EARLY CHILDHOOD ANXIETY: HOW CAN WE BEST SUPPORT ANXIOUS PRESCHOOLERS AND THEIR CAREGIVERS?

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Dedication

This paper is dedicated to Brielle and Quintin, who countless times heard “I’m sorry, I have to do homework,” and yet remained understanding, supportive and my most enthusiastic cheerleaders. I also promise to repay you for all of the times you reminded me that I had homework to do, even when I really did not feel like working on it. I would be remiss if I did not also express my admiration and deep gratitude to all of the young children who have arrived on my Kindergarten doorstep, anxious and afraid but willing to try. Your determination and bravery continues to inspire me.

Abstract

Anxiety disorders are the most prevalent psychopathology in early childhood. Up to 20% of the preschool age population suffers from a diagnosable anxiety condition and yet, only as many as 15% of these children will receive mental health support. Suffering from anxiety in early childhood is linked with an increased likelihood of persistent and recurring anxiety disorders throughout childhood and into adulthood. If left unsupported, these children are at increased risk for worsening mental health, substance abuse, poor social skill development, academic struggles and financial instability in adulthood. Recent research has focussed on identifying the key risk factors for anxiety in early childhood. The literature reviewed for this paper outlined four main categories of risk: child, parent, parent-child and contextual. Within these categories, factors such as temperament traits, parent psychopathology, attachment and quality of the parent-child relationship, and adverse childhood events are identified as risks for developing anxiety disorders. Current literature also outlines a variety of intervention and prevention programs that have been developed to address early childhood anxiety and its risk factors. While many of these programs have proven successful in reducing preschool age anxiety, researchers identified the lack of parent engagement as a considerable threat to the effectiveness and widespread use of such programming. Helping parents to understand the signs and symptoms of an anxiety disorder, the risks associated with an anxiety diagnosis and the negative mental health trajectory that exists for individuals diagnosed with anxiety in early childhood are the most effective ways to motivate parents to participate in effective anxiety reducing programs.

Keywords: anxiety, preschool, risk factors, intervention, prevention

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Chapter 1: Introduction

Introduction

Early childhood is a time of immense growth and development; physically, cognitively and emotionally. Healthy, adaptive development during this time period equips children with the skills, abilities and traits that they will need to thrive throughout their childhood and into adolescence and adulthood. Unfortunately, the preschool period is also a time when more than half of childhood anxiety disorders will begin to manifest. Anxiety disorders in preschoolers represent an important area of current research due to their prevalence rates, their implications for further mental health problems and their ability to significantly hinder a child's development. While successful intervention and prevention programs exist, they lack widespread efficacy due to a lack of participation and understanding of early childhood anxiety among parents and caregivers. Engaging parents in programming that provides psychoeducation about normative development and adaptive mental health allows for more widespread identification, treatment and support of young children who suffer from anxiety. By equipping parents with an understanding of the risks anxiety poses to their children's mental health and wellbeing, we empower them with the knowledge necessary to best support their child.

Background Information

Anxiety disorders are prevalent in early childhood. According to Buffered et al. (2018), up to 20% of [the preschool age] population meets the criteria for an anxiety diagnosis (p.1004).

Early childhood is a time of rapid growth and development and therefore, children struggling with anxiety during this period are at risk for maladaptive development and the creation of a negative mental health trajectory that will plague them throughout their childhood and into adulthood. Carpenter et al. (2016) suggested that, ”the ability to quickly and reliably detect and intervene with anxiety disorders, while the child’s brain is still developing, could directly alter the child’s developmental trajectory and may put the child at decreased risk for psychiatric illnesses later in life” (p.2) Unfortunately, Carpenter et al. (2016) also reported that less than 15% of young children with a diagnosable anxiety condition will receive mental health support and treatment (p.1). The poor treatment rates within this age group and their implications for the future mental health of these children can best be ameliorated by engaging parents in programming that provides prevention and intervention strategies aimed at reducing anxiety in early childhood. Platt and Ginsburg (2016) wrote that one way to alleviate the suffering of these children and to benefit their families is through educating parents and equipping them with the knowledge and tools to support their anxious child (p.24).

Statement of the Problem

A positive mental health trajectory for anxious preschool age children is dependent on them receiving adequate early support and access to treatment for their internalizing disorders. Unfortunately, very few of these children will receive the mental health support they require (Carpenter et al., 2016, p.1). While efficacious intervention and treatment strategies and programs exist, they are not frequently accessed by the parents and caregivers of the children that need them due to their lack of understanding and awareness of early childhood anxiety (Bufferd et al., 2018, p.1009). Parents who are not aware of the characteristics and risks associated with

preschool anxiety are not able to make informed decisions about the needs of their children and thus, are less likely to provide access to the care and mental health support their young, anxious children require. Finding effective ways to engage parents in educational programming on normative development and early childhood anxiety is imperative to improving the mental health of preschool age children and to reducing the long term risks associated with an early childhood anxiety disorder diagnosis (Clauss and Blackford, 2012, p.6).

Purpose of the Paper

This paper is intended to answer the research question: How can we best support anxious preschoolers and their caregivers? As a kindergarten teacher, I frequently work with 4 and 5 year olds who arrive in elementary school already struggling with anxiousness. Within the classroom, this anxiousness makes social-emotional growth and development difficult, it interferes with academics, socialization, risk taking, emotional regulation and the child's overall comfort and feelings of safety at school. It is heartbreaking to see children so little, struggling so much. It is not uncommon for the parents of these children to express their concern, confusion or frustration during parent teacher meetings and to ask for guidance and support for their children. By using this capstone project to investigate preschool age anxiety, I hope to provide helpful information for early childhood educators, counsellors and other mental health professionals that similarly encounter young, anxious children. It is my intent to create an understanding of the risk factors for developing early childhood anxiety, to examine the existing prevention and intervention programs and to use this information to make recommendations about how to best support anxious, preschool age children and their caregivers.

Significance of the Study

As previously discussed, preschool age anxiety is prevalent, under addressed and has serious implications for the futures of these afflicted children and their families. Those who work with this age group will surely encounter anxious children. It is important that they have an understanding of not only how to best support these children but also of how to engage, educate and support their families. Those who care for and educate young children have a responsibility to ensure that these children are receiving the care and support they need for optimal mental health and development. However, according to Buffered et al. (2018), it is parents who spend the most time with their children, who are responsible for their child's health care and who "have more opportunity to observe [their child's} behavior across contexts and time (p.1005). Therefore, it is imperative that we provide parents with an understanding of normative development during the early childhood period, and an awareness of the characteristics and risks associated with early childhood anxiety. This paper focuses on preschool age anxiety and makes recommendations about effective ways to communicate this information to parents because, according to Hahlweg et al. (2010), "the life-course persistent pathway from childhood to adult disorders may be best interrupted early in life, when these behavioral patterns are more easily modified" and by doing so, we improve the mental health trajectories for these children (p.2).

Definition of Terms

Anxiety: A normal, stress induced, physiological response, usually of short duration, that is likely to be reduced or resolved with support and environmental modifications. Anxiety is essential for human alertness and survival and involves the "fight or flight" response (Kutcher and MacCarthy, 2011, p.9).

Anxiety Disorder: "Anxiety of long duration (usually lasting for many months), that significantly interferes with functioning, and is often out of sync with the magnitude of the stressor or occurs when there is no threat. Anxiety disorders will usually require health care provider intervention" (Kutcher and MacCarthy, 2011, p.8).

Attachment: A reflection of a child's expectation that their needs of comfort and safety will be met by their caregiver. When children know they can count on their caregiver, secure parent-child attachments are formed. Insecure or avoidant attachments occur when children experience inconsistent parenting or rejection (Madigan et al., 2013, p. 673).

Behaviour inhibition: "The chronic tendency to respond to novel persons, places, and objects with wariness or avoidant behaviors. Behaviour inhibition is a heritable trait that emerges early in life" (Clauss and Blackford, 2012, p.2).

Cognitive Control: A component of executive functioning that includes updating, shifting, and inhibition and is supported by the prefrontal brain region. Cognitive control develops rapidly in childhood and deficits result in the inability to inhibit negative cognitive processes such as rumination and negative affect (Kertz et al., 2016, p.1186).

Development Plasticity: "Increases the potential for changes in neural pathways" which allows early interventions to be more effective (Mian, 2014, p.87).

Effortful Control: "The regulatory aspect of temperament that includes the regulation of attention, behavior and emotion, and has been associated with internalizing disorders, in particular, with anxiety" (Hopkins et al., 2013, p709).

Internalizing Disorder: Includes anxiety and depression. "Childhood internalizing disorders place these individuals at higher risk for persistent anxiety and depressive disorders in adolescence and adulthood" (Hahlweg et al., 2010, p.1).

Intervention: Within the context of this paper, intervention refers to treatments intended to produce change in young children diagnosed with an anxiety disorder (Mian, 2014, p.89).

Psychoeducation: Within the context of this paper, psychoeducation refers to providing parents with information about anxiety, risk factors, protective factors and available interventions (Mian, 20145, p.89).

Preschool Age: Ages 3 to 5 (Kertz et al., 2016, p.1186).

Prevention: Within the context of this paper, prevention refers to "interventions that target children who are not yet experiencing an anxiety disorder" (Mian, 2014, p.88).

