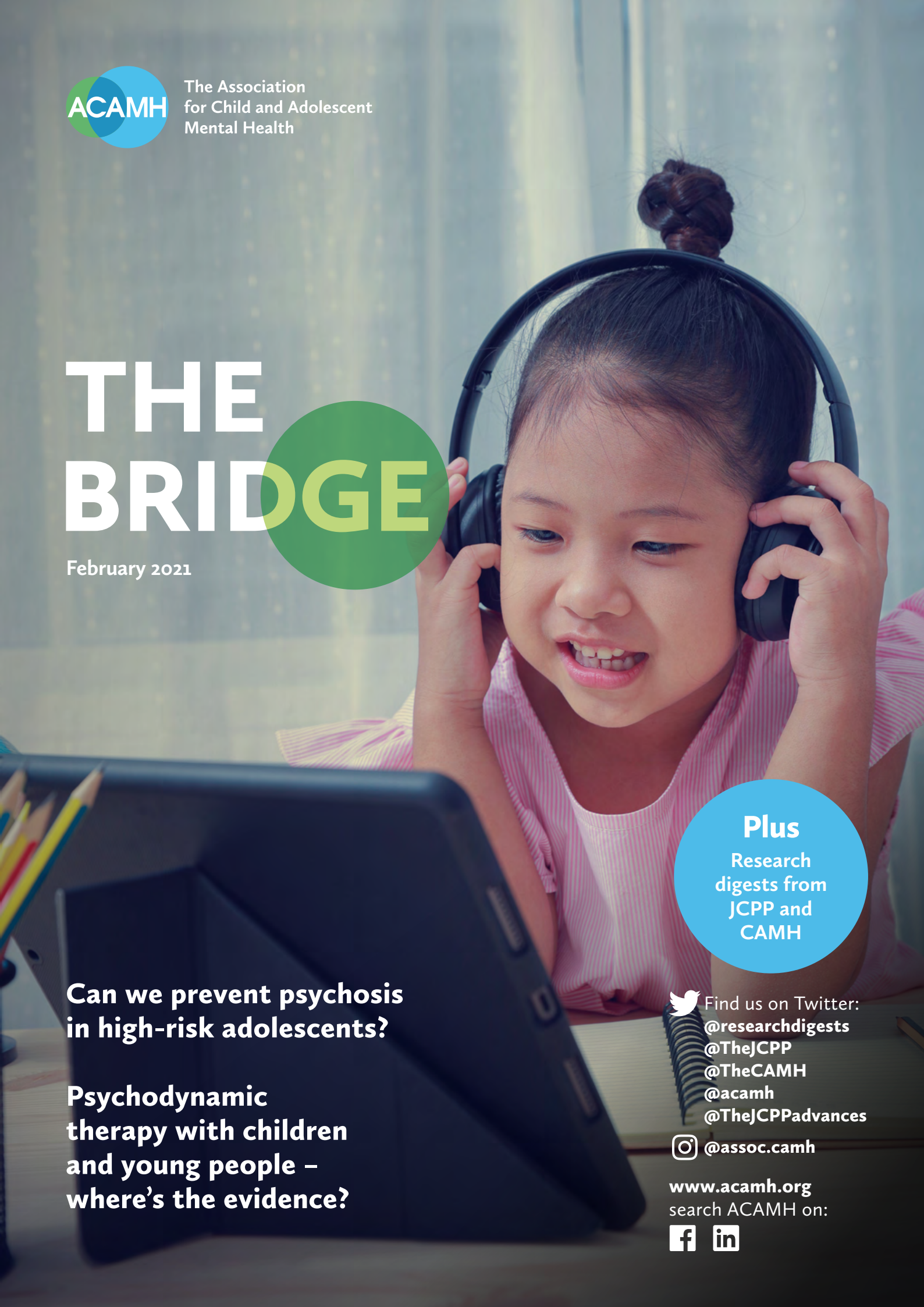

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THE BRIDGE

February 2021

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Psychodynamic therapy with children and young people – where's the evidence?

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Dr Stephanie Lewis

The Bridge Editor

This issue of *The Bridge* includes several articles which focus on child and adolescent psychoanalytic psychotherapy. This therapy aims to help young people, their families, or their support networks to better understand each young person's emotions, behaviour, and relationships, and to explore how difficulties might be better managed. Although psychoanalytic theory and practice has been developed and modernised for over a century, this therapy has been mostly used for adults and less is known about its use with children and adolescents.

