The Effectiveness of the Positive Thinking Program in Preventing Internalising Disorders in 8-9 Year Children

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Incidence of Childhood Depression & Anxiety

• Depression
  - 4 to 2.5% children
  - 4.2 to 18.6% adolescents

• Anxiety
  - 8% children
  - 11-20% adolescents
  - Anxiety often leads to depression

• Comorbidity 15.9 to 61.9%

Previous Research

• Universal CBT-based prevention programs
  – Prevent depression symptoms (e.g., Quayle et al., 2001)
  – Prevent anxiety symptoms (e.g., Lowry-Webster et al., 2003)

• Middle childhood is a critical time for the development of attribution styles
  – Before cognitions become stable & less affected by environment
    (Nolen-Hoeksema et al., 1992; Cole & Turner, 1994)

• Further work is needed to see if internalising problems can be prevented by intervening in middle childhood - 8-9 year olds

Aim

• To investigate the medium term efficacy of the Positive Thinking Program for 8-9 year old children in preventing and treating depressive disorders.

The Positive Thinking Program

• 8, 1 hour sessions
• Delivered universally as part of school health curriculum
• Modified Aussie Optimism Program (Roberts & Roberts, 2000)
  – Emotional regulation
  – Connection between thoughts, feelings and behaviours
  – How to think more accurately
  – Strategies for dealing with challenging situations e.g., peer and family problems
  – Relaxation

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Research Design

- Randomised controlled trial
- Students nested within schools
- Intervention & usual care control schools
- Symptom & diagnostic assessments at pre- & post-intervention, and 9-month follow-up

Participants

- 187, 8 - 9 year olds invited to participate
  - 75% participation rate
  - 72 intervention group; 48 control group
- 4 Primary schools
- Schools matched for SES, school size & class size
- Mean age = 9.08 (intervention)
- Mean age = 9.07 (control)

Instruments

- Children’s Depression Inventory (CDI; Kovacs, 1992)
- Children’s Attribution Style Questionnaire (CASQ; Seligman et al., 1984)
- Revised Children’s Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1985)
- Clinical interview based on the DICA-IV
  - Major depression and dysthymia

Depressive Symptoms

Anxiety Symptoms
Optimistic Attributional Style

Incidence of Depressive Diagnoses in Children Healthy at Pre-test

Prevention of Depressive Diagnoses in Children Healthy at Pre-test

Conclusions

- Positive Thinking reduced the incidence of new depressive disorders & was associated with maintenance of healthy functioning
  - A prevention effect
- But, a small sample size & only four schools
- A larger, randomly selected sample is required to assess effectiveness
  - 20 schools
- Universal teacher implementation is required for sustainability

Revised Positive Thinking Program

- 10, 1 hour sessions
- Sessions include:
  - Planning happy events
  - Emotional regulation
  - Fear hierarchy/being brave
  - Connection between thoughts, feelings and behaviours
  - How to think more accurately
  - Strategies for dealing with challenging situations e.g. peer and family problems
  - Relaxation

Module 1 - Things I like to do!

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
Step 5: Stand near someone in the playground, then, ask them what they are playing and then if you can play too.

Step 4: Stand near someone in the playground, then, ask them what they are playing and then watch their game for 30 seconds.

Step 3: Stand near someone in the playground and say hello then watch them for 30 seconds.

Step 2: Stand near someone in the playground and watch their game for 30 seconds.

Step 1: Walk slowly past a game being played by children in the playground.

Improvements Include:
- 10 sessions
- A fear hierarchy
- Planning pleasurable events
- Measure anxiety disorders
- Teacher and student outcomes
- Children’s workbook

Present Study:
- 1031, 8-9 yr old children invited to participate
- 90% participation rate
- 466 intervention group; 443 control group
- 22 Primary schools
- Low SES areas
- Matched for SES, school size and class size
- Program run by teachers

Results So Far…

Diagram showing changes in Depression, Anxiety, and Comorbidity diagnosis between Intervention and Control groups.