Anxiety, Its Implications, and Promoting Healthy Development

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Supporting your child

The difference between:
“What can I do to help my child with stress and anxiety?”

vs.

“What can I do to assist my child with VCFS’ effort to cope with stress and anxiety?”

Parents can really make an impact on reducing anxiety in their children!

Potential relationships between anxiety, adaptive skills, and parental factors.
The influence of the home environment

Children learn behaviors from watching you. This includes how you:

• Cope with stress
• Handle tough situations
• Find things that make you feel good about yourself
• Take good care of yourself (diet, exercise, rest, etc.)
• Respond to disappointment
• Treat people with respect and value relationships
Background
Anxiety is common in 22q

• 40-60% of children with 22q11.2DS
  – Specific phobias
  – Separation anxiety
  – Generalized anxiety
  – Social anxiety
  – Obsessive compulsive disorder

• In addition to:
  – Medical conditions
  – Learning difficulties
  – Social impairments
Spence Children’s Anxiety Scale

CHILD

PARENT
Risk and Protective Factors

• Risk factors
  – Genetic factors
  – Exposure to stress
  – Socioeconomic status
  – Developmental delay

• Protective factors-adaptation to adversity or stress
  – Genetic factors
  – Supportive families
  – Temperament
  – Locus of control
  – Problem solving skills
  – Self regulation
  – Positive self perception
Anxiety affects real-world functioning

• Adaptive function
  – Measure of self-sufficiency and the ability to manage everyday needs in communication, self-care, etc.
  – Varies according to developmental level
    • Self-care skills
    • Getting dressed
    • Asking for help
    • Riding a bus
    • Ordering food in a restaurant

• Predicts later functioning in children with disabilities (Harrison 1987)
• In most populations, adaptive function is correlated with IQ
Higher anxiety is related to worse adaptive functioning in 22q11.2DS
In 22q11.2DS, IQ is NOT related to adaptive function
The home environment

• The parent-child relationship is a two-way street
• Anxious behaviors in the child affect parenting style
• Parenting style can support healthy behaviors
Reciprocal relationship

- 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.
Maternal Depression, Anxiety, and Stress

Maternal Depression, Anxiety, & Stress (DASS)

Beaton et al. (ongoing study)
Multidimensional Anxiety Scale for Children

![Graph showing MASC t-scores for different conditions]

- **Ss 001**
- **22q (n = 51 no Ss 001)**
- **TD (n = 41)**

Conditions:
- Physical Symptoms
- Tense/Restless
- Somatic/Autonomic
- Harm Avoidance
- Perfectionism
- Anxious Coping
- Social Anxiety
- Humiliation/Rejection
- Performance Fears
- Separation/Panic
- Anxiety Disorder Index
- MASC Total
The parent-child relationship

• Many dimensions to look at:

• 1. Critical vs. warm

• 2. Emotional Overinvolvement (EOI) vs. supporting autonomy
  – EOI:
    • Overprotective
    • Controlling
    • Self-sacrifice
    • Self-blame
Maintaining Balance

It is a natural response to be protective of our children, especially if they have real limitations or a history of medical issues, but with time, we also need to build skills needed for independence and vary the amount of support we provide.
EOI example

• Amy has separation anxiety and has a difficult time getting dropped off at school in the mornings. So her mother decides to stay at school and volunteer as a classroom aide to ease that transition. She ends up staying for a few hours because she notices that Amy needs some extra help with classwork and by the end of the morning, she is doing hand-over-hand guidance to help her with her handwriting. Amy’s mother feels that Amy needs her assistance or she will fall further behind so she starts going on a daily basis....
Discussion
What does the literature show?

- Critical and EOI are related to child anxiety (Gar & Hudson, 2008)

- In children with ID, EOI (rather than criticism) relate to poorer outcomes (Nicol et al., 1994)
  - more intellectual impairment (child)
  - more marriage problems
  - less social support
Remember

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Potential relationships between anxiety, adaptive skills, and parental factors
Rapee Treatment study

- Dr. Rapee looked at pre-schoolers 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
Parents can make a difference

- Followed for 1 year in 1\textsuperscript{st} 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

- Dr. Enriquez will talk about interventions next.
Tips for healthy coping

• Have realistic expectations

• Model good coping strategies and problem solving, including taking care of yourself

• Reduce stress

• Increase your child’s sense of control

• Help children identify their feelings

• Don’t jump in too early (Watch, Wait, and Wonder)
Thank you!

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