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### **Brief Report**

# Changes in maternal expressed emotion toward clinically anxious children following cognitive behavioral therapy

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#### ABSTRACT

The aim of this study was to determine whether maternal expressed emotion (criticism and emotional overinvolvement) decreased across treatment for childhood anxiety. Mothers of 48 clinically anxious children (aged 6–14 years) were rated on levels of criticism (CRIT) and emotional overinvolvement (EOI), as measured by a Five Minute Speech Sample (FMSS) from mothers, prior to and following cognitive behavioral therapy (CBT) for their children's anxiety. Results showed a significant decrease in the proportion of mothers who expressed high levels of criticism and emotional overinvolvement from pretreatment to posttreatment. This finding suggests that interventions aimed at reducing symptoms of child anxiety can also result in a decrease of maternal expressed emotion (criticism and emotional overinvolvement).

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#### Introduction

Research suggests that parent-child interaction styles are one part of a complex array of variables that account for a modest proportion of the variance in child anxiety (McLeod, Wood, & Weisz, 2007). The empirical literature has focused primarily on the association between childhood anxiety and the parenting dimensions of "control" (overinvolvement) and "rejection" (negativity/criticism). Parental control has been shown to be strongly associated with child anxiety, whereas results have been less consistent regarding the relationship between parental rejection and anxiety (for reviews, see Gar, Hudson, & Rapee, 2005; McLeod et al., 2007). Etiological models of anxiety suggest that these parenting styles increase a child's vulnerability to developing an anxiety disorder (e.g., Ginsburg & Schlossberg, 2002; Hudson & Rapee, 2004). Criticism is theorized to contribute to anxiety by increasing a

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child's maladaptive cognitions about himself or herself and conveying a limited sense of personal competence, thereby fostering a poor sense of self-worth and self-efficacy (Ginsburg, Grover, Cord, & Ialongo, 2006). These variables represent psychosocial risk factors for anxiety (Chorpita & Barlow, 1998). Maladaptive overinvolvement is thought to influence anxiety by increasing a child's perception of threat, decreasing a child's perceived ability to control and competently manage distress, and ultimately increasing a child's avoidance of threat (Hudson & Rapee, 2004). Thus, overcontrol constrains a child's opportunity to explore and manipulate the environment independently and restricts his or her ability to develop mastery skills (Chorpita & Barlow, 1998).

Although there is an abundance of research describing the importance of child-rearing characteristics in the development of anxiety, a minority of studies have measured the extent to which parenting can be altered by means of a treatment program for child anxiety (Ginsburg, Siqueland, Masia-Warner, & Hedtke, 2004). Such an investigation could help to identify dysfunctional parenting styles that remain unaltered following treatment and that should be targeted more specifically in therapy programs (Ginsburg & Schlossberg, 2002). Interventions that directly address caregiver attitudes may produce subsequent improvements in child anxious symptomatology (Cartwright-Hatton, 2006), thereby enhancing the effectiveness of treatment.

A few previous studies have shown that interventions aimed at reducing symptoms of child anxiety can also alter maladaptive parenting styles (Barrett, Dadds, & Rapee, 1996a; Creswell, Schniering, & Rapee, 2005; LaFreniere & Capuano, 1997). Barrett, Rapee, Dadds, and Ryan (1996b) found that, prior to undergoing a treatment program, anxious children chose more avoidant coping responses to hypothetical situations following a discussion with their parents than they had prior to the family discussion. This phenomenon, known as the FEAR (family enhancement of avoidant responses) effect, did not occur at posttreatment (Barrett et al., 1996a). Rather, anxious children who received treatment showed a reduction in the FEAR effect in comparison with waitlist control participants, indicating that treatment successfully modified negative parental influences. Creswell and colleagues (2005) replicated the findings of Barrett et al. (1996b), showing that anxious children interpreted ambiguous situations as more threatening than did nonanxious children and, furthermore, demonstrating that mothers of these children also interpreted a higher level of threat to ambiguous scenarios than did mothers of nonclinical children. Following a nine-session group cognitive behavioral therapy (CBT) program, both children's and mothers' levels of threat interpretation were significantly reduced, suggesting that interventions not only can modify child cognitions but also can impact parents' thought processes.

Likewise, LaFreniere and Capuano (1997) found that a 20-session home-based parenting skills program for anxious-withdrawn preschoolers resulted in a decrease in the level of parental intrusiveness and control at posttreatment compared with mothers who received no treatment. Another study investigating the effectiveness of a 12-week parent-only group CBT program (Thienemann, Moore, & Tompkins, 2006) demonstrated a significant improvement in parental attitudes (parents' feelings about their child's anxiety and perceptions of their child's competence and need for support) across treatment.

To further investigate changes in parenting across treatment, the current study used the Five Minute Speech Sample (FMSS), which characterizes the attitudes and related practices of family members toward their relatives with mental disorders. The FMSS assesses parental expressed emotion (EE) by instructing parents to provide their thoughts and feelings about their child and to describe the relationship they have with their child for an uninterrupted 5 min. Expressed emotion is measured by coding two distinct components of the speech sample: criticism (CRIT) and emotional overinvolvement (EOI). Expressed emotion was first studied by Brown, Monek, Carstairs, and Wing (1962) as a factor associated with relapse in patients with schizophrenia and has since been implicated in numerous studies as an aspect of the family environment that is associated with the presence and severity of psychiatric disorders in adults and children. For example, Stubbe, Zahner, Goldstein, and Leckman (1993) found that emotional overinvolvement was associated with higher rates of separation anxiety disorder and generalized anxiety disorder.

Only one previous study has investigated the changes in expressed emotion across child treatment. Vostanis, Burnham, and Harris (1992) measured expressed emotion from three videotaped family therapy sessions (first, second, and last sessions) of 12 families with a nonhomogeneous group of chil-

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