In *The Bridge* this month, Professor Nick Midgley discusses the evidence on psychotherapy for children and young people. He highlights that while the current evidence base is limited, the quantity and quality of research is improving, which will helpfully inform future clinical practice. Additionally, Nick Waggett reviews policy relevant to child and adolescent psychotherapy research and practice. It's crucial that policy is based on best evidence, so that resources are used efficiently to best help the population. Also in this issue, Rachel Abedi summarises a case study of psychoanalytic psychotherapy with a young person which considered cross-cultural influences on the therapeutic relationship. In-depth single case studies are commonly used in psychoanalytic research, and while findings may not generalise to other young people, they help us understand individual experiences and may inform the development of theories and hypotheses for future work. Finally, to provide further insight into the work of child and adolescent psychotherapists, Claire Hopkins reflects on the challenges and benefits of her work in schools supporting parents and teachers. These articles were organised in collaboration with the Association of Child Psychotherapists, a professional body which sets standards and regulates training and practice for child and adolescent psychotherapists in the UK.

In this issue of *The Bridge*, we also bring you several other articles which summarise the latest child and adolescent mental health research relevant for clinical practice, which was recently published in *The Journal of Child Psychology and Psychiatry (JCPP) and Child and Adolescent Mental Health (CAMH)*.

I hope you enjoy this issue of *The Bridge*!

Contents:

Dr Jessica K. Edwards

Research highlights in this edition are prepared by Dr Jessica K. Edwards. Jessica is a freelance editor and science writer, and started writing for 'The Bridge' in December 2017.

'Brief survey about training in mindfulness-based interventions'

If you are a child mental health practitioner with interest or training in mindfulness-based interventions OR you are a mindfulness teacher with interest or experience in child mental health, please consider doing this short (5 min) survey to help us design teacher training for a new mindfulness-based therapy for depressed adolescents and their carers: **https://www.redcap-ide-cam.org.uk/surveys/?s=YAYPKTR4CY**.

This study is led by Professor Tamsin Ford at the Department of Psychiatry, University of Cambridge.

The importance of acknowledging difference in psychoanalytic psychotherapy

By Rachel Abedi

Single case studies are often used in psychoanalytic psychotherapy research to identify potential mechanisms of change. Sean Junor-Sheppard undertook such a study, which was published in the Journal of Child Psychotherapy in 2019. He explored how the transference relationship in cross-cultural psychotherapy might help adolescents from Black, Asian and minority ethnic (BAME) backgrounds to negotiate their identity.

In this study, Junor-Sheppard, who is from a black Caribbean background, undertook intensive psychotherapy with a Muslim girl of Bangladeshi heritage for three and a half years. He explained the context of the socio-political 'hostile environment', exemplified by the UK Home Office's 'hostile environment policy', which aimed to deter illegal immigration, but also affected immigrants with a right to live in the UK. For example, there have been reports of Commonwealth migrants being wrongfully denied access to services and in some cases deported, termed the 'Windrush Scandal'.[1] Consequently, migrants have described feeling 'othered'.[2] The author noted that this 'hostile environment' was infused with post-colonial ideas and beliefs, and included an element of Islamophobia, which he felt was particularly prevalent at the time.

Rachel Abedi

Rachel Abedi is a Child and Adolescent Psychotherapist working at the Tavistock and Portman NHS Foundation Trust and in Tower Hamlets CAMHS. Her doctoral research focus is on how CAMHS clinicians engage with Muslims. She has presented her research at the ACP annual conference (2018), the Muslim Mental Health Conference (2020), the Tavistock (2020) and at various CAMHS clinics. She also has an interest in Islamic Psychology, and is working to improve engagement with Muslim communities in the field of child mental health.

Junor-Sheppard proposed that these racialised ideas might have been internalised by the patient, resulting in her denigration of her Muslim, Bangladeshi self. He considered the patient's experience of him in the transference was to see him as 'other', because of their perceived differences, and therefore incapable of understanding her. In the countertransference he was initially angry and dismissive of her religiously informed experiences. He later reflected that her resistance may have been shaped by a fear that CAMHS would replicate the prejudice experienced in wider society, and by a sense of being pushed to betray her mother.

