



In Practice

Changing problematic parent–child interaction in child anxiety disorders: The promise of Acceptance and Commitment Therapy (ACT)



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ARTICLE INFO

Article history:

Received 24 April 2014

Received in revised form

15 June 2015

Accepted 18 August 2015

Keywords:

Child anxiety

Acceptance and Commitment Therapy

Parenting

ABSTRACT

Anxiety disorders present a significant concern for children, affecting up to 20% of those under 12 years old. The importance of parenting behavior in the development and maintenance of childhood anxiety disorders has been established both theoretically and empirically. We review the literature on cognitive-behavioral parenting interventions aimed at reducing child anxiety and discuss the limitations of this approach and of the research to date. We then present Acceptance and Commitment Therapy (ACT) as a treatment model that holds promise for shifting problematic parent–child interactions, and we review the relevant theoretical and empirical literature supporting this promise.

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1. Introduction

With an estimated prevalence of 10–20%, anxiety disorders are among the most common childhood psychological problems (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). Moreover, anxiety disorders in childhood are associated with risks across a multitude of domains, including risk for social and academic challenges (Pine, 1997; Wood, 2006), adult anxiety (Kim-Cohen et al., 2003), secondary mental health problems such as substance abuse (Kushner et al., 2012), and major depression (Avenevoli, Stolar, Li, Dierker, & Ries, 2001). While established treatments exist for anxious children, there is a significant subgroup, approximately 30–40% of children with anxiety disorders for whom empirically-supported cognitive-behavioral therapy (CBT) models fail to produce a meaningful reduction in anxiety symptoms (Kendall, Settipani, & Cummings, 2012). Given that problematic parent–child interactions, such as controlling parental behavior (Barber, 1996; Steinberg, Elmer & Mounds, 1989), may amplify and maintain child anxiety (Wood, McLeod, Sigman, Hwang, & Chu, 2003), it stands to reason that one avenue for improving interventions would be to effectively target parent behavior. This paper discusses the promise of Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl, & Wilson, 1999) for addressing problematic parent–child processes that may impede treatment progress for anxious children. In this study, we focus specifically on anxiety

among children under 12 years old and here to refer to this as child anxiety.

2. Parent behavior in child anxiety disorders

Research points to the role of parenting in the development and maintenance of childhood anxiety (Chorpita & Barlow, 1998; Hudson & Rapee, 2004; Manassis & Bradley, 1994; Rapee & Spence, 2004; Rubin, Coplan, & Bowker, 2009). In particular, parental over-control (or lack of autonomy granting) has been consistently cited as a factor that contributes to and/or exacerbates children's anxiety symptoms (McLeod, Wood, & Weisz, 2007; Rapee, 1997), and may play a role in treatment outcome (Wood, Piacentini, Southam-Gerow, Chu, & Sigman, 2006), accounting for up to 18% of variance in child anxiety (McLeod, Wood, & Weisz, 2007). Granting of psychological autonomy is defined as attempts by the parent to solicit the child's opinion, tolerate differences in beliefs, acknowledge and respect the child's perspective, react non-judgmentally to the child's perspective, encourage the child to solve problems independently, and use explanation and induction. The absence or opposite of these behaviors is thought to reflect over-control. Over-control may convey the message to that child that s/he is incapable of handling challenging or novel situations, thereby undermining his or her sense of control, mastery, or autonomy (Hudson and Rapee, 2004, Wood et al., 2003). Such experiences of helplessness have been associated with increased anxiety among children (Chorpita and Barlow, 1998). Parental

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over-control may also reinforce child anxiety and restrict learning by preventing exposure and habituation to anxiety-producing situations (Hudson and Rapee, 2004; Rubin, Hastings, Stewart, Henderson, & Chen, 1997).

Empirical work supports this theoretical model, with basic research studies consistently showing that parental controlling behaviors are related to child anxiety (Wood et al., 2003). These associations have been found in cross-sectional studies (Mattanah, 2001; Rubin, Nelson, Hastings, & Asendorpf, 1999), longitudinal designs (e.g., Beesdo, Pine, Lieb, and Wittchen, 2010), studies incorporating behavioral observations in which interactions were coded (e.g., Dumas, LeFreniere, and Serketich, 1995; Hudson and Rapee, 2001; Mills and Rubin 1998; Siqueland, Kendall, & Steinberg, 1996), and at least one treatment study (Wood et al., 2006). Interestingly, when parental control has been experimentally manipulated in a community sample whereby mothers were instructed to be controlling (e.g., de Wilde and Rapee, 2008; Thirlwall & Creswell, 2010), children with more controlling mothers evidenced greater anxiety.