Resilience: "The ability to "bounce back" or positively adapt despite adversity. Resilience can be developed by cultivating protective factors" (Sciaraffa et al., 2018, p.346).

Reactivity: the intensity with which a child responds to frustration (Forbes et al., 2017, p.1222).

Selective Mutism: "Is classified in DSM-5 as an anxiety disorder. It is a psychiatric condition typically occurring during childhood, [that] is characterized by a persistent failure to talk in specific situations though not in familiar places [and] this disturbance is not explained by a communication disorder" (Capozzi et al., 2017, p.775).

Self- Regulation: "Learning to recognize, express and regulate one's feelings in healthy ways; includes the ability to soothe or calm one's self" (Sciaraffa et al., 2018, p.346).

Sensory Oversensitivity: "Heightened responses to sensory input" (Carpenter et al., 2018, p.1075).

Sensory Regulation: "The ability to modulate responses to sensory stimuli and has been linked to both depression and anxiety symptoms in preschool children" (Hopkins et al., 2013, p.708).

Separation Anxiety: A sustained, developmentally inappropriate fear of separation from an attachment figure with a belief that harm may come to the attachment figure or the child

themselves. Symptoms can include avoidance of separation, nightmares, physical symptoms of distress and externalized behaviours such as clinging, crying and yelling (American Psychiatric Association, 2013, p.191).

Specific Phobia: fear or anxiety disproportionate with reality that is always provoked within the presence or proximity of a specific object or circumstance with persistence of six months or greater (APA, 2013, p.197).

Temperament Traits: "Early emerging dispositions in the domains of affect, sociability, and attention [that] influence the development of behavioural and socioemotional adjustment. These traits are reliable indicators of psychopathology in early childhood" (Forbes et al, 2017, p.1221).

Outline of the Remainder of the Paper

The next section of this paper, Chapter 2, offers a review of the current literature on preschool age anxiety. Prevalence rates and the most common anxiety disorder diagnoses within this age group are discussed. Risk factors and the importance of understanding and addressing early childhood anxiety are also outlined. A variety of parent-involved intervention programs have been developed by researchers. These are outlined in chapter 2 along with a discussion of how to successfully engage parents in these programs. Chapter 2 closes with a look at additional supports available for young children including school-based anxiety programs and prevention strategies.

Within chapter 3, readers will find a summary of the literature reviewed in chapter 2, as well as recommendations based on that literature. In order to address the issue of lack of parent interest and engagement in anxiety programs for young children, I recommend offering a brief

workshop designed to provide parents with psychoeducation on normative development, behaviour as communication and an overview of early childhood anxiety. By providing a universally designed workshop that would be beneficial for all parents of preschool aged children, we increase parent engagement and are able to provide information about the importance of identifying anxiety and treating it early to a wider audience. A detailed outline of this workshop is included at the end of chapter 3.

Chapter 2: Literature Review

Introduction:

Anxiety disorders are the most prevalent psychopathology in early childhood. However, they are under-identified and frequently left untreated. The literature reviewed for this paper examined the risk factors for preschool age anxiety including; child, parent, parent-child relationship and contextual factors. Understanding the risks associated with these variables has allowed researchers to design and implement intervention and prevention programs to reduce the risk of anxiety disorders developing, persisting or recurring. Programs for parents, parents and their children, or for children within their social context are presented in the current literature on internalizing disorders in children. These programs may include psychoeducation, support or skill development and are varied in their presentation. Anxiety disorders in preschoolers represent an important area of treatment and future research due to their prevalence rates, their implications for further mental health problems and their ability to significantly hinder a child's development.

Review of Research Literature:

Anxiety in the Preschool Age Population:

Prevalence and Diagnoses:

According to Carpenter et al. (2014) anxiety disorders in children are common and "are associated with significant impairment and predict psychopathology later in life" (p.14). Chronis-Tuscano et al. (2018) noted that 50% of childhood anxiety disorders appear before the

age of six and that this early onset is associated with greater severity and persistence. While Carpenter et al. (2016) suggested that prevalence rates of impairing anxiety disorders in preschool age children may be as high as 6.5%, in his 2014 study, Mian found these rates to be as high as 9%. Bufferd et al. (2018) suggested that up to 20% of the preschool population meet criteria for an anxiety diagnosis with anxiety disorders being the most common form of psychopathology in preschoolers. They further suggested that these prevalence rates are similar to those seen in the school aged population and that for many of these children, anxiety is associated with significant impairment that will persist throughout their childhood (p.1004). Both Carpenter et al. (2016) and Mian (2014) expressed concern that despite the prevalence of anxiety in the preschool age group, as little as 15%, of these children will receive mental health support or treatment for their anxiousness. Seeley et al. (2018) suggested that this is due to the limited research that has been done on effective anxiety interventions in early childhood, while Carpenter et al. (2016) suggested that a lack of identification tools appropriate for use with preschool age children is to blame for the poor mental health support rates in this population. Additionally, Edrissi et al (2019) suggested that because early childhood anxiety presents as externalizing behaviours; crying, angry outbursts, freezing or clinging, this may lead to anxiety disorders in this age group being under identified and therefore, left untreated. Bufferd et al. (2018) agreed that although parents are aware that their child demonstrates these externalizing behaviours they may not have a great enough understanding of developmentally normative behaviours to recognize the need for concern or intervention (p.1009). Kutcher and MacCarthy (2011) advised that anxiety can be a developmentally appropriate response to certain situations, and that while potentially difficult for parents, it is important to distinguish between normative anxiousness and that which is maladaptive, leads to impaired functioning and can be

classified as disordered (p.8). They highlighted separation anxiety, selective mutism and specific phobias as the specific anxiety diagnoses most likely to be seen in the preschool age population.

Both Kutcher and MacCarthy (2011) and the American Psychiatric Association [APA] (2013) recognized separation anxiety as the most common anxiety disorder in children, primarily younger children, and estimated its prevalence to be approximately 4% with higher rates in girls (p.192). Within the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–5; American Psychiatric Association, 2013), separation anxiety is described as a sustained, developmentally inappropriate fear of separation from an attachment figure with a belief that harm may come to the attachment figure or the child them self. Symptoms can include avoidance of separation, nightmares, and physical symptoms of distress and externalized behaviours such as clinging, crying and yelling (p.191). The APA (2013), as well as Kutcher and MacCarthy (2011), noted that separation anxiety can have significantly negative effects on both the child and their family including; frustration, resentment and interference with healthy, appropriate development (p.191).

The *DSM-5* describes selective mutism as the consistent failure of a verbal individual to speak in social situations for a period of greater than one month (APA, 2013, p.189). Both Muris et al. (2016) and the APA (2013) noted that although selective mutism typically manifests before the age of five, it is often not clinically diagnosed until the child has entered school where opportunities for social communication are increased and the child's failure to speak is more likely to be observable consistently to adults outside of the family (p.95). Both parties agreed that a child's inability to speak as a result of this disorder can have significant long term consequences such as continued communication difficulties, impaired social skills, social isolation or poor academic achievement (p.197). While the APA (2013) stated that children with

selective mutism are almost always diagnosed with another anxiety disorder (p.196), Muris et al. (2016) noted that these comorbid diagnoses are most likely to be social anxiety, separation anxiety and specific phobia (p.95). The DSM-5 cited recent studies that found that although many children outgrow selective mutism, the symptoms of their comorbid diagnoses, most notably social anxiety, are likely to remain (APA, 2013, p. 196).

Within the DSM-5, specific phobias are described as fear or anxiety disproportionate with reality that is always provoked within the presence or proximity of a specific object or circumstance with persistence of six months or greater (APA, 2013, p.197). Typical responses to exposure to a specific phobia in children are described as crying, freezing, shouting or clinging (APA, 2013, p.197). The APA (2013) estimates prevalence rates of specific phobias as 5% in children with a typical onset in early childhood, high comorbidity with other anxiety disorders and a ratio of 2:1 diagnoses in females versus males with (p.199).

Seeley et al. wrote in their 2018 study that a number of temperament traits and dispositions have been found to correlate with early childhood anxiety. Buffered et al. (2018) suggested that knowledge of these identifying characteristics is important because it will allow anxiety disorders in young children to be more predictable and to be targeted for intervention, preventing these disorders from persisting or recurring (p.1005).

Risk Factors:

Platt and Ginsburg (2016) suggested that the variable risk factors associated with anxiety disorders in young children can be categorized into broader domains including child factors, parent factors, and parent-child relational factors (p.24). Hopkins et al. (2013) concurred with these domains of mediating factors and suggested an additional one: contextual factors (p.709). Forbes et al. (2017) suggested that an understanding of the interplay between specific

temperament traits and the development of anxiety symptoms could lead to increased early identification and treatment, as well as prevention (p.1230).

Child Factors:

An over sensitivity response is a risk factor for anxiety disorders in children. In their 2019 study, Carpenter et al. found a significant relationship between an anxiety diagnosis in the preschool age group and the presence of sensory oversensitivity; which they defined as "heightened and unusual reactions to everyday sensory stimuli" (p.1075). The study found the presence of sensory oversensitivity was also a significant predictor for anxiety symptoms at age six. Similarly, Hopkins et al. (2013) wrote that sensory regulation or "the ability to modulate responses to sensory stimuli," has been linked to early childhood anxiety (p.709). They suggested that improving young children's' strategies for sensory regulation may prove effective in reducing their risk of anxiety disorders (p.719).