Junor-Sheppard described that he therefore thought it is important to acknowledge and hold these wider political and cultural realities in mind when working with BAME adolescents, in order to create a safe space in which their impact can be explored. If the dynamics of difference are denied, he felt the therapist could unconsciously attempt to 'colonise' the patient's mind by imposing 'western' psychoanalytic ideas. The clinician might therefore become drawn into an enactment of the patient's defensive positions, so confirming them. He argued that this might only be avoided when the therapist understands the colonising process from their own perspective, via the countertransference.

Junor-Sheppard acknowledged that we are all influenced by internalisations of societal ideas of self and other, regardless of the background we belong to. As a white Muslim, I am curious about his response to the patient's faith identity, and whether or not it was different to his own. I felt that this study resonated with my own experience of working with children, young people and families in CAMHS, and may help other clinicians think about the complexities of working with families who are of a different religion or race to their own.

Referring to:

Junor-Sheppard, S. (2019) The 'hostile environment' and the therapeutic journey of an adolescent girl, Journal of Child Psychotherapy, 45(3), 274-290. doi: 10.1080/0075417X.2019.1702077.

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[1] *Taylor, R. (2018) Impact of 'hostile environment' policy. House of Lords Library Briefing: https://lordslibrary.parliament.uk/research-briefings/lln-2018-0064/.*

[2] *Hill, A. (2017) 'Hostile environment': The hardline home office policy tearing families apart. The Guardian: https://www.theguardian.com/uk-news/2017/nov/28/hostile-environment-the-hardline-home-office-policy-tearing-families-apart.*

Glossary:

Defence mechanisms: in psychoanalytical theory, defence mechanisms are thought to prevent conflict between the conscious mind and unconscious desires. For example, Freud proposed that the defence mechanism 'repression' involves preventing unacceptable thoughts from reaching conscious awareness. If defence mechanisms do not mature they may become unhelpful.

Countertransference: the feelings stirred up in the therapist arising out of the therapeutic relationship, which may be a response to transference.

Resistance: reluctance to engage in an aspect of therapy.

Transference: the feelings stirred up in the patient arising out of the therapeutic relationship, which are thought to unconsciously echo feelings experienced in an earlier relationship.

Reflections on working psychotherapeutically in schools

By Claire Hopkins

One of the greatest challenges in my experience of working psychotherapeutically in schools has been in trying to balance the increasing complexity of children's mental health needs with the reduction in funding and therefore time frame in which to work. An estimated one in eight (12.8%) children and young people aged between five and 19 has a diagnosable mental health condition, yet only a quarter (25.2%) of those have had contact with mental health specialists.[1] In addition to those with a diagnosable mental health condition are those struggling with social and emotional difficulties which do not reach the threshold of a diagnosis. Concerns about these unmet mental health needs of young people have heightened in the midst of the COVID-19 pandemic. The University of Oxford's Co-Space Study,[2] for example, recently reported a 35% increase in primary school children likely to have significant emotional, behavioural or restlessness/inattention difficulties during lockdown. As children spend such a substantial amount of time in school (approximately a third of the day), it often falls to school staff to address the gap in social, emotional and mental health provision. But this is not without its challenges.

It is well known that school budgets are increasingly stretched and that they too have to balance the educational needs of children with the resources available to them for children's wellbeing. This constraint has often meant that therapeutic work in schools has needed to be brief or short term, so that the needs can be balanced by the capacity. Although it is true that there are those children and families who benefit greatly from a short period of therapeutic support, the majority of children referred to me have needed a substantial amount of time to build trust and connection with me in order to risk relinquishing their strongly held but frequently unhelpful ways of trying to manage their anxieties, which often lead to counterproductive or destructive behaviours. But as is the case in all things, there has to be a negotiation. In order to circumnavigate the briefer period of work, I have chosen in my career to focus much more on scaffolding the people who matter most in the child's world, namely parents and school staff. This work aims to strengthen relationships around the child, creating a stronger, more reflective environment for change.

