

Preschool Environment and Temperament as Predictors of Social and Nonsocial Anxiety Disorders in Middle Adolescence

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Objective: Of the few risk factors identified for the development of anxiety disorders, behavioral inhibition has received the strongest support. However, studies examining prediction of anxiety disorder from inhibition over time have not been extensive, and very few have assessed the impact of inhibition assessed early in life on anxiety in adolescence. **Method:** The current study assessed 3 risk factors among 91 children when they were approximately 4 years of age, and determined anxiety diagnoses when the children were in midadolescence (mean age, 15 years). Children were included in the study at preschool age if they scored high ($n = 57$) or low ($n = 34$) on behavioral inhibition. Maternal anxiousness and maternal attitudes toward the child were assessed at the same time. Diagnoses at age 15 years were categorized as social anxiety disorder or other anxiety disorders. **Results:** Social anxiety disorder at age 15 years was predicted by both inhibition and maternal anxiousness at age 4 years, whereas other anxiety disorders were predicted only by maternal anxiousness. Almost 37% of inhibited preschool-aged children demonstrated social anxiety disorder at age 15, compared with 15% of uninhibited children. **Conclusions:** The results support a growing body of research pointing to the importance of behavioral inhibition as a risk for social anxiety well into adolescence, and also highlight maternal anxiousness as a more general risk across anxiety disorders. *J. Am. Acad. Child Adolesc. Psychiatry*, 2014;53(3):320–328. **Key Words:** anxiety disorders, risk factors, social anxiety, temperament

Anxiety disorders are among the most chronic forms of mental disorder.¹ They typically begin relatively early in life, and most have low rates of remission. The median age of onset for anxiety disorders is around 11 years, and 75% of all anxiety disorders have developed by age 21 years.² One of the most chronic of the anxiety disorders, social anxiety disorder, has an average onset in early- to mid-adolescence, a period that also coincides with the marked increase in prevalence of depression.³ Anxiety disorders and, especially, social anxiety disorder, typically have a strong negative impact during the adolescent years.¹ Thus, adolescence is a key period for the development and adverse impacts of mental disorders, especially anxiety disorders. In turn, anxiety disorders during adolescence are strong predictors of continued difficulties into

adulthood, including adult anxiety and mood disorders.^{4,5}

Several comprehensive models of the development of anxiety disorders in youth have been proposed and emphasize a relatively consistent set of factors.^{6–10} Central among these risk factors are temperament, parent psychopathology, and parent–child relationships.

Temperamental risk for anxiety has focused on withdrawn and inhibited behaviors, with the most widely described temperamental risk being behavioral inhibition. Behavioral inhibition describes a style of extreme withdrawal and avoidance in response to novelty and social situations.^{11,12} Behavioral indicators include a reticence to speak or engage with peers, hesitation to interact with or approach unfamiliar people or objects, and, for young children, a tendency to stay close to their mother. Related temperament types have also been described including social withdrawal, shyness, and fearfulness.^{13–15} The similarity and overlap with anxiety disorders, especially with social



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anxiety disorder, is obvious (hesitant peer interactions, social withdrawal), and considerable debate has considered whether these constructs should be seen as interchangeable.¹⁶⁻¹⁸ However, based on several differences between the constructs (e.g., moderate correlations, different responsiveness to environmental agents, different life impact), most authors have concluded that inhibition and anxiety disorder can be conceptualized as independent, albeit highly related, constructs. A wealth of evidence has supported the relationship between behavioral inhibition and anxiety disorders; importantly, a number of these studies have been longitudinal, supporting early inhibition as a risk for later anxiety disorder.¹⁷ Some research has suggested that this relationship is found only with social anxiety disorder, and that behavioral inhibition is not a significant risk for other anxiety disorders,¹⁹⁻²¹ although some studies have shown slightly broader associations.²²⁻²⁴ A recent meta-analysis showed that behaviorally inhibited children have a 7-fold risk to develop later social anxiety disorder, compared with behaviorally uninhibited children.²⁵ However, the strength of this relationship appears to decrease with time between assessments. In other words, studies in which BI and anxiety are assessed farther apart show a slightly smaller prediction than studies in which the 2 variables are assessed more closely in time. It may be expected, then, that behavioral inhibition measured early in childhood will be a less important predictor of anxiety into middle adolescence than it is for anxiety assessed during childhood.

To date, only 2 separate cohorts have been used to assess the relationship between behavioral inhibition during childhood and anxiety disorders in adolescence.^{21,26} In the first long-term study, 112 children were assessed for inhibition based on laboratory observation when they were approximately 2 years of age and were categorized at either of the 2 extremes (behaviorally inhibited or behaviorally uninhibited).²¹ By early adolescence (mean age, 13 years), 74 participants were assessed on structured diagnostic interview. Those who had been categorized as behaviorally inhibited when they were toddlers were significantly more likely to meet current criteria for social anxiety disorder than those initially assessed as uninhibited (61% versus 21%). In a later study, 122 adolescents between 14 and 16 years of age who had previously been assessed for behavioral inhibition were diagnosed with a structured clinical interview for lifetime disorders.²⁶ The children had been assessed

for inhibition 4 times from 14 months to 7 years of age and were divided into 2 groups, stable inhibition (behavioral inhibition on all 4 occasions across childhood, $n = 15$) and either low inhibition or inhibition on fewer than 4 occasions ($n = 107$). Adolescents showing stable inhibition according to maternal reports were more likely to meet diagnostic criteria for lifetime social anxiety disorder (40% versus 15%), and the difference for any anxiety disorder approached significance (60% versus 53%).

If behavioral inhibition accounts for only a modest proportion of variance in anxiety disorder by adolescence, then it is important to identify other factors that may also be involved. As described above, 2 core factors that have been proposed include parent psychopathology and parent-child relationship. Parents of anxious children have been shown to be more likely themselves to meet criteria for anxiety disorders and generally to be higher on negative affectivity.^{27,28} This work has mostly been cross-sectional, although a few studies have demonstrated that parent negative affect can act as a risk for later child anxiety.^{22,24,29} At present, no studies have assessed parent negative affect when the child was very young and examined its influence on the child's anxiety in the adolescent years.

A greater amount of research has focused on the relationship between childhood anxiety and parenting styles and behaviors. A large number of studies, both retrospective and concurrent, and using both verbal reports and observational assessment, has shown that parents of anxious children are more critical (harsh, low in warmth) and involved (protective, controlling) than other parents.³⁰⁻³² The vast majority of these studies are concurrent, although several studies have now shown that overinvolved parenting at a given time can predict child anxiety at a later time.^{22,29,33,34} Little prospective research has evaluated this effect among adolescents. Given the greater distinction from parents during adolescence,³⁵ it might be expected that the parent-child relationship would predict less variance in anxiety, both concurrently and prospectively, during adolescence than earlier in childhood. Although this may be true, at least 1 study has shown that parent overprotection among 12-year-old girls was still a significant predictor of the girls' anxiety 12 months later, but only according to adolescents' reports of their own anxiety and not according to maternal reports of the girls' anxiety.³⁶

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