



Parental changes after involvement in their anxious child's cognitive behavior therapy



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ABSTRACT

Objective: Specific parental behaviors and cognitions are associated with child anxiety. Studies informing us of the directionality of the associations are lacking. We investigated the effect of parental involvement in children's anxiety treatment on parental behaviors and cognitions.

Method: Children ($N = 54$, 7–12 years) and parents were randomly allocated to different treatment groups (involved, not involved). Observed behavior, self-reported behavior and cognitions were assessed separately for mothers and fathers at pre-, posttreatment and follow-up.

Results: There were no differences over time for self-reported parental efficacy and observed negativity, but self-reported autonomy granting increased for both groups over time. Differential effects were found between groups for observed paternal over-involvement (fathers involved in treatment showed a more rapid decrease) and self-reported maternal autonomy-granting (non-involved mothers showed a greater increase).

Conclusion: Our findings suggest that child anxiety significantly influences parental behaviors and cognitions. Child therapy may successfully change the family system.

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1. Introduction

Several theoretical models of the development of childhood anxiety disorders have over the years been posed and also empirically tested. Most etiological models (e.g., Ginsburg, Siqueland, Masia-Warner, & Hedtke, 2004; Murray, Creswell, & Cooper, 2009) incorporate the role of the parents as a potential risk and/or maintaining factor for the development of anxiety in the child. Although conceptual and terminological differences between the models exist, they generally incorporate parental psychopathology, parental rearing behaviors, and cognitions as factors contributing to both the general development and psychopathological development of the child.

Regarding direction, it has been suggested that parental factors may be linked with childhood anxiety by directly causing or eliciting anxiety in the child, and/or that the child's anxiety elicits the specific parenting behaviors (Wood, McLeod, Sigman, Hwang, & Chu, 2003). The most consistent finding is within the area

of parental control. Over-involvement or over-intrusive behavior, where parents provide unsolicited help and do not encourage autonomy in the child, seems to be one of the most influential rearing behaviors associated with anxiety disorders (McLeod, Wood, & Avny, 2011; Rapee, Schniering, & Hudson, 2009). Thus, at present, the interaction between parental factors and child anxiety is considered to be bidirectional. Parental avoidance and over-protection may elicit child anxiety, but child sensitivity and poor adjustment may also elicit these parental behaviors (see Edwards, Rapee, & Kennedy, 2010; Silverman, Kurtines, Jaccard, & Pina, 2009). Thus, research applying, for instance, intervention designs is still required to inform us on the directionality of change (Silverman et al., 2009). Intervention designs targeting these mechanisms, e.g. over-involvement, may thus provide information on their relation with anxiety as it changes following therapy.

Parental behaviors are relatively well described in the literature, although mostly through studies applying cross sectional (Bögels and Brechman-Toussaint, 2006) and/or laboratory-based observation designs (Rapee et al., 2009). Cognitive aspects of parenting have only recently become a target of research. Studies of parental cognitions about their children have shown that parents of anxious children have lower expectations regarding their child's

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ability to cope in new or stressful situations (Creswell, Murray, Stacey, & Cooper, 2011, chap. 4; Creswell, O'Connor, & Brewin, 2006; Kortlander, Kendall, & Panichelli-Mindel, 1997).

Another line of research on parental cognitions concerns cognitions regarding parenting efficacy. High parental self-efficacy beliefs refer to high expectations of being able to cope with rearing, including successfully influencing the behavior and development of the child in difficult situations (Coleman and Karraker, 2000). Parental efficacy and satisfaction are closely associated, and at times combined, in an overall concept of parental competence (Jones and Prinz, 2005). Only two studies have assessed the impact of parental beliefs regarding their efficacy, satisfaction and competence as parents on anxiety in children (Esbjørn, Caspersen, Sømshovd, Breinholst, & Reinholdt-Dunne, 2014; Waters, Ford, Wharton, & Cobham, 2009). The former study found that reduced parental beliefs about their efficacy and competence as parents were associated with anxiety in children who were referred for treatment (Esbjørn et al., 2014). The latter assessed the effect of treatment on competency beliefs, and reported a decrease in satisfaction from pre- to posttreatment (Waters et al., 2009). The lack of research within the field of parental competence in parents of anxious children is surprising, as parental efficacy beliefs have been studied extensively in relation to the development of externalizing child behaviors. Research in this area has shown parental competency beliefs to be associated with child adjustment and to contribute significantly to the parent–child interaction when difficult child behavior is present (Coleman and Karraker, 2000; Jones and Prinz, 2005).

