NIMH A Multi-method Intevention Program for Socially Reticent, Inhibited Preschoolers

Approximately 15% of young children are extremely *inhibited*, routinely experiencing fear and anxiety in social contexts that severely hinders their ability to interact with other children. Behavioral inhibition (BI), along with its associated characteristics of social reticence and withdrawal, is one of the most stable individual characteristics reported in childhood. Infant- and toddler-assessed BI predicts the stable occurrence of social reticence during the preschool and elementary school years. In turn, socially reticent behavior remains stable throughout childhood and into adolescence and predicts a wide range of social and emotional difficulties, including peer rejection, victimization, feelings of loneliness and low self-esteem, and qualitatively poor friendships. The expression of early social inhibition, reticence, and withdrawal, and these accompanying impairments together place the young child at subsequent risk for anxiety and depression (see Rubin, Coplan, & Bowker, 2009 for a review). Indeed, it is now clear that stably *socially inhibited, wary and withdrawn children are at risk for subsequent diagnosable anxiety and depressive disorders during adolescence and adulthood.* Remarkably, Rapee and colleagues in Australia (Rapee, Kennedy, Ingram, Edwards, & Sweeney, 2005) reported that 90% of an "extremely shy" group of preschool-aged children (i.e., top 15% of BI scores) met criteria for an anxiety disorder. Given the serious developmental outcomes associated with adolescent anxiety, *very early identification and prevention of early social inhibition represents a major public health agenda.*

The early impairments (and risks) associated with social inhibition and reticence are maintained, if not exacerbated, by familial experiences beginning early in life. During the late 1980s and early 1990s, Rubin and colleagues described a conceptual model of the development, concomitants, and consequences of social inhibition and withdrawal. Within this model, inhibited, reticent behavior and many of its concomitants and consequences are reinforced and exacerbated by children's reciprocal interactions with their parents across development. Parents of socially inhibited/reticent children, many of whom suffer from anxiety themselves, perceive their children as highly vulnerable and respond to them in an overly protective, and inappropriately directive and controlling, manner. Over time, these children become increasingly dependent on their parents and other adults (e.g., teachers) and come to believe that they are ill-equipped to deal with anxiety-provoking situations on their own. Interpersonal models propose that these same parental behaviors, overprotection and overcontrol, are associated with the development of social anxiety (Rubin, Coplan, & Bowker, 2009). Indeed, mothers of socially anxious children are relatively more protective, directive, and intrusive than those of typical children of the same age. On the other hand, developmental literature has shown that when mothers (and fathers) respond to highly inhibited toddlers and reticent preschoolers with appropriate warmth and sensitivity, their children appear to be redirected from a pathway of negative psychological outcome.

In summary, the behavior of parents of socially reticent children prevents these children from engaging in adaptive, self-initiated coping behaviors. Deprived of practice in social situations, these children fail to learn to regulate their emotions and fail to develop age-appropriate social skills, which maintains or exacerbates their socially inhibited, reticent behavior, its putative concomitants, and negative outcomes. Conversely, parents who sensitively encourage exploration and peer interaction may lessen the risk that their wary and withdrawn children will experience negative psychological outcomes, namely social anxiety disorder. *These developmental processes provide the basis for the prevention project.*

The objective of our project is to develop and evaluate a novel early intervention program that is grounded in developmental psychopathology research and targets the specific risk factors implicated in the development/persistence of shyness, social reticence and withdrawal in children, with the ultimate goal of facilitating adaptive developmental outcomes, namely the absence of social anxiety disorder.

This project will take place in two phases. In the first phase, we will develop a manualized prevention program that targets: (1) the social skills deficits and impairments associated with early socially inhibited and reticent behavior; and (2) parenting, which serves to maintain or exacerbate a child's reticent and inhibited behavior. Prevention program components will draw upon our prior work in this area.

Additionally, our team has developed and evaluated the preliminary effectiveness of a social-skills training program for inhibited 4-year-old children (Schneider & Coplan, 2005). *In our project, we will integrate and synthesize a parenting component in order to simultaneously address child skills deficits and parenting behavior, which reciprocally maintain or exacerbate the other across time to heighten risk for social anxiety disorder.* We will do so using Parent-Child Interaction Therapy (PCIT; Eyberg & Boggs, 1989) as a model. The multi-pronged approach proposed herein, grounded in developmental psychopathology research, recognizes the reciprocal influence of parent and child on each other, and therefore marks a significant advance in the extant literature.

Phase I will include provision of this novel program to a group of 8 at-risk preschool-aged children and their parents. Based upon feedback from participants and clinicians, the treatment manuals and protocol will be revised for *Phase II* of the project. In Phase II, 64 children who are deemed at risk for social anxiety by virtue of elevations on BI/social reticence measures (see Section D) will be recruited and randomly assigned to either: 1) the prevention program; or 2) a parent support group. Based on the outcome of this preliminary trial, the prevention protocol will be further refined and prepared for larger-scale clinical trials.

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