Predicting Response to an Internet-Delivered Parenting Program for Anxiety in Early Childhood

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Previous research has identified factors related to outcome in child anxiety treatment and parent training programs for child behavior problems. However, it is unclear what factors predict outcomes in interventions delivered online to parents of young children at risk of anxiety. This study investigated predictors of child anxiety outcomes among 433 families with young children (3–6 years) who participated in a randomized controlled trial of Cool Little Kids Online, an eight-module early intervention program for child anxiety based on cognitive-behavioral therapy (CBT). Potential predictors included baseline demographic factors, child and parent mental health factors, and indicators of program use, including number of online modules completed and frequency of homework practice. Results showed that only access to a printer moderated intervention effectiveness. Printer access predicted lower child anxiety in the Cool Little Kids Online group, but had no effect on outcomes in the wait-list group. In both groups, higher levels of child anxiety symptoms, child-inhibited temperament, and poorer parent mental health at baseline predicted higher levels of child anxiety symptoms at 6-month follow-up. The amount of online program use was not related to improvements in child anxiety symptoms. However, parents who reported practicing the program skills more frequently showed greater reductions in child anxiety, and access to a printer was related to frequency of program skills practice. These findings provide empirical support for the important role of skills practice in online CBT interventions, and suggest that practicing program skills may be more important than completing the online modules.

Keywords: early childhood; anxiety; homework; Internet; predictors

Anxiety disorders are common in children and adults and intervening early in life with children at risk could help mitigate the course of anxiety (Hirshfeld-Becker & Biederman, 2002). One prevention approach is to teach parents how to help their child cope with anxiety-provoking situations in the preschool years, when parents are highly influential and behaviors may be easier to modify.

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Such an intervention could change avoidant coping styles before anxiety becomes more entrenched and impairing as children grow older. The Cool Little Kids parenting group program applies this approach to preschool-age children with a highly inhibited temperament, who are at greater risk of developing anxiety problems (Rapee, Kennedy, Ingram, Edwards, & Sweeney, 2005). This cognitive-behavioral program teaches parents practical ways to reduce child anxiety through graded exposure (stepladders), contingency management, reducing overprotective behaviors, and managing their own fears and worries. It has been shown to prevent anxiety and depression in children many years after the intervention was delivered (Rapee, 2013; Rapee, Kennedy, Ingram, Edwards, & Sweeney, 2010).

Cool Little Kids has recently been adapted into an online delivery format to increase its accessibility and reach in the community (Cool Little Kids Online; Morgan, Rapee, & Blyer, 2016). Online delivery may overcome some barriers to attending group programs or face-to-face clinic-based therapy, including scheduling conflicts, transportation, child care arrangements, perceived stigma, and limited availability, particularly outside metropolitan areas (Axford, Lehtonen, Kaoukji, Tobin, & Berry, 2012; Dittman, Farrugia, Palmer, Sanders, & Keown, 2014). Online interventions have been proposed as one means of improving the scope of mental health care, by increasing the reach of mental health treatments and thereby reducing the burden of mental health problems (Comer & Barlow, 2014; Kazdin & Blase, 2011). The treatment of child anxiety with computerized cognitive-behavioral therapy (CBT) shows promise in this regard, as programs such as BRAVE-ONLINE (March, Spence, & Donovan, 2009) and Camp Cope-A-Lot (Khanna & Kendall, 2010), have a strong evidence base and the potential for widespread dissemination.

A randomized controlled trial (RCT) of Cool Little Kids Online found that online delivery was efficacious in reducing child anxiety symptoms ($d = 0.38$, $p < .001$) when offered to parents in the community, yet a significant minority of 42% did not show reliable reductions in anxiety (Morgan et al., 2017). It is important to understand who the program worked for and did not work for in order to improve its effectiveness and to identify families that may need additional support. In the treatment of anxiety disorders in older children, a significant minority (~40%) also do not respond adequately to CBT (James, James, Cowdrey, Soler, & Choke, 2015). Reviews of factors associated with CBT treatment response have generally failed to identify consistent predictors of outcome (Lundkvist-Houndoumadi, Hougaard, & Thastum, 2014; Nilsen, Eisemann, & Kvernmo, 2013). These reviews have concluded that demographic factors such as child age, gender, ethnicity, and socioeconomic status do not appear to be associated with anxiety treatment outcome. More recently, larger studies with greater power have examined predictors of poor response to child anxiety treatment (Compton et al., 2014; Hudson et al., 2015). The largest of these found poorer treatment outcomes were associated with greater anxiety severity at baseline, comorbidity (externalizing problems and depression), a diagnosis of social anxiety disorder, and parent psychopathology, particularly at later follow-up after treatment had finished (Hudson et al., 2015). Compton et al. (2014) also identified baseline anxiety severity and poor family functioning as predictors of higher anxiety following treatment.

While these findings apply to treatment of anxiety in older children, they may be less relevant for identifying who is least likely to respond to interventions delivered to parents of young children. There is limited research in this area in early childhood. Hirshfeld-Becker et al. (2010) found no effect of child age, gender, or parental anxiety on treatment response to a combined parent and child CBT program for anxiety disorders in children 4–7 years old. However, this study may have been underpowered as only 46 children were included in these analyses. Turning to the broader literature on parent training programs for early-onset child behavior problems, several child and family characteristics have been identified as important predictors of intervention response. Poorer treatment outcomes are associated with higher levels of child behavior problems, maternal depression or psychopathology, and single-family households (Reyno & McGrath, 2006). Low socioeconomic status (indicated by parent education, income, or occupation) has also been found to predict poorer outcome (Lundahl, Risser, & Lovejoy, 2006; Reyno & McGrath, 2006). However, a recent analysis suggests that socioeconomic status may interact with initial problem severity, such that disadvantaged families do worse than advantaged families only when initial problem behaviors are mild (Leijten, Raaijmakers, de Castro, & Matthys, 2013). These parenting programs are usually offered face-to-face to groups or individual parents, but online delivery is a growing area of research (Dittman et al., 2014; Sourander et al., 2016). A concern is that online delivery may not be effective for families with high levels of adversity, that may need more support from a professional to optimally implement program skills (O’Brien & Daley, 2011). In contrast to this, an evaluation of the predictors of child behavior outcomes after an
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