Claire Hopkins

Claire Hopkins is an ACP (Association of Child Psychotherapists) registered Child and Adolescent Psychotherapist working in West Yorkshire, with a previous career in primary and secondary school teaching. She is also a Director of Impact North, a Not For Profit Social Enterprise offering child and family therapeutic services to schools, children's centres and other third sector organisations. Claire is also on the executive Board of the Association of Child Psychotherapists.

In my experience, because of the time spent with and connection with teachers, children often seem to project into teachers parts of themselves which they cannot tolerate (such as intense fear or not feeling 'good enough'). This powerful and largely unconscious mechanism is called projective identification[3] and can be highly disruptive to child-teacher relationships if such 'coping mechanisms' are unacknowledged and uncontained. A child I worked with recently had a history of experiencing frightening domestic violence episodes in his family and would often erupt suddenly in lessons by kicking over chairs or attacking his peers. In a consultation with his learning mentor, she reported feelings of intense fear and inadequacy, stating that it was like 'holding back a wild animal with a matchstick'. This made her feel deeply resentful and angry towards both the boy and her own colleagues for putting her in that situation. Through consultation with me, she was able to acknowledge the strong feelings of fear and inadequacy that seemed to be projected from the child. When it became possible to think about what had been largely unconscious she was able to feel more connected and therefore compassionate towards him. Their relationship grew and he was more able to verbalise his feelings to her, rather than act them out through aggression.

I've also seen that strong projections can originate from family members which have an equally profound impact on teachers (and therefore their emotional availability to work with children). Due to their stability, routine and availability, schools can often become the 'secure bases' for our vulnerable families who are yet to have a good enough experience of a thoughtful or nurturing mind. Equally schools can become the 'prying eye's' or authoritarians for those who have experienced imbalances in power or trust. Either way, strong projections from parents can stir up feelings in teachers which can profoundly impact on their capacity to think about the children, to become defensive or even strongly critical of others in an effort to be relieved of what is projected into them. The psychoanalytical role here is in helping teachers to become aware of these unconscious projections and use them to help develop a deeper understanding of the feelings and dynamics around the child and therefore what strategies might be helpful in order to support the child and family.

But the work outlined above requires a great degree of willingness and trust from teachers, to engage with what might feel like an exposing or vulnerable consultation with a Child and Adolescent Psychotherapist. One of our challenges is balancing the need to explore teachers' connections with children and families whilst at the same time acknowledging their need to keep hold of their own necessary defences which enable them to withstand being on the forefront of the enormity of social, emotional and mental health needs in schools at this time.

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"In my experience, because of the time spent with and connection with teachers, children often seem to project into teachers parts of themselves which they cannot tolerate (such as intense fear or not feeling 'good enough')."

Psychodynamic therapy with children and young people – where's the evidence?

By Nick Midgley

For many years psychoanalytic and psychodynamic therapies have been considered to lack a credible evidence base. Partly this has been due to a degree of reluctance among psychodynamic practitioners to support the kind of empirical research that would help to establish such an evidence base, while other approaches – especially cognitive behavioural therapy – appear to have been more active. But partly it is due to the fact that the research which has been done has not been gathered together and widely disseminated.

In the field of psychodynamic treatment of adults, the situation has finally begun to change, with the publication of a series of important reviews and meta-analyses culminating in the landmark summary by Jonathan Shedler on 'The efficacy of psychodynamic psychotherapy', published in the American Psychologist in 2010.[1] This paper concluded that effect sizes for psychodynamic therapies are at least equal to those of other forms of treatment long-regarded as 'evidence-based', and that patients who receive such treatment not only appear to maintain their therapeutic gains after treatment ends, but in many instances continue to improve after treatment ends.

Nick Midgley

Nick Midgley is Professor of Psychological Therapies with Children and Young People at UCL, and co-director of the Child Attachment and Psychological Therapies Research Unit (ChAPTRe), based at UCL and the Anna Freud National Centre for Children and Families, London. His recent books include, *Essential Research Findings for Child and Adolescent Counselling and Psychotherapy* (Sage, 2017), *Mentalization-Based Treatment for Children: a time-limited approach* (APA, 2017), and *So Young, So Sad, So Listen. A parents' guide to depression in children and young people* (CUP). Prof. Midgley was the winner of the BACP's Outstanding Research Award in 2019.