According to Kutcher and MacCarthy (2011) some young children are wired to be more worried and avoidant in new situations; this temperament trait is called behaviour inhibition (p.12). Clauss and Blackford (2012) identified behavior inhibition as a heritable trait and suggested that approximately 15 to 20% of children are born with severe behaviour inhibition (p.2). In their studies, Hudson et al. (2011) and Chronis-Tuscano et al. (2018) found that behavior inhibition; withdrawal, shyness, wariness, and avoidance in novel situations, places young children at an increased risk of developing an anxiety disorder. Bufferd et al. 's 2018 study found a positive correlation between high behavioral inhibition in 3 year olds and an increased likelihood of persistent anxiety between 3 to 6 years of age. Similarly, Kertz et al. (2016) found that behaviour inhibition in preschoolers is associated with greater severity of anxiety symptoms between 3.5 to 7.5 years later (p.1185). These findings highlight the value of behaviour

inhibition as a predictor of anxiety disorders in preschoolers (Buffered et al., 2018, p.1009). Chronis-Tuscano et al.'s research suggested that the increased risk of developing an anxiety disorder exists because of the social implications of behavioural inhibition and the shyness and social withdrawal that accompany it. They suggested these behaviours lead to maladaptive interactions with those who are important in the world of a child; peers, parents, caregiving adults, and can place the child on a negative social development trajectory that leads to the development of anxiety disorders at higher rates than their peers. Bufferd et al. (2018) elaborated that this higher rate of anxiety may be the result of the child's behaviour being negatively reinforced; avoidance or withdrawal from a situation reduces the child's distress, making them more likely to continue to avoid such situations in the future. Within this cycle, it becomes increasingly difficult for the child to learn to manage new or uncomfortable situations and as a result, they become increasingly anxious when faced with them (p.1010). While Clauss and Blackford's 2012 study found that more than 40% of behaviorally inhibited children will develop social anxiety disorder (p.5), Bufferd et al. (2018) cautioned that although behaviour inhibition has been found to correlate with the development and persistence of anxiety disorders in young children, it is important to remember that not all anxious children are behaviourally inhibited (p.1010). Behaviour inhibition is one factor that can significantly contribute to the likelihood of anxiety developing in early childhood.

In their 2016 study, Kertz et al. found that deficits in cognitive control are also an early vulnerability factor for developing anxiety over time (p.1187). They described cognitive control as a component of executive functioning which includes shifting and inhibition. They noted that cognitive control begins developing in early toddlerhood and is rapidly developed during the preschool period (p.1194). As a result, they hypothesized that timely assessment of deficits in

cognitive control could be beneficial in identifying children at risk for anxiety and providing them with early intervention targeting their cognitive vulnerability factor (p. 1194).

Forbes et al. (2017) noted that children with higher levels of reactivity were at a significantly higher risk level for developing anxiety symptoms (p.1230). In their 2013 study on effortful control, Hopkins et al. had similar findings. They found that effortful control, the aspect of temperament that includes the regulation of attention, behavior and emotion, is associated with anxiety symptoms in preschoolers (p.718). Higher levels of effortful control were positively linked with lower levels of anxiety symptoms. Based on these findings, Hopkins et al. (2013) suggested that strategies to improve effortful control in young children may be an effective intervention for anxiety in this population (p.705).

Both Hopkins et al. (2013) and Buffered et al. (2018) found that young children with temperaments high in negative emotion or negative affect are also at higher risk for developing anxiety disorders (p.1005). Bufferd et al. (2018) suggested that this is due to the lack of satisfaction or pleasure these children experience. “Experiences may fail to produce positive reinforcement and [therefore] lead to extinction of approach behavior, possibly diminishing the acquisition of new skills and competencies and contributing to persistent avoidance associated with anxiety disorders.” (Bufferd et al., 2018, p.1010). Otto et al. (2016) found that the interaction between low self-regulation and high negative affect has a greater impact on the development of a childhood anxiety disorder than either of these temperament traits alone (p.384).

Parent Factors:

An additional risk factor for children is their parents' mental health and personal struggles with anxiety. Platt and Ginsburg (2016) wrote that it is well documented that children who have parents with an anxiety disorder are at high risk for developing anxiety as well (p.25). Hudson et al.'s (2019) study found that maternal anxiety disorders measured at age 4 significantly predicted child anxiety at ages 6 and 9 (p.1123). Similarly, in their 2011 study *Temperament, Family Environment and Anxiety in Preschool Children*, Hudson et al. found that "together a maternal current anxiety diagnosis and temperament group correctly predicted the presence of an anxiety diagnosis in 81% of participants and correctly predicted the absence of an anxiety diagnosis in 75% of participants" (p.946). While within this study paternal anxiety was not found not to be a significant risk factor, the authors noted that this may be correlated with the level of the father's involvement and their status as a full time caregiver to the child. Hudson et al. (2018) however, noted that recent studies have shown paternal impact on the development of anxiety disorders (p.1130). According to Otto et al. (2016), paternal parenting is as important as maternal when it comes to anxiety and although mothers seem more influential during the period from 3 to 5 years old, this may be due to the fact that they typically spend more time with their young children. They further suggested that as children age, paternal influence increases and fathers often play a significant role in encouraging independence and risk taking and in creating a sense of security in their children (p.382). Genetics were found to significantly contribute to the link between parental psychopathology and anxiety rates in young children by Clauss and Blackford (2012, p.6). Similarly, the DSM-5, noted that the heritability of separation anxiety disorder was estimated at 73% in a community sample of 6 year old twins (p.193). The document also suggested shared genetic factors between selective mutism and social anxiety disorder

(p.197). According to Hudson et al. (2019), having an anxious parent is a genetic risk factor as well as an environmental factor due to modelling of anxious behaviours, avoidance tendencies and perceptions of threats to well-being. Platt and Ginsburg (2016) concurred and suggested additionally that an anxious parent may also be less equipped to model effective coping skills during stressful situations (p.24). They cited past studies in which children less than 2 years old exhibited fear or avoidance after witnessing anxious maternal modelling (p.31). Importantly, it was suggested by Hopkins et al (2013) that the effect of parental pathology in children is mediated by the child's own temperamental risk factors (p.717).

Parent-child Relational Factors:

According to Platt and Ginsburg (2013), parenting style and the quality of the parent-child relationship are mediating factors in the development of childhood anxiety disorders (p. 24). They theorized that dysfunctional child-parent interactions are a significant predictor of anxiety symptoms in the child, their severity and of the likelihood of the disorder persisting. They further suggested that the quality of the relationship between parent and child also mediates the effect of stressful life events on the severity of the child's anxiety response (p.23). Their (2013) study found that parenting relationships that are supportive and responsive to the child's emotions reduce child anxiety through promoting the development of coping skills and offering the parent as a source of comfort and care (p.31). Conversely, Hopkins et al.'s 2013 study found a positive correlation between supportive parenting and increased anxiety symptoms. They interpreted this result to reflect the likelihood that parents of an anxious child increase their supportiveness in response to their child's needs; thereby reinforcing the child's anxiety response. Their study, similar to that of Hopkins et al., found that supportive parenting also had the potential to increase effortful control and sensory regulation and to decrease negative affect

when it was used to foster the child's development of coping strategies to improve their ability to self-regulate (p. 717).

In their 2011 study *Temperament, Family Environment and Anxiety in Preschool Children*, Hudson et al. identified poor parent-child attachment as a risk factor for the development of anxiety disorders and noted that anxious children have higher rates of ambivalent or insecure attachment with their primary caregivers. Similarly, Hudson et al. (2019) found that inhibited children, insecurely attached to their caregiver, were at an increased risk for anxiety (p.1123). Hopkins et al. (2013) also found that insecure attachment is linked with anxiety in young children. Furthermore, they suggested this link exists because of the negative effects of an insecure attachment on a child's self-regulation, effortful control and sensory regulation (p.709). In agreement, Hudson et al. (2019) hypothesized that when a child is insecurely attached to their caregiver, they learn others are unreliable, their world does not feel safe, and they may not learn to see themselves as capable, putting them at greater risk for internalizing disorders such as anxiety (p.1123). Sciaraffa et al. (2018) wrote that working with parents to create and strengthen secure attachments is one way that we can reduce the risk of anxiety in young children (p.353).

In their 2013 study, Hopkins et al. investigated the previously accepted theory that parental hostility and negativity were both positively correlated with increased anxiety symptoms in children. While they found that the direct effects of parental hostility on child anxiety symptoms were not significant, they did find significant evidence for the link between the indirect effects of hostility and anxiety. They offered these results as evidence that parent hostility causes child distress which then reduces the child's ability to self-regulate and to manage their anxiety symptoms, leading to increased anxiousness (p.717). Hudson et al. reported

similar results in their 2019 study. Their findings indicated that while parenting high in negativity was associated with increased anxiety at baseline, it did not predict continued anxiety in adolescence. They interpreted these results to suggest that parental negativity at baseline was high due to the child's anxiety versus as a causal factor. They further reported that controlling, overinvolved parenting was more strongly associated with anxiety in children than negativity (p.1123).

