Psychometric properties of the child anxiety life interference scale – Preschool version

Tamsyn J. Gilbertson¹², Amy J. Morgan³⁴, Ronald M Rapee⁵, Heidi J. Lyneham⁶, Jordana K. Bayer⁷⁸

¹ Melbourne School of Psychological Sciences, University of Melbourne, Melbourne, Australia
² Murdoch Childrens Research Institute, Melbourne, Australia
³ Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Australia
⁴ School of Psychology and Public Health, La Trobe University, Melbourne, Australia
⁵ Centre for Emotional Health, Macquarie University, Sydney, Australia
⁶ Centre for Paediatrics, University of Melbourne, Melbourne, Australia
⁷ Department of Paediatrics, University of Melbourne, Melbourne, Australia

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ABSTRACT

Despite growing recognition of childhood anxiety as a common and often debilitating clinical concern, we have limited knowledge of the particular ways in which anxiety interferes with daily life for young children who have not yet entered formal schooling. The present study evaluated the psychometric properties of the Child Anxiety Life Interference Scale – Preschool Version (CALIS-PV). The CALIS-PV is a brief (18 item) parent-report measure of the impacts of a young child’s anxiety on their own life and that of her or his parent. Participants were 784 parents of a child aged 3–7 years, who completed the CALIS-PV as a part of the follow-up assessment battery for two anxiety prevention trials targeted at preschool children with temperamental inhibition. Confirmatory factor analysis supported three CALIS-PV factors reflecting anxiety-related life interference at home, outside home and on parent life. The three factors showed good internal consistency and good convergent and divergent validity, and successfully differentiated children with and without an anxiety diagnosis. Findings provide initial support for the CALIS-PV as a reliable and valid measure of the daily life impacts of childhood anxiety for preschool-aged children and their parents.

1. Introduction

Anxiety disorders are the most common class of mental disorder across development (Kessler et al., 2005; Whalen, Sylvester, & Luby, 2017). These disorders tend to begin very early in life, with a median age of onset of 6 years for a first anxiety diagnosis (Merikangas et al., 2010). Although epidemiological research focusing on young children is limited, emerging evidence indicates that between 10 and 20% of pre-school-aged children in the community meet criteria for at least one anxiety disorder (Sylvester & Pine, 2016). Anxiety disorders show concerning stability over the preschool period, with one study indicating that 34% of children with an anxiety disorder at age 3 will continue to meet criteria for the diagnosis at age 6 (Bufferd, Dougherty, Carlson, Rose, & Klein, 2012; Bufferd et al., 2016). In the longer term, childhood anxiety disorders often follow a chronic or recurring course into adolescence and adulthood (Bittner et al., 2007; Goodwin, Fergusson, & Horwood, 2004), and confer significant risk for the development of secondary conditions such as depression and substance abuse (Woodward & Fergusson, 2001). Childhood anxiety warrants attention not only because of its prevalence and persistence, but also because of its considerable immediate impact on the daily lives of affected children and their families (Langley, Bergman, McCracken, & Piacentini, 2004).

Symptom-induced distress or impairment is a key diagnostic criterion for all anxiety diagnoses listed within recent editions of the Diagnostic and Statistical Manual of Mental Disorders (i.e., DSM-IV and DSM-5; American Psychiatric Association, 2000, 2013). This ‘impairment criterion’ is routinely highlighted as a primary means of...
differentiating normative childhood fears from pathological anxiety (Beesdo, Knappe, & Pine, 2009; Rapee & Coplan, 2010). Impairment in daily life certainly serves as a primary motivation for families seeking treatment for child mental health concerns (Jongerden, Simon, Bodden, Dirksen, & Bögels, 2015; Wichstrom, Belsky, Jozeffiak, Sourander, & Berg-Nielsen, 2014), and represents a significant predictor of the longer-term trajectory of child mental disorders (Angold, Costello, Farmer, Burns, & Erkanli, 1999; Pickles et al., 2001; Stringaris & Goodman, 2013). Assessment of impairment is therefore integral both to the identification and conceptualization of child anxiety cases, and to the development and evaluation of treatments that target clients’ real-life concerns (Fabiano & Pelham, 2016; Rapee, Bögels, van der Sluis, Craske, & Ollendick, 2012). Research to date has however tended to focus on the assessment and classification of symptoms of anxiety, with less attention paid to evaluating the impacts of these symptoms on daily life functioning (Muroff & Ross, 2011; Swan & Kendall, 2016). This is particularly evident for children younger than school age, where new developmentally sensitive diagnostic and symptom assessments have only recently facilitated recognition of anxiety as a potentially serious concern (Warren, 2007).

Studies focussing on school-aged children and adolescents have demonstrated significant negative impacts of anxiety on school performance and participation (Bernstein, Bernat, Davis, & Layne, 2008; Mazzone et al., 2007; Muris & Meesters, 2002; Mychailyszyn, Mendez, & Kendall, 2010), peer relationships (Hoff et al., 2015; La Greca & Lopez, 1998), and family functioning (Essau, Lewinsohn, Olaya, & Seeley, 2014; Thompson-Hollands, Kerns, Pincus, & Comer, 2014). Anxiety may have similar negative impacts for preschool-aged children. Incessant worry or fearfulness in the preschool environment may impair concentration and inhibit help-seeking, resulting in delayed learning relative to non-anxious peers (Wood, 2007). In the social sphere, anxious withdrawal may prevent initiation of social play, limiting opportunities to practice social skills and develop friendships (Coplan, DeBow, Schneider, & Graham, 2009; Gazelle & Druhen-Shell, 2017). Preschool anxiety may also impact significantly on parent wellbeing and family relationships, as parents either battle to engage their young child in anxiety-provoking activities (e.g., sleeping in their own bed or attending preschool), or modify family routines to protect their child from distress (Towe-Goodman, Franz, Copeland, Angold, & Egger, 2014).