The patterns of change in intervention studies can inform us on the relation between child anxiety and parental behaviors and cognitions. If parental behaviors, e.g., over-involvement, were to play a causal or maintaining role, then treatment involving parents where this behavior was directly targeted, should result in a greater positive change of these behaviors and their associated cognitions as well as result in higher levels of improvement of the child's anxiety levels than would be obtained through treatment of the child alone (Wood et al., 2003). However, the effect of involving parents in treatment has primarily been assessed for diagnostic status or anxiety symptoms of the child (for a review see: James, James, Cowdrey, Soler, & Choke, 2013). Whether the involvement of parents in therapy contributes to reductions in measures of the parental factors thought to maintain the child's anxiety has only been assessed in very few studies described below (e.g., Silverman et al., 2009; Wood, McLeod, Piacentini, & Sigman, 2009).

1.1. Child evaluation of parental factors in an intervention design

Different approaches to choice of informants have been applied when evaluating parental factors; some applying child evaluations. In a clinical trial involving 119 youth aged 7–16 years, significant improvements in the young person's appraisal of maternal behavior and conflict in the parent–child relation were found from pretreatment to 12-months follow-up. To assess mechanisms of change, treatment had been provided in either of two conditions; child focused CBT (CCBT) and family focused CBT (FCBT). The positive gains were associated with the child's level of anxiety at posttreatment, independent of treatment condition, suggesting that when children's anxiety decreases, their evaluation of parental behaviors improve (Silverman et al., 2009).

Other studies have applied an experimental task before and after a randomized controlled trial of CCBT and FCBT (Barrett, Dadds, & Rapee, 1996; Barrett, Rapee, Dadds, & Ryan, 1996). Parenting behaviors were measured indirectly through an assessment of the children's interpretations and responses to their parent's behavior in a specific situation. The child was asked to interpret and respond to two ambiguous situations, first alone and then with

the parents. At posttreatment, the children's avoidant responses decreased after family discussions in both treatment groups. Positive effects were obtained whether or not parents were involved in treatment (Barrett, Dadds, et al., 1996; Barrett, Rapee, et al., 1996). This finding also indicates that the change in children's anxiety levels may be sufficient to affect parental behaviors in a positive direction.

In a phase I and II study of the development of a CBT+attachment based family therapy (CBT-ABFT), 11 anxious adolescents rated their perceptions of parenting behavior before and after treatment (Siqueland, Rynn, & Diamond, 2005). The adolescents were assigned to either the CBT-ABFT condition or CBT. In both treatment conditions, the adolescents reported an increase in parental acceptance after treatment, but they did not report a decrease in parental control from pre- to posttreatment. Another study including reports from 13 families and assessed changes in dysfunctional parental beliefs, parental rearing, and family functioning from pre- to posttreatment in FCBT. The children in this study did not report any positive changes in perceived rearing behaviors (Bögels and Siqueland, 2006), despite experiencing symptom alleviation.

The results regarding child evaluation of parent factors in intervention design studies generally indicate that as the children improve and become less anxious, their evaluation of the parental behaviors and the parent–child interaction tend to improve. This may in part be explained by true changes in child behavior that elicit a different and more positive behavior in the parent. However, it is well established that anxiety disorders are associated with cognitive and attention biases (Hadwin and Field, 2010). The changes in perceived parental behaviors may therefore also be a result of a reduction of biases in the child. Knowledge on directionality of change should therefore also include direct observation of parental behaviors and/or parents' report of their own behaviors.

1.2. Observation and parental evaluations of parental factors

One study applied both direct observation and parental self-report (Wood et al., 2009). A composite score of parental intrusiveness was created using direct observation in a belt-buckling task together with three questionnaire measures (one of which was child rated). In the observation task, the parents were told that the children could probably do the task by themselves, and that they could help the child if needed. A total of 35 families, who had been assigned to either FCBT or CCBT, participated in the 1-year follow-up. In the FCBT condition there was a significantly greater change toward less parental intrusiveness compared to the CCBT condition. Mediation analyses indicated that reduced intrusiveness among parents in the FBCT group only mediated lower anxiety levels among adolescents, but not among children.

The previously mentioned study by Siqueland and colleagues (2005), assessing CBT and CBT-ABFT, also examined parental perceptions of their own acceptance, psychological control and firm control after treatment. The parents themselves did not report any significant changes of parental acceptance or controlling behavior from pre- to posttreatment (Siqueland et al., 2005). A similar trend was found in the study by Bögels and Siqueland (2006). Parents reported positive changes in questionnaire-based perceived rearing behaviors from pre- to posttreatment; however, none of these results remained significant after statistical correction of the significance levels.

A different effect of involving parents was found in a study by Waters et al. (2009), who provided CBT in a parent only condition and a child+parent condition for anxious children aged 4–8 years. In both treatment conditions, parental satisfaction, and to some degree parents' sense of competence, decreased from pre- to posttreatment. Moreover, there were no significant changes in

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