While the situation may have changed in relation to the treatment of adults, research examining the efficacy and effectiveness of psychodynamic treatments for children and adolescents has lagged behind. In 2004 Eilis Kennedy was commissioned by NHS London to undertake a systematic review of the literature,[2] and in 2011 (with support from the Association of Child Psychotherapists) I joined her to update and revise the review. In conducting such a systematic review of the research, our intention was to provide as complete a picture as possible of the existing evidence base for individual psychodynamic psychotherapy for children aged between 3 and 18, thereby enabling more refined questions to be asked regarding the nature of the current evidence and gaps requiring further exploration.

This systematic review identified 34 separate studies that met criteria for inclusion, including nine randomised controlled trials (RCTs), the so-called 'gold standard' of outcome research. The findings indicated that there was some evidence to support the effectiveness of psychoanalytic psychotherapy for children and young people, although many of the studies reported in the review were small-scale, often lacking in carefully selected control groups, thus making it difficult to draw any firm conclusions with confidence.[3] In 2017 we updated the review and, although only six years had passed, 23 new outcome studies were identified, of which five were randomised controlled trials.[4] We are currently working on a further update for publication. Having completed a systematic search of the databases, 37 papers published since January 2017 were identified, comprising 28 distinct studies. This indicates an impressive rise in the amount of research being done in this field, and our initial assessment of the quality of studies also indicates that more recent studies tend to be larger in size, and better designed. A good example is the IMPACT study, an NIHR-funded randomised controlled trial, led by Professor Ian Goodyer from the University of Cambridge, which investigated the effectiveness of psychological therapies in the treatment of adolescent depression. When comparing Short-Term Psychoanalytic Psychotherapy (STPP) with Cognitive Behavioural Therapy (CBT) and a Brief Psychosocial Intervention (BPI), no significant differences were found in clinical effectiveness or total costs, although the results suggested that CBT may have the highest probability of cost-effectiveness.[5] Studies such as this have had an impact on NICE guidelines, with the latest revision of NICE guidelines for the treatment of depression in young people identifying psychodynamic therapy as a treatment option, alongside other approaches such as Interpersonal Therapy (IPT) for adolescents, to be considered if the first line treatment of individual CBT is unsuitable.[6]

We have not yet completed our synthesis of the findings of the latest update of our systematic review with the earlier findings, but we hope – perhaps for the first time – to be able to draw some conclusions about what the evidence tells us regarding the effectiveness of psychodynamic therapy with children and young people. Although the amount of research is still tiny, the growth in the quantity and quality of research is encouraging. This is partly, we suspect, because of the increasing number of child psychotherapy trainings which have built links to university departments, facilitating a better link between academics and researchers. Increasing dialogue has led to better communication, if not to complete agreement.

Child psychotherapy practice and outcome research may still be separated by a significant gulf; but there is at least a bridge between them, and indications of increased movement in both directions!

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[3] *Midgley, N. and Kennedy, E. (2011) Psychodynamic psychotherapy for children and adolescents: a critical review of the evidence base. Journal of Child Psychotherapy, 37(3), 1-29. doi: 10.1080/0075417X.2011.614738.*

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The policy context for research into child and adolescent psychotherapy

By Nick Waggett

Mental illness in children and young people is recognised as a major public health concern with evidence of rising prevalence, possibly exacerbated by COVID-19.[1] It is thought that about 75% of mental illness starts before a child reaches their 18th birthday[2] and yet, historically, child and adolescent mental health services have been under-resourced, even within the mental health field which has lagged behind physical health services.[3] In recent years there has been greater recognition of the impact of mental illness on infants, children and young people and the necessity for effective interventions earlier in the developmental trajectory.[4] The NHS in all parts of the UK has committed to additional funding for child and adolescent mental health with ambitions to increase access to services for 0-25 year olds. In England this is demonstrated in the prominence of both perinatal and children and young people's mental health in the NHS Long Term Plan which, amongst other ambitions, aims for an additional 345,000 children and young people aged 0-25 to be able to access mental health support by 2023/24.[5] Central to achieving these ambitions is investment in an expanded and more diverse workforce and the NHS People Plan has committed to increasing the number of child and adolescent psychotherapy training places in England by 25% in 2020/21 as a step towards this.[6]

Nick Waggett

Nick Waggett is the Chief Executive of the Association of Child Psychotherapists. He was a manager in the NHS for 25 years and Director of the Northern School of Child and Adolescent Psychotherapy. Nick trained at the Tavistock Centre as an organisation consultant and completed the Professional Doctorate in Advanced Practice and Research: Consultation and the Organisation with a thesis that investigates the ways in which information and communications technologies mediate organisational processes.