Hudson et al. (2019) suggested that a child's temperament affects the way they are parented. They wrote that parents of anxious children are more over involved during interactions with their children than parents of non-anxious children and that this over involvement may lead to increased fearfulness, worry and a sense of inability in the children because they are not as likely to be exposed to difficult or challenging situations in which they learn to cope and to trust in their ability to do so (p.1123). The increased vulnerability of developing an anxiety disorder is particularly salient for children who have over involved parents and a behavioral inhibition temperament. Hudson et al. (2019) found that behaviour inhibited children at age 4 who had an over involved mother were more likely to display anxiety symptoms at age 12 and furthermore, their likelihood of symptoms decreasing throughout childhood were less than those anxious children whose mothers were not over involved at age 4 (p.1121).

Contextual Factors:

Hudson et al. (2011) noted the importance of parents in both moderating and contributing to early childhood anxiety and further suggested that it is essential to consider both the temperament of the child and their family environment to understand the development of anxiety in young children. In their 2011 study, Hudson et al. found that an adverse family environment

presented an additive risk for anxiety and could be considered “a moderator of the child temperament- anxiety relationship” (p.941). Studies conducted by Hopkins et al. (2013) and Platt and Ginsburg (2016) both found that contextual factors such as socioeconomic status, family environment and life events contributed to anxiety symptoms in preschool age children.

Hopkins et al. (2013) found that low socioeconomic status is related to anxiety in toddlers and preschoolers. The effects however were indirect and were best described as the result of increased parental stress and anxiousness, which as previously discussed, leads to increased internalizing disorder symptoms in their young children (p.716). Furthermore, these researchers had similar conclusions with regards to the effects of family conflict. They found that the risk factor of family conflict on preschool anxiety was mediated by other more direct factors such as parenting and parental psychopathology (p.715).

The impact of stressful life events on the development of early childhood anxiety is an understudied area of pediatric mental health according to Platt and Ginsburg (2016, p.23). However, in their 2016 study, they found that children with an anxiety disorder are more likely to have experienced a stressful life event when compared to non-anxious children, with higher levels of anxiety correlated with increased numbers of stressful life events. (p.23). Hopkins et al. reported similar findings in their 2013 study where they reported that stress in the first year of life predicted anxiety symptoms in 12-month olds (p.707). These results can best be explained by the mediating factor of increased parental stress according to Platt and Ginsburg. They wrote that, “the occurrence of external stressful life events... may directly increase parents’ sense of parenting incompetence, conflict, or frustration which may in turn increase child anxiety symptoms” (p.30). As a result, they suggested that the best way to mitigate the effects of

stressful life events on early childhood anxiety is to provide interventions for parental stress (p.32).

Significance of These Findings:

Mian (2014) wrote that "anxiety in preschool children interferes with development, family relationships, and learning. There is also substantial evidence suggesting that young, anxious children are likely to struggle with emotional problems later in childhood and into adulthood if left untreated" (p.86). Platt and Ginsburg (2016) suggested that an anxiety diagnosis during early childhood predicts an increased risk for, "impairments in physical, financial, and interpersonal functioning in young adulthood," as well as internalizing and substance abuse disorders in adulthood (p.23). Clauss and Blackford (2012) emphasized that an understanding of the risk factors for the onset of early childhood anxiety allows us to identify children at risk early and to provide them with preventative programming or interventions to improve their mental health trajectories (p.6). Platt and Ginsburg (2016) wrote that one way to alleviate the suffering of these children and to benefit their families is through educating parents and equipping them with the knowledge and tools to support their anxious child. Additionally, they suggested that interventions to address parental stress and satisfaction are another strategy to reduce childhood anxiety (p.31). Given the "developmental plasticity" of the preschool period, Buffered et al. (2018) offered that this is a particularly important and effective time to intervene to reduce the risk of children developing anxiety disorders (p.1004). Kutcher and MacCarthy (2011) concurred and suggested that early identification and treatment can, "decrease short-term morbidity and improve long-term outcomes" (p.5).

Parent-involved Interventions for Anxious Preschoolers:

Benefits of Including Parents:

Although anxiety is one of the most common mental health disorders facing children, the likelihood of children under the age of six receiving clinical treatment is very low. Mian (2014) cited intervention rates as low as 3% for 4 years olds with diagnosable anxiety. Further, Seeley et al. (2018) noted that having a child with anxiety can have a significant effect on the whole family. They found that "parents of children with anxiety disorders are 3.5 times more likely to report a negative impact on family functioning relative to parents of children without anxiety disorders" (p.244). Similarly, Kutcher and MacCarthy (2011) wrote that parents of anxious children will typically accommodate their child's anxiety in an effort to maintain family functioning and that these accommodations can have a significant negative impact on the family (p.27). Consequently, there need to be effective and accessible means of providing interventions and support strategies within the preschool age group. As noted by Mian (2014), preschool children typically spend more time with their parents than any other adult and as such, parents not only have a strong influence on their child's development, but are also tasked with making decisions about their child's treatment and access to mental health support. Otto et al. (2016) noted that parenting behavior directly influences the behavior and emotions of the child (p.382). Ozyurt et al. (2016) agreed and advised that educating parents and teaching them effective methods for improving their child's behaviour and emotional health can lead to positive change (p.1647). Change can be facilitated through parental involvement. Mian (2014) noted that additionally, including parents in treatment programs creates continued support for the child after the program ends. Forbes et al. (2017) wrote that the capabilities of parents and their parenting styles will interact with the "genes and temperament [of their child] to shape the risk, expression

of symptoms and responsiveness to interventions" (p.1230). By including parents in anxiety treatment programs we can help them to not only understand the genetic, temperamental and situational risks that their children are facing, we can also empower them with knowledge, skills and strategies to both mitigate their child's suffering and to change their negative mental health trajectories.

Examples of Parent-Involved Approaches:

A variety of programs that include parents in intervention for preschoolers with anxiety are documented in the current literature. Edrissi et al. (2019) wrote about the Tuning into Kids program (Havighurst & Harley, 2007) which teaches parents to regulate their own emotions, as well as provides them with skills for supporting their children in understanding and expressing their own emotions. The researchers noted that a particularly successful aspect of this program is that it aims to reduce emotionally dismissive parenting, which has been found to occur at higher rates in the parenting of anxious children. This study of the Tuning in to Kids program found that anxiety was significantly lowered in the intervention group when compared to the control. Edrissi et al. (2019) attributed the program's success to addressing emotional regulation, "a key component of childhood anxiety disorders" (p.1696). According to Sciaraffa et al. (2018), it is important for parents to be able to model and facilitate self-regulation to increase their child's resilience and coping skills and this is best accomplished when parents have a range of regulating responses to draw from and are able to recognize their child's distress in a sensitive, timely manner (p.346).

Edrissi et al. (2019) and Chronis-Tuscano et al. (2018) noted that most parenting programs targeting anxiety use cognitive behavioural therapy (CBT) in their approach. Mian

(2014) suggested that family-based CBT has been shown to be as effective as or more effective than standard CBT. While Ozyurt et al. (2016) reported that studies have found efficacy in "applying CBT-based interventions to parents, as an alternative to using CBT with only the children who are diagnosed with an anxiety disorder" and that sufficient improvement in the child's anxiety levels can be seen at the conclusion of these types of programs (p.1646). One example of such a program is the Cool Little Kids program (Rapee & Jacobs, 2002) which was described by Mian (2014) as the most highly developed and tested prevention program for childhood anxiety. Chronis-Tuscano et al. (2018) described this as a six session, parent only program that was designed to prevent anxiety in young children classified as behaviourally inhibited by educating the parents on anxiety and specifically teaching strategies to manage parental anxiety. While having an anxious parent has been previously mentioned as both a genetic and environmental risk factor, Mian (2014) noted that by addressing parental anxiety in the treatment program, there is a likelihood that this will lead to a reduction in parenting behaviours that are implicated in childhood anxiety disorders such as modelling anxious behaviours or avoidance. Hudson et al. (2019) agreed that the familial transmission of anxiety from parent to child can be mitigated by providing evidence-based programs for parents who experience anxiety disorders (p.1131). Encouragingly, Mian (2014) further noted that changing the parent alone can lead to change for the child, lending additional support for addressing the parent's own psychopathology. According to Chronis-Tuscano et al. (2018), Cool Little Kids has been found to reduce childhood anxiety disorders and parent-reported anxiety symptoms and has demonstrated effects up to 11 years after treatment has ended. Mian (2014) suggested that Cool Little Kids is an example of a brief, parenting-focused program that can have long-lasting preventive effects.

Being Brave: A Program for Coping with Anxiety for Young Children and Their Parents (Hirshfeld-Becker et al., 2008) is described by Chronis-Tuscano et al. (2018) as one of the most promising parent-child programs. After participating in the program, 59% of children were free of an anxiety diagnosis, compared to 18% of the control group. These results were largely maintained at the one year follow-up. Chronis-Tuscano et al. (2018) noted that the program targets maladaptive parenting behaviors understood to contribute to child anxiety. Sciaraffa et al. (2018) suggested that one of the most protective factors for children is having a safe, nurturing relationship with a caregiver (p.353). The Being Brave program is structured to provide "psychoeducation, modeling, parental cognitive restructuring, exposure exercises, relaxation exercises, and maintenance strategies" (p.89). Chronis-Tuscano et al. (2018) noted that although Being Brave has numerous strengths and strong empirical support, it does have drawbacks; it does not include peers, it is a very long program with twenty sessions and children with higher behaviour inhibition did not benefit from the program as much as children with lower behaviour inhibition.