Research suggests that this association between parental over-control and child anxiety is complex and likely bidirectional. Moore, Whaley, and Sigman (2004) found that mothers of anxious children, regardless of whether they themselves were anxious, granted less autonomy to their children during conversation tasks than mothers of non-anxious children. Parent anxiety status was not predictive of parental autonomy granting, challenging a commonly held assumption that parental anxiety drives parental over-control, leading to the development of child anxiety. These findings are consistent with a longitudinal study which reported that child anxious symptomatology (shyness) predicted subsequent parental control, and not the reverse (Rubin et al., 1999). Thus, the complex interplay between child anxiety and parental behaviors and the emerging evidence supporting parent involvement in treatment point to the need for innovative interventions that include both children and their parents.

3. Changing parent behavior in families affected by child anxiety: current literature

These empirical findings suggest that effecting change in parental over-control may be an effective intervention for anxious children, especially given some limited data suggesting that a reduction in parental psychological control is associated with later decreases in child anxiety (Settipani, O'Neil, Podell, Beidas, & Kendall, 2013). Interestingly, Settipani and colleagues found that parental anxiety decreased *after*, rather than before, child anxiety decreased, suggesting that child behavior may elicit and maintain parent distress. It may be that parent experiences of child distress play an important role in not only parent anxiety but also parenting behaviors. However, research into parent-focused interventions for child anxiety disorder thus far has two notable limitations that constrain our ability to understand whether and how parenting interventions might improve child and family: the assumption of psychological flexibility in the parent, and lack of information on change in targeted parenting behaviors through treatment.

4. The assumption of psychological flexibility

First, parenting interventions for childhood anxiety currently evaluated in the literature generally focus on delivering CBT-related content, but do not attend to within-parent factors that may make it difficult to change problematic parenting behavior. Many parent-focused protocols take a coaching approach in encouraging

parents to support their child's CBT program. The content of these parent-focused modules has tended to closely follow the child-focused CBT sessions, focusing on providing psychoeducation for parents regarding how they can help their child generalize treatment gains outside of sessions (e.g., Toren et al., 2000), rather than on directly addressing parenting behaviors hypothesized to maintain anxiety. A subset of these research protocols do directly target parenting behavior (Mendlowitz et al., 1999, Spence, Donovan, Brechman-Toussaint, 2000), including autonomy granting (Wood et al., 2006) through the provision of information, education, and directives. However, none have addressed potential antecedents to autonomy granting (Wood et al., 2006). Parent psychological experiences or inner processes, such as parents' own emotional reactivity or anxiety sensitivity, may trigger controlling behavior, and may also make it challenging for parents to utilize learned skills. While some programs do target parent anxiety generally (e.g., Barrett, 1998; Barrett, Dadds, & Rapee, 1996; Dadds et al., 1997; Shortt, Barrett, & Fox, 2001), they do not address specific psychological processes that may occur in the context of parenting an anxious child, such as parental emotional response to clinging or avoidant behavior in the child. This is important because parent over-focus on managing difficult emotions or internal experiences in this context, also called experiential avoidance (Cheron, Ehrenreich, & Pincus, 2009) may impair parents' ability to respond sensitively and responsively to situations that evoke anxiety in their children. This, in turn, may lead to parent over-control rather than encouragement for a child to explore, thus decreasing a child's chances to learn from and habituate to a particular situation. Moreover, this over-focus on internal content may also prevent parents from learning that their child may quite effectively explore and withstand anxiety-eliciting environments. Such over-focus may lead to *psychological inflexibility*, or engagement in a rigid and inflexible pattern of behavior that precludes the learning of more effective and approach-based parenting strategies (Murrell, Wilson, LaBorde, Drake, & Rogers, 2008).

To summarize, few parenting interventions address specific parenting behaviors implicated in child anxiety, and none address psychological antecedents to those behaviors. This gap in the literature reflects an incomplete analysis of parenting behavior in the context of child anxiety, leaving out a key piece of the puzzle that may account for the development and expression of parental over-control. Thus, existing CBT protocols tend to assume that parents have the psychological flexibility to make and maintain challenging behavior changes (e.g. changing from protecting their child from anxiety provoking stimuli, which keeps both dyad members calm, to supporting their child to approach phobic stimuli, which is generally initially distressing to both parent and child) in an area of their life which is emotionally fraught. However, parents distressed by and unwilling to experience their child's anxiety may be less able to learn and effectively engage in autonomy-granting, especially in contexts particularly triggering for their children. This may lead to problematic parenting behavior, and thus, maintenance and exacerbation of child anxiety problems. Therefore, the assumption of psychological flexibility in parents is seldom met, and lack of attention to antecedents of parent controlling behaviors may undermine the effectiveness of the behavioral directives in these intervention protocols.

5. Lack of information on change in parenting behavior

A second limitation of this literature on parent interventions in childhood anxiety is the lack of post-treatment evaluation of parent-child interactions. Studies have focused on child anxiety outcomes (e.g., Shortt et al., 2001; Toren et al., 2000; Wood et al., 2006) but do not measure whether parent interventions actually

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