Child and Adolescent Psychotherapists are one of the 12 core NHS Psychological Professions[7] and work alongside a range of other professionals in multi-disciplinary teams in many different settings. Infants, children and young people, especially where needs are severe and complex, require access to effective specialist services that can offer a range of treatments at the right time in the right place.[8] Such services should include professionals with a range of skills, competences and trainings working together in well-led multi-disciplinary teams. In turn these services need to be informed by evidence of clinical and cost effectiveness.

The Psychological Professions Network has suggested that evidence-based practice might be viewed as a tripartite model in which research evidence is contextualised by service user choice and clinical experience. I would add to this that the research component should include evidence about service user experience of different treatments and also research that examines the process of psychotherapy to optimise its effectiveness with individual patients, including those from Black, Asian and minority ethnic communities. A range of research methodologies are required to better understand how services can be tailored to the needs and preferences of individuals and therefore to identify what workforce skills, competencies and trainings are required to deliver those services effectively.

The empirical evidence base for psychoanalytic and psychodynamic psychotherapy with infants, children and young people has been slower to develop than for related fields, in part due to the relative underfunding of research in psychological therapies and on children and young people.[10] However, published reviews demonstrate a growing evidence base which suggests that psychodynamic and psychoanalytic therapies might be effective for children and young people presenting with a range of clinical issues.[11] The Association of Child Psychotherapists (ACP) has commissioned a further systematic review, due to be published this year, that will provide an update on the evidence published between January 2017 and May 2020 and will show further improvements in both the quality and quantity of research evidence.

Within the profession of child and adolescent psychotherapy there is increasing engagement with a variety of approaches to research, and the importance of these in both developing clinical practice and evaluating its efficacy. The majority of trainings in the UK now lead to a doctoral qualification and the papers in this edition of the Bridge are testament to the range of interests and areas where child and adolescent psychotherapists are making important contributions.

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[11] *Midgley, N. et al. (2017) Psychodynamic psychotherapy for children and adolescents: an updated narrative review of the evidence base, Journal of Child Psychotherapy, 43(3), 307-329, doi: 10.1080/0075417X.2017.1323945.*

Can we prevent psychosis in high-risk adolescents?

By Dr. Jessica Edwards

Over the past two decades we've seen growing efforts to prevent psychosis developing in people with subtle signs and symptoms of the disorder, termed 'Clinical High-Risk State for Psychosis' (CHR-P).[1] These approaches have the potential to improve the lives of many people, particularly adolescents who are at the age that psychosis usually begins. However, most previous evidence on this topic has focused on adults.[2] Now, Ana Catalan and colleagues from around the globe have performed a systematic review and meta-analysis of child and adolescent research to advance our understanding of the detection, prognosis and interventions for CHR-P in this age group. Catalan *et al*. identified 87 articles involving >4,500 young people (mean sample age <18 years) for inclusion in their analyses.

In terms of detection, 16-36% of participants in mental health settings met the CHR-P criteria. Screening questionnaires had good accuracy for discriminating those who did and did not meet criteria for CHR-P. Interestingly, accuracy improved when using information from both the young people themselves and their parents. Most CHR-P adolescents (83%) presented with attenuated positive psychotic symptoms, such as perceptual disturbances or paranoid ideas that are sub-threshold for a psychotic disorder diagnosis. Common co-morbidities included mood and anxiety disorders, while functioning and cognition were also often impaired.

For prognosis, the risk for psychosis onset ranged from 10% at 6 months to 22% at 36+ months follow-up. Finally, for intervention, the researchers found that that 30% of CHR-P adolescents were prescribed antipsychotics, while 60% received psychotherapy. They did not find sufficient evidence to recommend a particular treatment over others to prevent transition to psychosis. Findings from preliminary randomised controlled trials on family interventions, cognitive remediation and fish oil supplementation suggested these treatments might improve symptoms, impaired cognition and functioning.

