Perceived Family Impact of Preschool Anxiety Disorders

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Objective: We examined the perceived impact of child anxiety disorders on family functioning, because such impact is a key predictor of mental health service receipt. In addition, we examined the relative impact of preschool anxiety compared to that of other early childhood disorders, and whether this impact persisted after accounting for the effects of comorbidity, or varied by child age and sex. **Method:** Drawing from a pediatric primary-care clinic and oversampling for children at risk for anxiety, 917 parents of preschoolers (aged 2–5 years) completed a diagnostic interview and reported on child psychiatric symptom impact on family finances, relationships, activities, and well-being. **Results:** After accounting for comorbid disorders, families of children with anxiety were 3.5 times more likely to report a negative impact of their child's behavior on the family relative to nondisordered children. Generalized and separation anxiety had an impact on family functioning similar to that of attention-deficit/hyperactivity disorder and disruptive disorders. There was a significant family impact for girls with social phobia, whereas there was no impact for boys. **Conclusions:** Preschool anxiety has a significant, unique impact on family functioning, particularly parental adjustment, highlighting the family impairment linked with early anxiety, and the need for further research on barriers to care for these disorders. J. Am. Acad. Child Adolesc. Psychiatry, 2014;53(4):437–446. **Key Words:** preschool, family impact, generalized anxiety, separation anxiety, social phobia

Anxiety disorders are among the most common psychiatric problems in childhood.[1] Although there is limited epidemiological work with young children, existing evidence suggests that these disorders are present from a very early age, with 6% to 10% of preschoolers (children 2–5 years of age) in U.S. community samples meeting diagnostic criteria for an anxiety disorder.[2] Children with anxiety disorders experience symptoms that are highly distressing, with adverse implications for long-term functioning and development.[2,3] Although early-onset anxiety is associated with significant impairment and may follow a pernicious course without intervention,[3] it is among the least-treated disorders of childhood.[4] It has been hypothesized that parents may be less likely to pursue mental health services for children with anxiety disorders because they have less impact on the family than disruptive behavior problems or attention-deficit/hyperactivity disorder (ADHD).[4] However, there is little research to date on the perceived impact of childhood anxiety disorders on family functioning, particularly in early childhood.

In fact, the phenomenology of preschool anxiety disorders has only recently been explored.[2] Creating developmentally sensitive diagnostic criteria was an essential step in this process,[5] such as the Research Diagnostic Criteria–Preschool Age (RDC-PA)[6] and the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:03-R)[7] (for a review of these and other assessments of preschool psychopathology, see Carter *et al.*[8]). Although validation of specific anxiety disorders in young children is ongoing, there is evidence for similar genetic influences,[9] environmental risk factors,[10] and patterns of homotypic and heterotypic continuity as found in older children.[9,11] Similar patterns of differentiation in preschool symptoms are also found, with generalized anxiety disorder (GAD), separation anxiety disorder (SAD), and social phobia (SP) consistently emerging as relatively common, separable syndromes across both

younger and older preschoolers.[12,13] There are some developmental differences in the presentation of symptoms (e.g., for GAD, only 1 of 6 symptoms required for diagnosis in childhood; somatic symptoms are relevant across preschool, but worrying may be more salient for 2- to 3-year-olds, whereas concentration difficulties are more important for older children).[2,13] Because young children may lack cognitive, verbal, and emotional capacities to describe their anxiety, symptom identification often depends on behavior, using adult-report or observational assessments.[2] In addition, because normative anxiety and fears peak within the toddler period, it has been recommended to require impairment for diagnosis.[17] Although there is increasing recognition that preschoolers experience distressing anxiety that impairs their functioning and development, the perceived family impact of early anxiety is unknown.

Research with school-aged children suggests that having a child with a psychiatric condition negatively affects family functioning in multiple ways, including increased worries and concerns about the child, additional expenses and loss of income, strained family relationships, impaired social interactions and restricted activities, and decreased parental adjustment.[14,15] In turn, the perceived family impact of the child's disorder predicts whether or not the child receives needed services, above and beyond diagnosis and level of functioning.[14] Indeed, research with 6- to 18-year-olds suggests that the impact of anxiety on caregivers is a key predictor of service receipt,[16] although only 72% of school-aged children with impairing anxiety disorders receive any kind of counseling, and younger children are even less likely to receive services.[4] In addition, it has been suggested that the perceived family impact of the child's disorder is a critical index of impairment because of the embedded nature of young children's behavior within the family context.[2] Because preschool is not mandatory, the family may be the only setting in which impairment is apparent, and caregivers may alter the environment to minimize effects of the disorder. For example, parents may limit exposure to anxiety-provoking situations (e.g., not placing the child in daycare) or may change family routines to minimize the child's distress (e.g., allowing the child to sleep in the parents' bed), such that individual markers of impaired functioning are obscured, despite costs to the overall family functioning.[2]

Although research with school-aged children suggests that internalizing problems (i.e., anxiety and depression) may have less impact on the family than externalizing problems,[14] the relative impact of anxiety may be greater in early childhood. Compared with older children, preschoolers have less independence from caregivers and spend more time at home, making symptoms particularly salient to family members. Although the relative impact of preschool anxiety disorders is unknown, research with 5- to 15-year-olds suggests that the impact of emotional symptoms on the family is greater in younger children.[15]

Perceived family impact of anxiety disorders may also depend on the child's specific diagnosis and comorbidity. No studies to date have examined the impact of GAD, SAD, or SP, but there is evidence for discrepancies in service receipt; school-aged children with GAD and SP are less likely to receive treatment than those with SAD.[8] In addition, although comorbidity between child anxiety and other disorders is documented within the preschool period,[2,9] it is unclear whether the perceived impact of anxiety persists above and beyond the influence of other disorders. Evidence with 4- to 12-year-olds suggests that internalizing problems have a unique impact on caregiver stress after accounting for externalizing behavior.[17]

Finally, there is reason to believe that the perceived family impact of preschool anxiety may differ for girls and boys, as school-aged boys with internalizing symptoms are more likely to be referred to treatment than girls.[18] However, Meltzer *et al.*[15] suggest that "gender atypical" disorders may be more burdensome. There may also be differences by specific anxiety diagnosis (e.g., because gender norms emphasize the importance of relationships for girls, having a girl with social phobia could have more impact).

Drawing from the Duke Preschool Anxiety Study, a study of the epidemiology of preschool GAD, SAD, and SP in primary care, we sought to address the following questions: Do children's anxiety disorders have a perceived impact on family functioning? What is the relative impact of caring for a child with anxiety compared to that of other preschool disorders? Does perceived impact persist after accounting for the effects of comorbidity? We hypothesized that families of children with anxiety would report a significant negative impact on family functioning, even after accounting for the impact of other disorders, and that this impact would be similar to that of