In comparison, The Turtle Program: Parent-child Interaction Therapy for Young Children Displaying Behavioral Inhibition (Danko et al., 2018), is described by Chronis-Tuscano et al. (2018) as a comprehensive eight week program that includes both parent and peer sessions. They suggest that this program is novel in that it "simultaneously addresses child behaviour inhibition and social withdrawal as well as parent–child and peer interactions to influence the developmental course of anxiety in this high-risk group" (p.659). Chronis-Tuscano et al. (2018) noted that with regards to behaviorally inhibited children, "parenting is a modifiable factor" which has been found in studies to moderate the risk for later anxiety among children displaying this temperament trait (p.657). Further, they wrote that facilitating parent intervention for

children with behaviour inhibition is particularly important because over time, parents of children who are behaviorally inhibited are more likely to perceive them as vulnerable and to "rescue" them in uncomfortable situations, entrenching and reinforcing the child's maladaptive and anxious responses. Hudson et al. (2019) concurred and suggested that targeted interventions for behavioural inhibited children and their families should encourage parents to foster their child's independence and reduce their own involvement (p.1131). Chronis-Tuscano et al. (2018) noted that the children in the randomized treatment group who received the Turtle Program demonstrated significant improvements on parent and teacher- rated scales of anxiety symptoms.

Mian (2014) suggested that From Timid to Tiger (Cartwright-Hatton et al., 2010) is another promising parent program that runs 10 sessions and focuses on creating a predictable home environment while teaching parents to use cognitive behavioural strategies to manage their child's anxiety. Mian (2014) noted that the results of a study using this program found 57 % of children were free of their anxiety diagnosis after their parents participated in the program, compared to only 15 % of the control group.

The Triple P Parenting Program (Sanders et al., 2001) is a universal design program intended to benefit all families, not specifically those encountering mental health challenges. The program builds positive parenting skills through teaching "17 core child management strategies" (Hahlweg et al., 2010, p.7). According to Ozyurt et al. (2016), this program is intended to create caring and nurturing parent-child relationships by developing "the knowledge, skills, confidence, self-sufficiency, and resourcefulness of parents" (p.1647). In their 2016 study of an eight week Triple P Parenting Program, Ozyurt et al. (2018) found that both child and parental anxiety was decreased in the intervention group and as a result, they suggested that the program may be

beneficial as an intervention for anxious children and their families p.1646). Hahlweg et al. (2010) reported similar results in their study of the Triple P Parenting Program; reduction in internalizing and externalizing child behaviours, as well as reductions in dysfunctional parenting behaviours. They noted that these positive results continued to be significant at the two year follow up (p.11).

While there are a variety of differing approaches and opinions about parenting programs in the current literature, one area that many researchers noted and agreed on was the need for parent engagement for any of these interventions to be successful in reducing anxiety in children.

Parent Engagement:

According to Begle and Dumas (2011), parenting programs have been shown to be effective in reducing anxiety; however, parent engagement continues to be a challenge to the widespread use of such programs (p.68). Mian (2014) noted that there is a link between parent engagement in treatment programs and effectiveness: those who attend more see more success. He suggested that the greatest challenge facing parent intervention programs is the level of interest and willingness of the parent to participate**.** In their study on the efficacy of parenting programs, Begle and Dumas (2011) found that attendance did not have a significant effect on the program outcome but that the quality of the parent's participation in the program was directly correlated with the rate of positive change in their child. (p.74). According to Mian (2014), parents are more likely to engage in a program if they see a clear correlation between the program and their child's needs. They suggested that researchers and program developers will create more engaging programs if they focus less on their own goals and more on parental motivation and their understanding of their child's needs (p.90).

Mian et al. (2016) suggested that understanding what motivates parents to participate in a parenting program is the key to increasing their engagement and participation. These researchers found that the degree to which parents invest time and energy in a program is mitigated by how relevant they find the material (p.84). They further found that a parent's own anxiety symptoms predicted their interest in an anxiety focused program and they hypothesized this was the result of having an increased understanding of anxiety and its effects. They found that non anxious parents were more likely to seek support and solutions targeting the externalizing behaviours that resulted from their young child's anxiousness (p.83). This may be due to the parent's lack of understanding about anxiety and the reasons behind their child's behaviours (p.84). As previously noted, anxiety in preschool age children is typically expressed through externalizing behaviours and is therefore more likely to be interpreted as behaviour and less likely to be seen by parents as anxiety necessitating a treatment program. Additionally, Mian (2014) noted that 79% of parents in one study (Pavuluri et al. 1996) responded that they believed their child's anxiety would get better by itself. He cited this belief as an additional reason parents may be reluctant to seek out or participate in an anxiety intervention program. Mian et al. (2016) reported that parents were more likely to show an interest in programs addressing effective discipline (p.84) as they misinterpreted their child's behaviour and worried about the effectiveness of their parenting. According to Mian et al. (2016), these parents may see a program intended to reduce anxiousness or increase confidence and risk taking as completely irrelevant to their child and their family (p.90). Providing psychoeducation to parents of young children that focuses on normative development and early childhood mental health is one way that parents can become better informed about the importance of early intervention for their children. Mian et al. (2016) also suggested that by, "helping the parent to understand the child's

problem, identifying parent goals for the child's development, and explaining how these goals may be facilitated by a particular service" we can increase both parental motivation and the likelihood of them investing their time and energy in an intervention or prevention program designed to support anxious children (p.91).

Mian (2014) wrote that children from "families characterized by sociodemographic risk; poverty, minority ethnicity, immigration, single parent households and low parent education" are at higher risk for mental health problems (p.91). He advocated for focussing on reducing barriers for children within these demographics by using intentional strategies such as offering the program in a variety of languages, offering community based programs in familiar spaces and recruiting through trusted community figures such as principals or teachers. Time demands, scheduling and transportation are also offered by Mian (2014) as additional barriers to parent engagement. These can be alleviated by considering the program location, offering convenient timing of the program and providing childcare. Further, Begle and Dumas (2011) suggested that parenting programs frequently offer transportation, snacks, make up sessions or even monetary incentives to increase parent engagement (p.68). Chronis-Tuscano et al. (2018) suggested that adapting interventions to be accessed through internet delivery has shown promising early results.

How Teachers, Counsellors and Other Helping Adults can Support Preschool Age Children with Anxiety:

Understanding and Identifying Anxiety in Preschoolers:

While Chronis-Tuscano et al. (2018) noted that 50% of anxiety disorders in children will be apparent before the age of six, Mian (2014) wrote that children under the age of 6 have the highest rates of unmet mental health support. They found that only 3% of 4 year olds with a

clinical anxiety diagnosis were receiving service from a mental health professional (p.91). While they noted that this lack of support is likely due to caregivers not being as familiar with or concerned about internalizing symptoms, it does speak to the need for effective, accessible, early intervention. Anxiety disorders in the preschool age group represent an important area of treatment due to their prevalence rates, their implications for further mental health problems and their ability to significantly hinder a child's development. Both Mian (2014) and Carpenter et al. (2016) suggested that early interventions not only mitigate future risks for these children but are also critically important due to the rapid brain development during this time. Wichstrom et al. (2013) suggested that there is very little research on anxiety during the preschool years and recommended that this be an area of additional research (p.2). While Carpenter et al (2016) suggested that early interventions are hindered by the lack of valid tools for diagnosing anxiety in young children, Mian (2014) disagreed and suggested that the availability of screening tools makes anxiety a "good candidate for early intervention and prevention efforts" (p.85). Seeley et al. (2018) noted the use of the Early Childhood Inventory, a screening tool for childhood affective disorders that is based on the Diagnostic and Statistical Manual of Mental Disorders, fourth edition. Edrissi et al. (2019) offered the Preschool Anxiety Scale (PAS) as a reliable measure for those working in a clinical setting with preschoolers. For their research, Wichstrom et al. (2013) chose The Preschool Age Psychiatric Assessment (PAPA) which they described as a "semi structured psychiatric interview for completion by parents of children ages 2–6 years" (p.4). While Wichstrom et al. (2013) suggested that rating scales can be problematic in diagnosing anxiety in young children because it is difficult to know how accurate they are, Luby et al. (2007) offered a solution; collect reports on symptomatology from the young child themselves. In their 2007 research study, Luby et al. used The Berkeley Puppet Interview (BPI).