Various limitations to this study should be noted when interpreting these data. For example, the age range of the study participants varied greatly and the number of participants in each study was modest. The studies were also heterogeneous in terms of their design and quality. Finally, most of the included studies involved patients engaging with psychiatric services, thus representing a help-seeking clinical sample. For now, it seems that the CHR-P paradigm may be useful in adolescents, representing a promising avenue for prevention. However, the limited evidence for effective interventions indicates the need for further research in this field.

"For prognosis, the risk for psychosis onset ranged from 10% at 6 months to 22% at 36+ months follow-up. Finally, for intervention, the researchers found that that 30% of CHR-P adolescents were prescribed antipsychotics, while 60% received psychotherapy."

Referring to:

Catalan, A. et al. (2020), Annual Research Review: Prevention of psychosis in adolescents – systematic review and meta-analysis of advances in detection, prognosis and intervention. J. Child Psychol. Psychiatr. doi: 10.1111/jcpp.13322.

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Glossary:

Clinical High-Risk State for Psychosis (CHR-P): Describes features associated with developing a psychotic disorder, including attenuated or short-lived psychotic symptoms (potentially prodromal symptoms) and genetic risk.

Child soldiers exposed to more violence and combat are at greater risk of mental health problems

By Dr. Jessica Edwards

Sadly, the involvement of children in armed conflict is increasing,[1] and leads to a higher risk of developing mental health problems. Now, Shaobing Su and colleagues have examined which groups of former child soldiers are most likely to experience mental health difficulties. To do so, they classified these young people based on their reports of different forms of war exposure: separation and loss of assets, parental loss, loss of loved ones, witnessing violence, victimization, perpetrating violence, non-combat activities, and deprivation.

The study included 415 (23.86% female) Sierra Leonean former child soldiers participating in the 15-year Longitudinal Study of War Affected Youth (LSWAY). These youth reported their war-related experiences at four time points: T1 (2002; aged 10-17 years), T2 (2004), T3 (2008), and T4 (2016/2017). Two groups of individuals emerged from these analyses: a "higher war exposure" group (54.5%) who were exposed to higher levels of all war exposures, particularly violence and combat, and a "lower war exposure" group (45.5%). The higher war exposure group experienced more post-traumatic stress disorder symptoms at T2, more hyperarousal symptoms across all waves, and more difficulties in emotion regulation at T4 compared to the lower war exposure group.

These findings have several important implications for prioritising interventions. "Based on these findings, research and services need to adopt early screening, monitoring, and follow-up to identify those exposed to greater levels of trauma for psychosocial support services focusing on reducing traumatic stress symptoms and improving emotion regulation skills," explains Su. "In addition, it seems that those who report witnessing violence, being the victim of violence, and/or engaging in combat activities might be at the greatest need for both immediate and ongoing psychosocial support services."

The researchers hope that their study will inspire a new direction for war trauma research that involves classifying trauma history, with a nuanced approach to examining the associations between war experiences and developmental risks. They consider that their findings made thus far provide evidence that more sustainable and responsive systems of evidence-based treatments should be established in post-conflict settings.

Referring to:

Su, S., Frounfelker, R.L., Desrosiers, A., Brennan, R.T., Farrar, J. & Betancourt, T.S. (2020), Classifying childhood war trauma exposure: latent profile analyses of Sierra Leone's former child soldiers. J. Child Psychol. Psychiatr. doi: 10.1111/jcpp.13312.

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‘Cool Little Kids’ helps reduce later anxiety symptoms but not broader internalising problems

By Dr. Jessica Edwards

Children with a shy/inhibited temperament are at risk of developing internalising problems later in life.[1] Unfortunately, the responses to such behaviours by some parents — such as overprotective or harsh parenting — can add to this risk.[2] ‘Cool Little Kids’ is a group parenting intervention that comprises six, 90-minute manualised sessions delivered over 3 months that are led by clinical psychologists.[3] These sessions provide information on child anxiety, anxiety management and parenting methods. The aim is to address the risks of internalising problems early in life in inhibited children.

