



Research report

Parental responsibility beliefs: associations with parental anxiety and behaviours in the context of childhood anxiety disorders



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ABSTRACT

Background: High levels of parental anxiety are associated with poor treatment outcomes for children with anxiety disorders. Associated parental cognitions and behaviours have been implicated as impediments to successful treatment. We examined the association between parental responsibility beliefs, maternal anxiety and parenting behaviours in the context of childhood anxiety disorders.

Methods: Anxious and non-anxious mothers of 7–12 year old children with a current anxiety disorder reported their parental responsibility beliefs using a questionnaire measure. Parental behaviours towards their child during a stressor task were measured.

Results: Parents with a current anxiety disorder reported a greater sense of responsibility for their child's actions and wellbeing than parents who scored within the normal range for anxiety. Furthermore, higher parental responsibility was associated with more intrusive and less warm behaviours in parent–child interactions and there was an indirect effect between maternal anxiety and maternal intrusive behaviours via parental responsibility beliefs.

Limitations: The sample was limited to a treatment-seeking, relatively high socio-economic population and only mothers were included so replication with more diverse groups is needed. The use of a range of stressor tasks may have allowed for a more comprehensive assessment of parental behaviours.

Conclusions: The findings suggest that parental anxiety disorder is associated with an elevated sense of parental responsibility and may promote parental behaviours likely to inhibit optimum child treatment outcomes. Parental responsibility beliefs may therefore be important to target in child anxiety treatments in the context of parental anxiety disorders.

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1. Introduction

Anxiety disorders in childhood are common (e.g., Canino et al., 2004; Ford et al., 2003), costly for society (e.g., Bodden et al., 2008), and have negative consequences for children's social and academic development (e.g., Essau et al., 2000). Talking therapies, especially cognitive behavioural therapy (CBT), are known to be effective in reducing anxiety symptoms to a sub-clinical threshold for a substantial proportion of children (55–60%), but a large number of children continue to experience significant difficulties after treatment (e.g., Cartwright-Hatton et al., 2004; James et al., 2013). One of the most consistent predictors of treatment outcome for childhood anxiety disorders is parental emotional distress, especially parental anxiety disorder (e.g., Bodden et al., 2008;

Hudson et al., 2013). However, the mechanisms by which parental anxiety disorder impedes good treatment outcomes remain unclear. This study represents a step towards identifying potential mechanisms, by investigating associations between parental anxiety and parental cognitive and behavioural responses in the context of child anxiety disorders.

Parental cognitions and behaviours have been implicated in the development and maintenance of childhood anxiety; specifically, it has been suggested that negative expectations regarding child and parental coping may promote parental behaviours that impede the child's developing autonomy (e.g., Creswell et al., 2011; Hudson and Rapee, 2001; Lester et al., 2009). The parental behaviours that have been implicated in the maintenance of child anxiety disorders are generally categorised as (i) parental overcontrol, (ii) modelling of anxiety and anxious rearing, and, albeit with less consistent support, (iii) negative behaviours (e.g., McLeod et al., 2007; Wood et al., 2003). Overcontrolling parental behaviours include excessive regulation of children's activities and routines, overprotection, or instruction to the child on how to

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think or feel (Wood et al., 2003), and are hypothesised to promote child anxiety by limiting the child's development of mastery and autonomy (e.g., Hudson and Rapee, 2001). Parental expressed anxiety includes describing or encouraging children to view problems as catastrophic, irresolvable or dangerous (Wood et al., 2003), and behaving in a manner likely to alert children to threat in their environment (e.g., Gerull and Rapee, 2002). Finally, negative parental behaviours, such as criticism or rejection, are hypothesised to promote a perception of the world as threatening and prevent children from learning to manage emotions adaptively (e.g., Bögels and Brechman-Toussaint, 2006).

One potential explanation for the poorer treatment outcomes typically found for children with anxiety disorders in the context of high parental anxiety is that parental anxiety might be associated with elevated levels of the 'anxiogenic' behaviours described above, thereby limiting the benefit to the child of standard treatments (e.g., Rapee et al., 2009). In other words, it may not be the presence of parental anxiety per se that interferes with child treatment outcomes (although, of course, this also may be the case), but the interactive patterns that arise between parents and children in the context of high parental anxiety (Breinholst et al., 2012; Settiani et al., 2013). Better characterisation of the ways in which anxious parents differ from non-anxious parents in their responses to their anxious child could contribute to an understanding of the processes that might account for poorer child treatment outcomes.

