Early Intervention for Childhood Anxiety in a School Setting: Outcomes for an Economically Disadvantaged Population

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Overview

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• Anxiety & SES
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Background

• Anxiety disorders are one of the most prevalent disorders in childhood (6-18%)
• Associated with broad range of psychosocial difficulties & high rates of comorbidity
• Children with internalizing disorders are often under-referred

Anxiety & CBT

• Anxiety is a multidimensional construct
• Cognitive-behavioural triad
• Cognitions play a role in the etiology, expression, & maintenance of anxiety
• Focuses on maladaptive cognitions & their effect on a child’s behaviours & emotions
• CBT enhances insight into the connection between thoughts, feelings, & behaviours
• Helps children develop new problem-solving & coping skills
• Facilitates experiences to test beliefs

Wealth of studies have shown long-term treatment gains in clinical settings
CBT shown considerable support for treatment of a variety of childhood anxiety disorders
Recent research focus on the adaptation of these programs to the school setting (prevention & early intervention)

[Chorpita & Southam-Gerow, 2006; Milbud & Rapee, 2005; Weissman, Antonio, & Chu, 2009]
Anxiety & CBT

- Core CBT techniques:
  - affective education
  - behavioural relaxation
  - modeling
  - role-play
  - cognitive restructuring
  - imaginal & in vivo exposure
  - reinforcement
  - contingency management
  - behavioural parent training

- Empirical support for CBT in clinical settings
- Initial support for CBT in group format: implications for transporting CBT to school settings

(Albano & Kendall, 2002; Robleko & Piacentini, 2003; Weissman et al., 2009)

Anxiety & SES

- Socioeconomic disadvantage places families at higher risk for the development of a variety of mental health problems
- The use of services does not match higher prevalence of difficulties
- Barriers prevent families from getting MH care
  - poor social support systems, priority for food and shelter, parental stressors
- School = access to interventions & gateway to services
- Research generally focused on average SES

(Mifsud & Rapee, 2005)

Purpose of the Study

- Evaluate a school-based early intervention program in reducing anxiety symptoms of at-risk children from low SES neighbourhoods

Research Design

- Nine economically disadvantaged schools
- Randomly assigned to active intervention or waitlist control
- 5 schools (50 students) allocated to intervention commencing next school term
- Waitlist control group allocated to receive treatment in last term of school year

(Mifsud & Rapee, 2005)
Participants

- 425 children in grade 4 & 5 (ages 9-10) screened for high-level anxious symptoms
- High scores (above 75th percentile) on Revised Children’s Manifest Anxiety Scale (RCMAS) plus teacher nomination
- Exclusions: children with intellectual delays & those with known behavior problems
- 94 families offered placement, a total of 91 consented to participation
- No significant differences in demographics, gender, or pre-intervention symptoms

Anxiety Outcome Measures

- Children
  - Spence Children’s Anxiety Scale (SCAS)
  - Children’s Automatic Thoughts Scale (CATS)
- Parents
  - Spence Children’s Anxiety Scale-Parent Version (SCAS-P)
  - Background questionnaire
- Teachers
  - Child Behavior Checklist-Teacher Report Form (Internalizing scales)

*Data Collection: Before intervention + after intervention + 4 months follow-up

Cool Kids Program: School Version

- School-based CBT for children with clinical & subclinical anxiety, and those at-risk
- Built upon earlier clinical programs
- Psychoeducation + cognitive restructuring + gradual exposure + social skills + assertiveness + dealing with teasing
- For children aged 6-12
- Anxiety disorder or at-risk
- Includes parent training & booster sessions

*Intervention was shortened from original program

Intervention

- Cool Kids Program: School Version (indicated intervention)
- Groups of 8-10 children
- Groups were not separated on the basis of gender or problem type
- 8 weekly sessions during school time (1 hr)
- Structured workbook
- 2 parent sessions + workbook
  - Low attendance
Intervention

- Co-facilitated by school counselor (registered psychologists) & experienced mental health professional
- 1 day training workshop
- Manualized program
- Treatment integrity

- Co-facilitation = improved continuity of care & reduce individual resource needs
- Co-facilitation = added cost

Results

Report Data Across Time for All Participants

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<th>Post treatment</th>
<th>4-Month Follow-up</th>
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*Means of intervention effects

Results: Summary

- Children in active intervention reported significant reductions in symptoms of anxiety as well as in related beliefs (thoughts of threat, personal failure)
- Waitlist failed to show significant change
- Effects were maintained (slightly increased) at 4 month follow-up
- Teacher and parent reports support these results

- Poor return rate of parent data = interpret with caution

Limitations

- Parent involvement: generalization of skills to the home environment
- Participant selection: result in inclusion of children who do not need treatment (or it is inappropriate)
- Participants do not reflect comorbidity typically seen in settings
- Waitlist control group
- Pros/cons of manualized program: treatment integrity, flexibility, & effects on outcomes
- Does not directly compare implementation challenges across diverse SES schools
Strengths

- Relatively brief program can demonstrate good effects with this age group
- Parent participation low (common in SES) still see positive results
- Utilizing self-reports in combination with teacher & parent reports (higher reliability)
- Intervention considered several variables (client, provider, & service system)
- Contribution to effectiveness research
- Extended existing research to low SES population

Research Implications

- Selection of children: More thorough assessment into self-reported anxiety [result of anxiety disorder or environmental stressors]
- Better understanding of methods to maximize parent involvement (especially for low SES populations)
- Studies that compare intervention to other types of intervention or “treatment as usual” control groups
- Additional research into impact of comorbidity on response to CBT

Practice Implications

- CBT strategies can successfully treat anxiety in school settings
- Program fits within school context and time frame = increase likelihood it will be used
- Savings in cost & resources = sustainability
- Program may be feasible & effective in schools with minimal resources
- 2 professionals co-leading groups
- May reduce ‘burden’ on clinical services

Practice Implications

- Decrease in symptoms is effective for children with subclinical levels of anxiety & those at-risk
- Cool Kids Program is effective & could supplement universal school programs
- School-based programs can be effective even with low parent involvement
- Potential stigma associated with participating in program is likely outweighed by benefits
- Levels of symptomology after intervention were still greater than in community samples = school-based programs do NOT replace the need for traditional services

(Chorpita & Southam-Gerow, 2004; Mifsud & Rapee, 2005; Weissman et al., 2009)
Take Home Message…

- The study demonstrated the value of school-based intervention in reducing symptoms of anxiety for moderately to severely anxious children who have higher than average needs because of socioeconomic disadvantage who would not otherwise receive treatment.

References