Researchers in Australia now have new follow-up data for a novel community study of ‘Cool Little Kids’. This randomised controlled trial initially involved 545 parents of temperamentally inhibited pre-schoolers (age 4 years) recruited from eight diverse areas across Melbourne, Australia. Parents of all children identified by universal pre-school screening for inhibition were invited to participate. There was an 86% retention rate at the 2-year follow-up (age 6 years), resulting in data being available from 218 parents who had been allocated to the intervention arm and 245 allocated to the control arm (usual access to community support services). The data showed that at age 6 years, child anxiety symptoms were significantly reduced in the intervention versus the control arm. However, there was no significant impact on broader child internalising problems, anxiety disorders, parenting practices or parent distress.

The researchers noted that some families engaged less with the intervention than others. Families who had reduced attendance tended to include younger mothers, less educated or more culturally diverse fathers, and parents with lower household income. Families who less frequently practised skills after the programme included parents of girls, and those from more advantaged neighbourhoods. The researchers propose that a low level of engagement with the intervention could potentially impact on its effectiveness over the long term. Why particular family characteristics influence engagement in such parenting groups to prevent child internalising remains to be determined. For now, the researchers propose considering motivation techniques to engage these subgroups of families.

Referring to:

Bayer, J.K., Prendergast, L.A., Brown, A., Harris, L., Bretherton, L. Hiscock, H., Beatson, R., Mihalopoulous, C. & Rapee, R.M. (2020), Cool Little Kids translational trial to prevent internalising: two-year outcomes and prediction of parent engagement. Child Adolesc. Ment. Health. doi: 10.1111/camh.12420.

References:

[1] *Claus, J.A., & Blackford, J.U. (2012). Behavioural inhibition and risk for developing social anxiety disorder: A meta-analytic study. Journal of the American Academy of Child and Adolescent Psychiatry, 51, 1066–1075.*

[2] *Murray, L. et al. (2009), The development of anxiety disorders in childhood: An integrative review. Psychological Medicine, 39, 1413–1423.*

[3] *Rapee, R.M. (2013). The preventive effects of a brief, early intervention for preschool-aged children at risk for internalising: Follow-up into middle adolescence. Journal of Child Psychology and Psychiatry, 54, 780–788.*

Glossary:

Internalising problems: emotional symptoms which tend to be expressed internally, such as anxiety and low mood.

Preterm infants have social cognition deficits which improve in childhood

By Dr. Jessica Edwards

Researchers at the University of Edinburgh have investigated social attentional preference and its relationship with neurodevelopment in preterm infants. Bethan Dean and colleagues recruited 81 preterm and 66 term infants to their study and performed eye tracking at age 7-9 months, reassessing a subset at age 5 years. While their eye movements were tracked, the infants were presented with three free-viewing social tasks which involved viewing images of increasing complexity. Dean *et al*. recorded the time spent by the infants looking at the socially informative areas (e.g. faces) in the images and then calculated social attentional preference scores. Cognitive performance was also measured at age 5 years, using the Mullen Scales of Early Learning.

The researchers found that preterm infants had lower social attentional preference scores at 7-9 months old compared to term-born infants. However, this score increased to reach an equivalent level with term-born infants at 5 years old. By contrast, the score for term-born infants remained stable across the two time points. Socioeconomic deprivation was also associated with lower social preference scores at 7-9 months old, and contributed additively to the effects of low gestational age.

Although the preterm infants in this cohort caught up with term-born infants in terms of social attentional preference, they had poorer cognitive performance at 5 years old, which was driven by language deficits. However, cognitive performance at age 5 years was not associated with social attentional preference in infancy or at age 5 years.

Dean *et al*. recommend that further studies are now needed to investigate whether atypical infant social cognition affects cognitive development giving rise to later cognitive impairments in preterm children. They also highlight the importance of considering socioeconomic disadvantage in studies of cognitive development in preterm children.

Referring to:

Dean, B., Ginnell, L., Ledsham, V., Tsanas, A., Telford, E., Sparrow, S., Fletcher-Watson, S. & Boardman, J.P. (2020), Eye-tracking for longitudinal assessment of social cognition in children born preterm. J. Child Psychol. Psychiatr. doi: 10.1111/jcpp.13304.

Glossary:

Eye tracking: A device measures eye position to determine a person's point of gaze, i.e. where they are looking. Gaze directed at visual stimuli can serve as an indicator of attention to and preference for those stimuli.

Social attentional preference: A preferential direction of vision to social content that is apparent in infants from shortly after birth. Social attentional preference is used as a measure of social cognition.