The BPI is designed to be used with children ages 4-7.5 and makes use of 2 puppets that make opposing emotional statements to gain information about the psychopathology of the child (p.334). They found that "young children's reported depression-anxiety on the BPI was significantly correlated with parents' and teachers' ratings of depression-anxiety symptoms" and that over the course of a year, the children's responses stayed relatively stable indicating that children can be reliable sources of information about their own anxiety (Luby et al., 2007, p.334). While traditional assessment of a child's mental health typically relies exclusively on adult provided assessment and information, Luby et al. (2007) argued that this is problematic due to the "very low levels of agreement between different kinds of informants across contexts that have been observed when assessing internalizing symptoms in children" as well as the inconsistency of adults in recognizing mood disorder symptoms in young children (p.332). The findings of their study supported the use of child reports during clinical assessment of mental health, and emphasized that collecting information from a variety of sources remains important for an accurate assessment of the child's psychopathology (p.336)

As previously mentioned, the ability to identify anxiety disorders in the preschool age group also relies on an understanding of how anxiety presents in this developmental period. In their 2019 study, Edrissi et al. noted that anxiety in young children typically presents as externalizing behaviours such as crying, yelling or outbursts and as a result, the internalized anxiousness that causes these behaviours may not be understood or identified as a concern. Additionally, Kovac & Furr (2019) suggested that an understanding of the anxiety disorder selective mutism is particularly relevant for those who work with the early childhood population because the typical age of onset for this disorder is between two and five years old. They expressed concern that delayed identification and treatment of this anxiety disorder could lead to

the entrenchment of not speaking and the reinforcement of these behaviors during this delay. **A**dults who work with preschool age children should also have an understanding of the link between specific temperamental traits and the increased risk they pose for developing anxiety disorders. Carpenter et al.'s 2019 study suggested that sensory oversensitivity predicted preschool anxiety symptoms (p.1084). With regards to behavioral inhibition, Chronis-Tuscano et al.(2018) suggested that interventions should take place in a context that involves peers. Their 2018 study showed that the socially avoidant behaviors that accompany behavioural inhibition can lead to poor social skills, fewer social problem solving strategies and an increased likelihood of having difficulty initiating social interactions with peers. They suggested that "this lack of social skills and success serves to maintain and exacerbate the child's anxiety and social discomfort over time" (p. 657). They also echoed the opinion of previously mentioned researchers and suggested that early, timely intervention is necessary to mitigate risks, reduce negative trajectories for future mental health and to support social and emotional development in anxious preschoolers. Early childhood educators and mental health professionals have the opportunity to work with these students and to develop their protective factors within the context of their classrooms and peers.

Overview of School-Based Intervention Programs:

A variety of programs for use by mental health professionals and adults who work with preschool age children are discussed in the current literature on anxiety in young children. The preschool classroom is suggested by Chronis-Tuscano et al. (2018) as an ideal setting for interventions with anxious children as it provides a relevant social context and the ability to incorporate many children at once which the researchers wrote "will be essential to yield the greatest public health impact" (p.661). In his research, Mian (2014) found that 93% of parents

were in favour of an intervention program being run at their child's preschool (p.93). Researchers, Chronis-Tuscano et al. (2018), provided additional recommendations for developing effective intervention programs for anxious preschoolers; incorporating the developmental norms of this age group as well as considering cognitive abilities, understanding the importance of parents and peers and endeavouring to improve the outcomes for the largest number of at-risk children by using "easily deployed approaches" (p.661).

Seeley et al. (2018) wrote about the First Step to Success program (Frey et al., 2008). They described the program as a school-based intervention designed to increase positive student-teacher interactions and school success. They noted the program addresses externalizing behaviours and is based on shaping to reinforce adaptive behaviours and includes in-home meetings to facilitate parent-led skill development that the children can then transfer to school. Although the program has not been used with the preschool age group, Seeley et al.(2018) felt that it may have implications for reducing the externalizing behaviours that are typical of anxiety in this population. Miller-Lewis et al. 's 2013 study lends additional support for this program with their finding that close, supportive relationships with teachers, like the ones the First Step to Success program works to create, are associated with resilience in children (p.3). Chronis-Tuscano et al. (2018) wrote about the Social Skills Facilitated Play program (Coplan et al., 2010) which targets peer interactions in the classroom; teaching social skills and scaffolding peer interactions during play. They noted that the program has been shown to increase observed social competence and reduce anxious, inhibited behaviours. The FUN Friends program (Barrett, 2007) is offered by Mian (2014) as another preventative, classroom based program that uses a cognitive behavioural therapy approach to teach relaxation, coping skills and positive self-talk. Additionally, parents are also offered three sessions of psychoeducation on anxiety. Poor levels

of parent engagement and high levels of attrition are noted by Mian (2014) as undermining the effects of this intervention. Play therapy is suggested by Mian (2014) as a developmentally appropriate strategy for encouraging emotional expression and learning in the preschool age group. However, he noted that there is a lack of data on the effectiveness of play therapy. Kovac et al. (2019) wrote about addressing selective mutism in preschool and suggested that it is very important for early childhood educators to be knowledgeable about this disorder because the typical age of onset is between 2 to 5 years old. Their research found that the symptoms of selective mutism can be significantly reduced using behaviour intervention. They noted effective strategies to use in this intervention include: reinforcing positive behaviour, gradually increasing proximity and number of people spoken to, audio and video self-monitoring and increasing anxiety provoking situations gradually as the child is successful (p.111). Chronis-Tuscano et al. (2018) acknowledged that the majority of current research into preschool anxiety and effective interventions has been based on western culture and may not be representative or considerate of cultural differences. They suggested it is "of critical importance to incorporate relevant cultural aspects into intervention and treatment protocols" (p.663) and that further research is needed in this area.

Prevention Strategies:

In their 2019 study, Carpenter et al. recommended the use of preventative treatment to reduce the likelihood of anxiety symptoms developing. Miller-Lewis et al. (2013) concurred that children at risk for developing an anxiety disorder will benefit from prevention programs that demonstrate an understanding of how to promote resilience in the early childhood population (p.2). According to Miller-Lewis et al. (2013) positive self-concept, self-control, and quality relationships between parent-child and teacher-child are factors that are indicative of resilience

and have been consistently linked with better mental health (p.17). They wrote that addressing factors from a variety of systems; home, school, child, is necessary to develop the best protection for mental health. Their 2013 research study found "self-righting tendencies' within human development where children generally achieve good outcomes if certain resources are available, even in the presence of adversity" (p.17). Wichstrom et al. (2013) suggested that social skills' training is beneficial in preventing anxiety in preschoolers. They stated that poor social skills lead to a negative self-image, exacerbated anxiety and increased the likelihood of bullying, which they noted, does occur in preschool age children (p.7). In agreement, Chronis-Tuscano et al. (2018) also found that children with poor social skills were more likely to feel social discomfort, have a negative view of themselves and to avoid interacting with others, limiting their social skills development and creating a higher risk of becoming anxious. They recommended focussing on social skills development and facilitating positive interactions with peers (p.658). Similarly, Sciaraffa et al. (2018) suggested that focussing on developing self-regulation in young children will give them the skills to better cope, manage stress and build up their resiliency. Miller-Lewis et al. (2013) similarly found that children's increased ability to demonstrate self-control or emotional regulation was linked to their ability to deal with adversity and difficult situations and associated with more adaptive mental health (p.2). They identified self-regulation as a protective factor for family adversity (p.3). Sciaraffa et al. (2018) highlighted the need for those who work with the early childhood population to be knowledgeable in the development of self-regulation and to provide the care and sensitivity children need to develop these skills.

Summary:

The literature reviewed for this chapter outlined current understandings of the risk factors for developing anxiety disorders in early childhood as well as recommended intervention and prevention programs. The programs reviewed are designed to ameliorate the risk of young children developing an anxiety disorder and to establish protective factors against recurrent or persistent anxiety and the development of comorbid internalizing disorders.

Chapter 3: Summary, Recommendations and Conclusion

Summary:

Anxiety disorders are the most prevalent mental health diagnoses in childhood with up to 20% of children being afflicted. The preschool period can be a time of onset for many of these disorders. Supporting parents during this period of development can have a positive impact on the child's mental health, can improve parent-child relationships and the functioning of family units as a whole and can ameliorate the long term risks and negative trajectories associated with early childhood anxiety. This paper is intended to create an understanding of the risk factors for developing early childhood anxiety, to examine the existing prevention and intervention programs and to use this information to make recommendations about how to best support anxious, preschool age children and their caregivers.

While the articles reviewed for chapter two offered various statistics about the prevalence rates of anxiety in the preschool age group, they all agreed that internalizing disorders in this population are all too common, are indicative of future mental health struggles and are cause for concern. They further agreed that understanding the causes of preschool age anxiety allows effective prevention and intervention strategies to be developed. There was also high agreement between the sources on the specific risk factors that influence the development of anxiety in the early childhood population. Child risk factors associated with temperamental traits such as oversensitivity, behaviour inhibition, and reactivity were frequently mentioned and discussed. Recognizing these traits as risk factors is important because it allows us to identify behaviours that can be targeted early to positively alter the trajectory of mental health for children.

Parent psychopathology was also frequently highlighted in the literature as a risk factor for anxiety in young children. This understanding suggests that there is a role for mental health

providers to play when working with parents who are diagnosed with anxiety disorders. These providers have the ability to also support the children in the family by inquiring about their wellbeing and by providing resources and referrals to children's mental health specialists. The establishment of caring, functional relationships between parents and children was offered in the literature reviewed as an additional protective factor. The literature suggested that secure relationships in which the child feels safe and well supported ameliorate the risk of developing anxiety and also reduce the impact of contextual life events such as adverse childhood experiences, poverty and parental stress.

