Interplay Of Child Anxiety and Parent Coping: Scope And Strategies

Dr. Khyati Brahmbhatt M.D
Assistant Clinical Professor
U.C Davis Medical Center
Child and Adolescent Psychiatrist
Anxiety

- 40-60% kids with 22q11.2
- 6.5% point prevalence and 25% lifetime prevalence old for anxiety disorders aged 13-18 yrs in the general population
- Higher rates in medically ill kids than general population
- High degree of variability between types of illness
Possible Causes for increased rates

- Genetic
- Life Stressors:
  - Multiple medical procedures in infancy
  - Ongoing need for care and monitoring
- Behavioral modeling
  - Reflection of stress experienced by parents/caregivers with its resultant behaviors
Impact of anxiety

- Impact on Brain development
- Impaired learning
- Chronic anxiety can lead to high levels of endogenous steroids at rest ➔ suppressed immune systems
- Social difficulties
Impact on parents

- Anxiety due to adversity
- Worsening of Inherent anxiety
- Effect of anxiety on parental behavior:
  - View of child as vulnerable
  - Wish to protect
  - Despair
  - Denial of limitations
Study 1

- Study with anxious and non-anxious condition
- Simple addition test
- Kids in non-anxious condition did better.
- Anxious father paradigm had more impact than anxious mother paradigm
- Medically ill kids can be cued by their environment to expect danger
Vulnerable child syndrome

- VCS refers to the combination of the parental view that their child is at increased risk for problems because of medical or psychological issues, although the child is objectively healthy, and resulting behavior problems in the child.

- The syndrome often begins following an acute childhood illness or being told that the child could have died.
Is it common?

Children who are firstborn, premature, have congenital anomalies or an acquired handicap have had a life-threatening illness, were predicted to die in utero, or are at risk of a familial hereditary disorder are at increased risk of VCS.

The precise incidence and prevalence of VCS are not known but the prevalence is estimated to be roughly 10% of the population.
Symptoms of VCS

- Presenting symptoms are surprisingly consistent and include:
  - difficulty with separation
  - sleep disturbances
  - Infantilization
  - somatic complaints
  - behavior problems and
  - School underachievement
The vulnerable child scale

- Caregivers State Whether Each Statement Is Definitely True, Mostly True, Mostly False, or Definitely False

1. In general, ___ seems less healthy than other children of the same age.
2. I often think about calling the doctor about ___.
3. When there is something going around, ___ usually catches it.
4. ___ seems to have more accidents and injuries than other children.
5. ___ usually has a healthy appetite.
6. Sometimes I get concerned that ___ doesn’t look as healthy as he/she should.
7. ___ usually gets stomach pains or other sorts of pains.
8. I often have to keep ___ indoors because of health reasons.
9. ___ seems to have as much energy as other children of the same age.
10. ___ gets more colds than other children of the same age.
11. I get concerned about circles under ___’s eyes.
12. I often check on ___ at night to make sure he/she is ok.
13. I sometimes worry that ___ will die.
14. I feel anxious about leaving ___ with a babysitter or at day care.
15. I am sometimes unsure about my ability to care for ___ as well as I should.
16. I feel guilty when I have to punish ___.
Why this talk?

- It is helpful to inform parents about VCS explicitly and to explain that the tendency for parents to overprotect their children and treat them as if they are different from their peers after they have been ill is a very natural reaction, but can ultimately cause problems for the child and the family.
Study 2

- DRD2 A1 allele - increases vulnerability to depression and anxiety.
- Gene-Environment correlation: They measured these kids for Negative affect and parents for level of intrusion as well as positive reactions: for groups with A1 allele and A2 allele
Contd.

- Observed Parent Child play and coded behavior
- Also did in-depth assessment for anxiety
- Results:
  - A1 allele they found significantly high levels of child negative behavior
  - Also found higher levels of Parent Intrusion and lower levels of parent positive reactions
Interpreting results

- Interestingly high parent intrusion and low positive reaction group showed less anxiety if A1 allele present - but not if A2 allele present.
- Different genetic determinants might illicit parental responses that may mitigate risk for pathological functioning.
- What mattered was parental behavior not level of parental anxiety itself.
Reciprocal relation

- Many studies have demonstrated that the mother’s emotional state and rearing behaviors are closely related to the child’s temperament.
- On the other hand, several studies have also shown that child responses to parenting have a significant effect on the mother’s emotional state.
Protective factors

- Resilience:
  - Connection with competent and caring adults
  - Problem solving skills
  - Self regulation skills
  - Positive self perceptions
  - Belief in meaningfulness of life
  - Spirituality or religious affiliations
  - Talents valued by self
The Australian Studies

- Dr. Rapee looked at kids (pre-school) at risk for anxiety in the general population and assessed if parent training can help reduce conversion to symptoms.
- Kids with increased inhibition/withdrawal are at higher risk for anxiety disorders.
- Designed a parent intervention for 6 weeks
Parent Intervention

- Group of 6 sets of parents
- 90 minute sessions
  - Week 1: education about anxiety and its development
  - Weeks 2: explaining role of over-protecting in maintaining anxiety
  - Week 3-5: Cognitive restructuring and exposure hierarchies
  - Week 6: continued application as well as establishing high risk periods
Results

- Followed for 1 year in 1st study and 3 years in follow-up study with yearly anxiety assessments.
- Significantly less anxiety symptoms developed in parent intervention group vs control group.
- Reduction in symptoms was present even at 3 years.
- Temperamental inhibition/withdrawal continued.
Future direction

- They are in process of doing a population based study to test this intervention. Manualized sessions. Also establishing school centers where teachers are trained in a similar way. Looking at the kids who are now teenagers.
- The “Cool Little kids” Trial
- Can this be applied to medically ill kids?
- What about 22Q11.2 patients?
Final thoughts

- The Watch, Wait and Wonder technique (WWW) has specifically been shown to be beneficial.
- Increasing knowledge and getting help if needed.
- Teach children to differentiate between: "The world is a scary place" and "The world is a place with scary things".
References


3 studies by: Rapee, Kennedy, Ingram et al.: Prevention and early intervention of anxiety disorders in inhibited Preschool Children