CLASS-BASED COGNITIVE BEHAVIOURAL STRATEGIES TO PROMOTE MENTAL HEALTH IN MIDDLE-PRIMARY SCHOOL-AGED CHILDREN

Objective

The Aussie Optimism Positive Thinking Skills Program (AOP-PTS; Rooney et al., 2004) is an innovative curriculum-based mental health promotion program based on cognitive and behavioural strategies. The program is aimed at preventing depressive and anxiety symptoms and disorders in middle primary school. The immediate and short-term outcomes of this new universal program in Year 4 children from Western Australia were investigated.

Participants

20 primary schools were randomly assigned to two conditions, AOP-PTS intervention or a usual curriculum control group. 435 children participated in the intervention condition and 407 in the control condition. Participants were aged between 7.17 and 10.33 years (M = 8.75, SD = .35). Participation rates across data collection points were as follows:

<table>
<thead>
<tr>
<th>Participation Numbers Across Assessment Points</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>6 Month Follow-up</th>
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<tbody>
<tr>
<td></td>
<td>842</td>
<td>821</td>
<td>772</td>
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<td></td>
<td>(97.9%)</td>
<td>(97.9%)</td>
<td>(91.7%)</td>
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Procedure

The 20 State primary schools from low socio-economic areas were matched on socioeconomic status, school size, and number of Year 4 students prior to randomisation. The program was implemented by trained teachers while the control condition completed their regular Health Education curriculum. All children completed measures of depressive (Children’s Depression Inventory, CDI); and anxiety symptomatology (Spence Children’s Anxiety Scale, SCAS) along with attribution style (Children’s Attributional Style Questionnaire, CASQ) at pre-test, post-test and 6-month follow-up. Children scoring above the clinical cut-off on the CDI and/or the SCAS at any assessment point were administered a computerised diagnostic interview (Diagnostic Interview Schedule for Children and Adolescents-V; DISC-M) to identify the presence of clinical depression and anxiety disorders. Research assistants completed integrity checks on randomly chosen modules (approx. 25% for each teacher).

Intervention

The AOP-PTS (Rooney et al., 2004) is based on the pilot work of Rooney et al. (2000) and involves 10, 60-minute weekly sessions covering cognitive and behavioural principles, theories and strategies. Teachers in the intervention group received a facilitator manual with learning outcomes, implementation notes, classroom activities, and all of the resources needed to conduct these activities, plus student workbooks with all the information and worksheets required by the students.

Positive Thinking Skills (PTS) Modules

1. Planning for fun activities
2. Identifying feelings and being BRAVE
3. Feelings, situations and thoughts
4. The thought feeling connection
5. Helpful and unhelpful thinking
6. Looking for evidence and thinking positively
7. Think before you sink!
8. Challenging situations and thinking the worst
9. Best, and most likely outcomes
10. Being positive

Results

Internalising Symptomatology

After controlling for pre-test scores and clustering of schools, there was a significant group difference on the CDI at post-test (F[1,818] = 5.12, p = .051) and a significant group difference in the CASQ-N (Bad Events Score) at post-test (F[1,818] = 4.20, p = .041) and 6-month follow-up (F[1,761] = 7.34, p = .007). Group by time ANCOVAs showed that changes varied significantly across groups, with those in the intervention having lower depressive symptomatology at post-test and a less pessimistic thinking style for bad events at post-test and 6-month follow-up compared to the control group children.

Analyses of participants from classes who had an average module implementation rate of 70% or more (n intervention = 222, n control = 185) revealed significantly lower depressive symptoms at post-test (F[1,438] = 6.12, p = .043) and 6-month follow-up (F[1,436] = 4.44, p = .034) along with a less pessimistic thinking style for bad events at post-test (F[1,438] = 6.90, p = .009) than those in the matched control.

Internalising Disorders

There was a significant prevention effect for the intervention group, with only 2.7% of healthy intervention group children developing a diagnosis of Major Depressive Disorder and/or Dysphoria at post-test compared to 9.9% of those in the control group (x2[1, n=203] = 4.69, p = .030). In the group that received an average of 70% or more of the module contents, this effect was greater with 4% of the intervention children developing clinical depression at post-test compared to 13.9% in the control group (x2[1, n=180] = 5.76, p = .016). For this select group, a prevention effect for anxiety was also found with 13.5% of healthy children in the intervention group developing clinical anxiety by post-test compared to 23% of those in the control group (x2[1, n=172] = 3.7, p = .054).

Conclusion

The findings provide evidence that the Aussie Optimism Positive Thinking Skills program has the ability to prevent depressive disorders, decrease depressive symptomatology and negative attributional style in the immediate-short term for children from low SES and CALD backgrounds. Integrity checks on those implementing the program demonstrate that there are wider effects for those receiving an average of at least 70% of the program module content including a prevention of anxiety disorders immediately after the intervention.

References