The literature reviewed in chapter two provided information about a variety of programs that exist for addressing preschool age anxiety. These programs vary from preventative approaches, to those that provide interventions for young, anxious children, their parents or both parties together. Not only have a variety of programs to address preschool age anxiety been developed and researched, many of them have had very good success rates. However, regardless of the existence of these programs, one of the most startling statistics offered in the literature was the extremely low rate of preschool age children with anxiety disorders that are receiving mental health support. Carpenter et al. (2016) and Mian (2014) expressed concern that despite the prevalence of anxiety in this age group, only between 5 to 15% of these children will receive support or treatment for their anxiousness. This statistic raises the questions: how can we increase the likelihood that anxious children will receive support in early childhood? and if these effective treatment programs exist, why are they not being accessed at higher rates? I believe that the answer lies in a lack of understanding on the part of parents about developmental norms and the prevalence of anxiety within this age group. Mian (2014) acknowledged that preschool age children typically spend more time with their parents than any other adult and that parents not

only have a strong influence on their child's development, but are also tasked with making decisions about their child's treatment and access to mental health support. Parents cannot address what they do not know exists. Working with and educating parents is the key to supporting anxious preschoolers.

The current literature on anxiety in the preschool age group discusses and compares the intervention and prevention programs that are being used to educate parents and to reduce the likelihood of early childhood anxiety developing, persisting and recurring. The literature discussed in chapter two also addresses the reasons that parents may be reluctant or disinterested in participating in these programs. These reasons are outlined as; a lack of time, a lack of understanding about anxiety and it's serious repercussions to both their child's development and their future mental health if left untreated and greater parental concern with their child's difficult externalizing behaviours without an understanding that these behaviours can be motivated by anxiousness and internalizing disorders. In consideration of these factors, I would suggest that a brief workshop that is convenient and accessible to parents that outlines normative development, the meaning of behaviour and the seriousness of childhood anxiety would be a meaningful approach towards creating a greater understanding of anxiety in the preschool age group.

Recommendations:

The research is very clear that anxiety in the preschool age group is prevalent, can have serious effects, and especially if left untreated, negatively impacts a child's mental health trajectory and is underdiagnosed and undertreated. While successful treatment programs exist and are discussed in the literature, according to Begle and Dumas (2011), parent engagement continues to be a challenge to the widespread use of such programs (p.68). Mian (2014), wrote that parents are more likely to engage in a program if they see a clear correlation between the

program and their child. They suggested that researchers will improve parent engagement by focussing more on parental motivation and the parent's understanding of their child's needs (p.90). Taking into consideration these points from the literature I reviewed, I have created a brief workshop for parents of preschool age children with a universal design. It is not intended to be an intervention for parents of anxious children, but instead, an overview of the preschool age period of development that will allow all parents to understand the normative growth and change that happens during this period. Typical behaviour, causes for concern and resources that can be accessed if parents have concerns about their child will also be addressed. I believe that parents want the best for their children and because of this, will be likely to attend a short workshop that will allow them to better understand their child and perhaps, have an easier time parenting them. My hope is that parents who attend this workshop, who have resulting questions or concerns about their child, will seek additional information or reach out for help, thereby increasing the amount of young anxious children who are identified and can be provided mental health support. Mian et al. (2016) suggested that by helping parents to identify the concerns they have for their children, we can increase both parental motivation and the likelihood of them investing their time and energy in an intervention or prevention program designed to support anxious children (p.91). To reach the goal of providing information to as many parents of preschool age children as possible, I recommend offering this workshop in preschools and daycares on a weeknight evening when these spaces would otherwise be empty. As discussed in chapter two, offering childcare and a remote participation option such as Zoom, will increase parent participation. As also highlighted in chapter two, early childhood educators are in a unique position to identify children who are at risk of an anxiety diagnosis and to provide intervention and prevention strategies within the classroom. Including preschool educators in the audience of this workshop,

or as a separate workshop, would be an additional way to disseminate this important information among caregivers of preschool age children. As a Kindergarten teacher and future school counsellor, I believe there would be a great deal of value in also offering this workshop in the springtime for the parents of children entering Kindergarten. This would offer another opportunity for parents to identify concerns they may have about their child and to do so in their school environment where there is a community of support; counsellors, teachers and administrators, available to work with the child.

Workshop Outline

Normative Development

I would begin this workshop with information about normative development in early childhood to help parents conceptualize and understand the ways that emotionally healthy children develop. I would include infancy and toddlerhood, as well as the preschool period to allow participants to see how skills and concepts build on each other and how this developmental sequence can impact their child's wellbeing if the needs and goals of each stage of development are met successfully. To best explain child development succinctly and in terms of identifiable goals, I would use Erik Erikson's Stages of Psychosocial Development. Batra (2013) wrote that Erikson's model outlines a series of developmental stages through which a child develops their own sense of regulation as a result of the interplay between "the physiological and emotional urges of the individual, and the nature of social influences" (p.250). He suggested that Erikson's theoretical framework has implications for those who interact with children because "it allows adults to engage with children in ways that address their developmental urges, deal with their social angst, and help them find and embrace methods of self-regulation" (p.252). As a child

passes through each stage of development, they build on the skills they acquired previously and find "a sense of regulation and a new sense of physiological and psychological balance." However, when a child is unsuccessful during a stage of development, "they may experience emotional discomfort or, in extreme cases, mental ill health" (Batra, 2013, p.257). As a result, it is important for the adults in the life of a child to understand the developmental work to be done in each stage so that the child can be supported and have optimal opportunities for success and adaptive development.

The stages and key points of Erikson's developmental framework that would be highlighted in the workshop are as follows:

Basic Trust versus Basic Mistrust- Infancy (0-1.5 years old):

- During this stage of development, the child learns to trust or mistrust based on their experiences. According to Batra (2013), "a child born into a family where love, security, play and happiness are available in abundance learns to live with the feeling of being trusted and in turn learns to trust others" (p.259). A child who does not have these experiences and is deprived of consistent love, care and feeding, "may be reticent, trapped in melancholia, not easy to stimulate, irritable and generally not happy." (Batra, 2013, p.259).
- Those who care for the child play a critical role in influencing the level of trust they convey to the child.
- Hope or withdrawal emerges during this period based on the child's experiences

Autonomy versus Shame and Doubt- Toddlerhood (1.5–3 years old):

- During this stage of development, the child attempts to discover and master new skills and experiences through increased autonomy and self-reliance. Batra (2013) explained that while toddlers are seeking to increase their independence, they are also learning to conform to socially acceptable limits (p.260).

- When explanations about the possible consequences of actions are patiently provided, a young child learns to gradually experience autonomy within the boundaries of the social order. However, where there is strict parental control or inconsistent discipline, "the child begins to doubt their own urges, and there emerges a confused sense of good and evil, right and wrong" (Batra, 2013, p.260).

- "Autonomous experiences in [this stage] allow a child to taste, feel and eat independently, empower them to choose, to listen to their own body, to defer gratification, and to express likes and dislikes" (Batra, 2013, p.261).
- "The basic virtue that emerges at this stage is a sense of will to make choices that are relevant for the present and subsequent ages" (Batra, 2013, p.256).

Initiative versus Guilt- Preschool Age (3–6 years old):

- During this stage of development, family and school play an important role in developing initiative or a purpose in children. Batra (2013) wrote that when children are allowed to "share feelings, to express emotions, to resolve conflicts, to find a common moral ground, to voice ideas, to experiment and to suggest solutions to problems, [they] develop confidence in their abilities and widen their interests" (Batra, 2013, p.262).

- When a child's sense of initiative is "denied psychological, social and physical space for its emergence and development, a sense of guilt can grow to become an obsession, leading to perpetual self-doubt" (Batra, 2013, p.262).
- The virtues of hope and will that were developed in the previous developmental stages, "provide emotional strength to the young child such that he feels equipped to take initiatives through play and widening social exchange" (Batra, 2013, p.261).
- Pretend is an important part of the preschool period. Children pretend through play and mimic the roles they see in adults around them. They act out their understanding of the world.
- "This early play and work of the young child allows him to construct a sense of purpose that is a necessary part of every act, and we need a sense of initiative for whatever we learn and do" (Batra, 2013, p.262).
- Batra (2013) suggested that "an energetic exuberance in doing things and a joy in being a part of everything that is going on around the child marks this stage" (p.262).

An understanding of development is important for parents of young children so that they feel knowledgeable and confident in meeting their child's needs. It also allows them to identify with greater accuracy areas where their child could use additional support and when they should seek the help of healthcare professionals or educators.

Behaviour is Communication

The second section in my workshop would discuss behaviour as communication. Helping parents to better understand how children communicate their thoughts, feelings and concerns through actions may allow them to have an easier time deciphering their child's behaviour and

trusting in their own parenting abilities. Recognizing behaviour as communication empowers the adults in the lives of children to respond appropriately and to begin to identify when they or their child may need additional support. This is a very large topic and could not be covered in entirety during this workshop; instead, I would focus on a few important ideas.