Recent evidence indicates that anxious and non-anxious parents of children with a current anxiety disorder differ in their cognitive and behavioural responses to their anxious children when under stress. With regard to parental cognitions, compared to non-anxious parents, highly anxious parents of anxious children have been found to expect that their child will struggle to cope, will perform poorly and view themselves as being less in control of their child's responses when confronted with a stressor (Cobham and Dadds, 1999; Creswell et al., 2013). In a recent study, although mothers with an anxiety disorder had lower levels of perceived control overall compared to non-anxious mothers, as child expressed anxiety increased the degree to which mothers with an anxiety disorder felt in control over their child's responses increased, whereas for non-anxious mothers it decreased (Creswell et al., 2013). Furthermore, parental perceived control was positively associated with independent ratings of intrusive parental behaviours.

One interpretation of these findings was that they might reflect an increased sense of responsibility among highly anxious parents, with reports reflecting parents' views that they "should" be more in control when their child was faced with challenge. This suggestion is in line with findings that highly anxious adults, compared to non-anxious adults, have an inflated sense of responsibility with respect to causing or preventing harm to others (Salukovskis et al., 2000). Previous findings suggest that (i) the way in which parents process information about their child is consistent with how they process information about their own experiences, and (ii) the way in which they process information about their own experiences mediates the association between parental anxiety levels and how they think about their children (e.g., Creswell and O'Conn 2006; Lester et al., 2010). It is likely, therefore, that parents who are highly anxious will have inflated responsibility beliefs, which will be associated with a similarly inflated sense of responsibility for their children's actions and wellbeing. Furthermore, findings from recent experimental work suggest that increasing parents' sense of responsibility for the consequences of their child's behaviours leads to an increase in intrusive and over-involved behaviours in interaction with their child.

(Reeves et al., 2010). These convergent lines of evidence suggest that highly anxious parents may experience elevated levels of

responsibility in general and that the entailed inflated sense of parental responsibility promotes anxiogenic parental behaviours.

To our knowledge, the role of parental responsibility beliefs has not been examined within the context of childhood anxiety disorders. This study therefore had two objectives: (i) to examine whether the level of parental responsibility beliefs differs between anxious and non-anxious parents of children with anxiety disorders; and (ii) to examine the association between parental responsibility beliefs and parental anxiety and observed parental behaviours in interaction with their children. A number of methodological considerations were taken into account. Specifically, as particular parental behaviours are more likely to occur in the context of elevated child state anxiety (e.g., Creswell et al., 2013; Hudson et al., 2008) and in performance, rather than discussion based, tasks (van der Bruggen et al., 2008), we used a well-established challenging performance task to induce a mild degree of stress in the children (a social speech task; e.g., Gar and Hudson, 2008), and took into account potential group differences in children's expressed anxiety. In addition, previous studies have found stronger associations between parental anxiety and parental controlling behaviours when precisely defined behaviours are assessed, rather than more general categories (Murray et al., 2012; van der Bruggen et al., 2008). Thus, we assessed specific dimensions of behaviour that have previously been linked to parental anxiety using an established coding scheme (e.g., Creswell et al., 2013; Murray et al., 2012). As this study tests novel hypotheses regarding parental responsibility beliefs we sought to explore associations with a broad range of parental behaviours associated with control (intrusive behaviours, overprotection, promotion of avoidance), maternal expressed anxiety, and positive responses (warmth, encouragement and the quality of the relationship) (e.g., Creswell et al., 2013; Moore et al., 2004). Furthermore, since child age and gender have been shown to influence parental cognitions and behaviours (e.g., Dix et al., 1986), we selected groups that were balanced on these factors. Additionally, we took account of parental low mood as it is commonly comorbid with anxiety (e.g., Sartorius et al., 1996), and is associated with negative parental cognitions (e.g., Chen et al., 2009) and behaviours (e.g., Lovejoy et al., 2000).

The following hypotheses were examined:

1. Mothers with a current anxiety disorder will have an inflated sense of parental responsibility relative to non-anxious mothers.
2. Parental responsibility will be positively associated with anxiety-promoting behaviours (intrusiveness, overprotection, promotion of avoidance, expressed anxiety and negativity) and negatively associated with positive parental behaviours (warmth, encouragement, positive relationship quality).
3. There will be an indirect effect between maternal anxiety and parental behaviours via parental responsibility beliefs.

2. Methods

2.1. Participants

Sixty children aged 7–12 years old and their mothers participated in the study. Families were recruited from a specialist child anxiety clinic and research centre in the UK. Children had been referred to the clinic by either local health or education service personnel. Families were assessed by graduate psychologists using the Anxiety Disorders Interview Schedule for DSM-IV: Child and Parent version (ADIS-C/P; see below) and were included on the basis of having an anxiety disorder as their principal diagnosis. Principal anxiety disorders for participating children were as

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