In recent years a small selection of measures have been developed to assess the multiple potential impacts of broadband anxiety symptoms on daily life functioning for school-aged children and adolescents; namely the Child Sheenan Disability Scale (CSDS; Whiteside, 2009), the Child Anxiety Impact Scale (CAIS; Langley et al., 2004, 2013), and the Child Anxiety Life Interference Scale (CALIS; Lyneham et al., 2013). For example, CALIS was developed to assess the extent to which anxiety symptoms interfere with a child’s daily life functioning within the key domains of school, peer relationships and family life, within a brief child- and parent-report format. The parent-report version of the CALIS includes just 16 items that assess the impacts of a child’s anxiety on their own life and that of his or her parent. Exploratory factor analysis of the measure with a clinical sample of 622 anxious children aged 6–17 years suggested three subscales capturing anxiety-related life interference at home, outside home and on parent life (Lyneham et al., 2013). Identified subscales were sensitive to treatment response, and showed good convergent and divergent validity (correlating highly with measures of internalizing symptoms and less highly with a measure of externalizing symptoms).

Given the marked shifts in role demands that occur with the entry to school, a tailored measure of anxiety life interference is required to adequately capture the specific impacts of anxiety during the preschool period. To address their immediate need for such a measure, Kennedy, Rapee, and Edwards (2009) adapted the parent-report CALIS for use in their anxiety prevention trial targeted at children aged 3–5 years with temperamental inhibition. Temperamental inhibition is a key early marker of risk for anxiety disorders, particularly social anxiety disorder (Claus & Blackford, 2012; Paulus, Backes, Sander, Weber, & von Gontard, 2015), and is characterized by a pervasive tendency toward fearfulness and withdrawal in response to novelty. By preschool age, this temperamental trait is expressed primarily as ‘shy’ or reticent reactions to unfamiliar people and social situations (Kagan, Reznick, & Snidman, 1988; Rimm-Kaufman & Kagan, 2005). Thus, Kennedy et al.’s (2009) preschool version of the CALIS (CALIS-PV) assessed impacts of a child’s anxiety or shyness on the parent and child’s life. The CALIS-PV showed good internal consistency and sensitivity to treatment effects in the original trial sample (Kennedy et al., 2009) and continues to be used as a treatment outcome measure in anxiety prevention trials for at-risk preschoolers (Bayer et al., 2011; Fiskak, 2014; Morgan, Rapee, & Bayer, 2016; Morgan et al., 2017). However, the CALIS-PV has yet to be validated for use with preschool-aged children and, to our knowledge, no alternative measure has been developed to assess the various daily life impacts of anxiety during the preschool period. A validation of the CALIS-PV is therefore urgently required to inform its use in future research.

The aim of the present study was to test the psychometric properties of the CALIS-PV using data obtained from two anxiety prevention trials targeted at temperamentally inhibited preschool-aged children; Cool Little Kids (CLK; Bayer et al., 2011) and Cool Little Kids Online (CLK-Online; Morgan et al., 2017). We began by conducting confirmatory factor analysis (CFA) to determine whether the three-factor structure of the original school-age CALIS (Lyneham et al., 2013) provides an adequate representation of parent responses on the CALIS-PV. The adequacy of the factor structure was further tested by examining measurement invariance of the CFA model across key subgroups within the study sample (i.e., girls and boys, children at the start and the end of the preschool developmental period, children with and without an anxiety diagnosis, the CLK trial sample and the CLK-Online trial sample). Finally, we tested the psychometric properties of the obtained CALIS-PV factors. We hypothesized that the CALIS-PV factors would demonstrate adequate internal consistency, would differentiate between children with and without an anxiety diagnosis, and would demonstrate adequate convergent validity by correlating with measures of internalizing symptoms and divergent validity by demonstrating comparatively low correlations with externalizing symptoms.

2. Methods

2.1. Participants

Participants were 784 primary caregiving parents of a temperamentally inhibited child aged 3–7 years (M = 5.5, SD = 0.8; 49.2% female), who were enrolled in one of two randomized controlled trials of the Cool Little Kids program in Australia. Cool Little Kids is a parenting program aimed at preventing the development of anxiety disorders in temperamentally inhibited preschool-aged children (Rapee, Kennedy, Ingram, Kennedy, & Sweeney, 2005). The present study sample included 443 parents who completed 12-month follow-up assessments for a trial of the original group-based program (CLK; Bayer et al., 2011), and 341 parents who completed 24-week follow-up assessments for a trial of a new online adaptation of the group program (CLK-Online; Morgan et al., 2015). Follow-up data from the CLK and CLK-Online trials were used in the present study because this was the only time point to include the CALIS-PV and a diagnostic assessment of anxiety.

Diagnostic and demographic characteristics of the participants obtained from the CLK and CLK-Online trial are presented in Table 1. Almost half of children in each trial met criteria for an anxiety disorder, with social phobia being the most common diagnosis. Both trials included a significant minority of parents who had not attended university and who were experiencing financial disadvantage (as indicated by ownership of a healthcare card). It should be noted however that the
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