Key points about behaviour as communication that would be highlighted during the workshop are as follows:

- "Behaviour is an outward expression of the child's internal world at any particular phase, influenced by both past experience and immediate context" (Robinson, 2010, p.2).
- As children learn and grow their ability to communicate more clearly and straightforwardly will develop, particularly as their spoken language increases. Development is a "journey" (Robinson, 2010, p.38).
- "Adults must always try to view the child with compassion, remember their role as guide and mentor and that children nearly always require adults to be stronger, wiser and fundamentally in charge" (Robinson 2010, p.2).
- Expectations are key. Expectations that are realistic, appropriate and that consider the child's age and stage of development offer children a greater likelihood of being successful.

Parent education on typical behavior during early childhood is particularly important with regards to increasing support for young anxious children. As previously mentioned, Edrissi et al (2019) suggested that early childhood anxiety presents as externalizing behaviours; crying, angry outbursts, freezing or clinging, and that a lack of understanding about developmentally appropriate behaviour in this age group may lead parents to believe such behaviour patterns are

typical and to leave them unaddressed. While these externalizing behaviours can be quite common during early childhood, this section of the workshop would seek to differentiate between normative use of externalizing behaviours and those times when parents may have cause for concern and should seek additional support.

Anxiety in Early Childhood

If the statistic that 20% of the early childhood population suffers from anxiety is to be believed, then there is a high likelihood that several adults attending this workshop are parenting an anxious youngster. Including a discussion about anxiety allows those adults to receive important information that could positively benefit the mental health and wellbeing of their child. To best approach this topic, I would break it down into sections including: the significance of early diagnosis and treatment, common anxiety disorders in early childhood, risk factors and protective factors.

Significance:

Key points about the significance of anxiety in early childhood that would be highlighted in the workshop are as follows:

- Children who suffer from anxiety in early childhood are at increased risk for mental health struggles throughout their life. According to Platt and Ginsburg (2016), an anxiety diagnosis during early childhood predicts an increased risk for, “impairments in physical, financial, and interpersonal functioning in young adulthood,” as well as internalizing and substance abuse disorders in adulthood if left untreated (p.23).

- Anxiety disorders can affect emotional and social development, learning, behaviour and young children with anxiety "are likely to struggle with emotional problems later in childhood and into adulthood if left untreated" (Mian, 2014, p.86).
- Having a child with anxiety can have a significant effect on the whole family. "Parents of children with anxiety disorders are 3.5 times more likely to report a negative impact on family functioning relative to parents of children without anxiety disorders" (Kutcher and MacCarthy, 2011, p.244).
- Identifying an anxiety disorder and seeking treatment early can "decrease short-term morbidity and improve long-term outcomes" for the afflicted children (Kutcher and MacCarthy, 2011, p.5).
- Given the "developmental plasticity" of the preschool period, Buffered et al. (2018) offered that this is a particularly important and effective time to intervene (p.1004).

Common Anxiety Disorders in Early Childhood:

Sharing information about the most common anxiety disorders that young children experience would be a powerful way to help parents potentially identify concerns they may have for their children. However, anxiety is appropriate in many situations young children may find themselves in so helping parents to differentiate between a typical anxious response and disordered anxiety would be a goal of this section of the workshop. I believe this would best be done by discussing the 3 anxiety diagnoses that are most likely to be seen in the preschool age population: separation anxiety, selective mutism and specific phobias and identifying the prominent features of each (Kutcher and MacCarthy, 2011, p.8).

- Separation Anxiety: Children with separation anxiety fear that something bad will happen to a loved one or themselves. While being anxious about being separated from a loved one is common in early childhood, a separation anxiety diagnosis requires distress for at least 4 weeks when separated and may include crying, screaming, clinging and an unwillingness to be left with others (Kutcher and MacCarthy, 2011, p.13).
- Selective Mutism: A child who is otherwise capable of speaking refuses to do so in social situations for a period of greater than 1 month (APA, 2013, p.195).
- Specific Phobias: While childhood fears are common, a specific phobia is an extreme fear that is unreasonable and out of proportion to the possible danger. The fear must cause significant distress and be present for at least 6 months (Kutcher and MacCarthy, 2011, p.13).

It would be made clear to parents that this information is not intended to make a diagnosis but that those who have concerns or questions after hearing this information should speak with their child's doctor.

Risk Factors:

The goal of this workshop is to provide parents with information specifically about the preschool age period; to allow them to feel more confident in their parenting, to understand their child's development and needs and to provide them with some basic information about early childhood anxiety with the hope of increasing the identification and subsequent treatment rate of children with anxiety disorders. A brief discussion of risk factors would be included in this workshop with the intention of providing additional education for parents. Sensitivity and care would be exercised to ensure that the information provided about risk factors was not discouraging or accusatory.

Key points about the risk factors for anxiety in early childhood that would be highlighted in the workshop are as follows:

- Parents with an anxiety diagnosis are more likely to have a child with an anxiety disorder. This would be something to discuss with a primary care provider as these risks can be mitigated. Mian (2014) noted that addressing parental anxiety leads to a reduction in parenting behaviours that are implicated in childhood anxiety disorders such as modelling anxious behaviours or avoidance.
- A child's temperament can be a risk factor for developing an anxiety disorder. For example, children who are shy, withdrawn, reactive, or sensitive to sensory input may be at greater risk.
- Children with poor social skills have a higher risk of becoming anxious due to social discomfort and a potentially negative view of themselves (Chronis-Tuscano et al., 2018).
- Stressful life events (contextual factors) add stress to families and parents and are indirectly correlated with early childhood anxiety (Platt and Ginsburg, 2016, p.32).

Protective Factors:

A discussion of protective factors for young children would be an important part of this workshop because it would offer hope and a sense of agency for the parents in attendance. There are ways that parents and families can support children to not only reduce their risk of developing anxiety disorders but also to increase the child's likelihood of thriving. Examples of protective factors that would be highlighted in this workshop are:

- Platt and Ginsburg (2016) suggested that interventions aimed at reducing parental stress and increasing satisfaction are helpful in reducing childhood anxiety (p.31). For example, practicing mindfulness and self-care.
- Parenting that encourages risk taking and fosters independence bolsters the mental health of young children (Hudson et al., 2019, p.1131).
- Developing self-regulation skills in children offers them a protective factor. Miller-Lewis et al. (2013) found that children's increased ability to demonstrate self-control or emotional regulation was linked to their ability to deal with adversity and difficult situations and associated with more adaptive mental health. They further identified self-regulation as a protective factor for family adversity (p.2).
- Predictable home environments and routines reduce stress and anxiousness in children (Mian, 2014).
- Attending parenting sessions like this workshop, allows parents to gain knowledge and skills for supporting their children. Ozyurt et al. (2016) advised that educating parents and teaching them effective methods for improving their child's behaviour and emotional health can lead to positive change in their child's mental health (p.1647).
- Supportive and nurturing parenting offers children a protective factor against adversity. Mian (2014) noted that preschool children typically spend more time with their parents than any other adult and as such, parents have a strong influence on their child's development. Additionally, Miller-Lewis et al. (2013) noted that positive self-concept, self-control, and quality relationships between parent-child are factors indicative of resilience and have been consistently linked with better mental health (p.17).

Sources of Support:

The final and perhaps most important part of this workshop would be the discussion of ways parents could access support for their children should they have any questions or concerns. Suggestions made during this section of the presentation would include:

- Family doctors, paediatricians, and mental healthcare providers that are already part of the family's care team and are excellent sources of support and information.
- Teachers or other educators who the family already has contact with are another important source of support. Many have integral knowledge about the early childhood period of development as well as of the mental and emotional wellbeing of children. Elementary schools have a school counsellor who is familiar with anxiety in children, as well as with local resources that families could access.
- Community organizations that offer programming for children or parents would be an additional level of support. For example, I live and work in Surrey and would recommend Options Community Services or Alexandra Neighbourhood house. Both offer support and programs for families, the latter runs the Triple P Parenting program that is referenced in chapter two.

Conclusion:

Early childhood is a time of rapid growth and development. Unfortunately it is also a time when up to 20% of this young population is suffering from an anxiety disorder. With treatment rates being less than 15% and the high likelihood of poor mental health plaguing these children into adolescence and adulthood, this is a significant problem that needs to be addressed. While researchers have developed effective intervention and prevention strategies, parent engagement in these programs is often low and thus, their effectiveness is not widespread or adequate. Parents want the best for their children. However, their time and their knowledge of

early childhood development is often limited and they may be struggling with their own poor mental health. Providing busy parents with a brief workshop that focuses on the preschool period is an effective way to provide critical information. Knowledge is a powerful tool and providing it to parents empowers them to make the best decisions they can to protect and support their children.

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Appendix A

Workshop Outline

6:30	**Welcome and Introductions:** share intentions and agenda for the evening
6:45	**Normative Development During the Preschool Period** ● Basic Trust versus Basic Mistrust- Infancy (0-1.5 years old) ● Autonomy versus Shame and Doubt- Toddlerhood (1.5–3 years old) ● Initiative versus Guilt- Preschool Age (3–6 years old)
7:15	**Behaviour is Communication**
7:30	**Anxiety in Early Childhood** ● Significance ● Common anxiety disorders in this age group ● Risk factors ● Protective factors
8:00	**Sources of Support**
8:15	**Parent Questions**
8:30	**Wrap up and Goodnight**

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