with the sole exception of posttraumatic stress disorder, there has been less focused investigation of the validation of specific anxiety disorders in young children. A relatively larger body of work has investigated the validity and informed the age-adjusted criteria

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