Anxiety Symptoms Prevention Intervention (ASPI)

Background

We know that anxiety disorders in childhood are a problem; a large proportion of sufferers have difficulties with anxiety into adulthood and experience problems with education, relationships and reduced quality of life. Sufferers are at increased risk of developing other serious psychological disorders, particularly depression and substance misuse. At a societal level, anxiety disorders have large impacts: they consume over 30% of the USA mental health budget, and cost a further three times this in lost productivity. Moreover, there is evidence that levels of anxiety in children are increasing.

We know that anxiety runs in families. In one study, children of anxious parents had a risk of anxiety disorder that was seven times higher than for controls. In a larger study, over 1/3 of children with a clinically anxious parent had an anxiety disorder. This figure was over 2/3 where both parents had an anxiety disorder, compared to 19% in children where no parent was anxious. Clearly, there is potential for new preventative interventions to have a large impact. However, there are no interventions that target this increased risk.

Given that anxiety is probably the most common disorder in adults, many children will be raised by anxious parents. In recognition of the trans-generational nature of mental health difficulties, services for adults have been asked to give more attention to the needs of clients’ families. However, there is little research examining how these needs might be met.

We have recently begun to understand how risk for anxiety disorders is transmitted from parent to child. Part of the transmission is genetic, but a large proportion is environmental. In the current project we explore some key cognitive-behavioural pathways via which anxiety is transmitted from anxious parent to child. Although we now understand some of the pathways, we have no interventions that aim to reduce the increased risk of anxiety that such children experience. Therefore a preventive/early intervention programme is needed in children where no parent was anxious.

The Studies

The project comprises three studies: Study 1 tests aspects of a cognitive-behavioural model of transmission of anxiety from parent to child; Study 2 evaluates individual elements of a putative preventive/early intervention and child; Study 2 evaluates individual elements of a putative preventive/early intervention and child; Study 2 examines the utility of these preventive/early intervention elements. Study 3 will determine whether these changes in parental behaviour have an impact. However, there is little research examining how these needs might be met.

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Study 1: Testing a cognitive-behavioural model of transmission of anxiety from parent to child

We know that anxious adults are subject to biased cognitive processing of personally-threatening stimuli. For example, we know that someone who is afraid of spiders will notice that there is a spider nearby before someone who is not afraid notices it. They are also likely to remember the spider as larger and more threatening than the non_spider phobic individual. We propose that anxious parents who are also these biases toward threat in their child’s world. For example, we have recently demonstrated that anxious parents make negatively biased interpretations of ambiguous sentences relating to potential child threat. We propose that these biases lead to parental behaviour that increases the frequency or potency of children’s fear learning and that these biases are related to verbal information - being told / hearing that a stimulus is frightening, vicarious learning – observing someone else’s fearful behaviour towards a stimulus, direct conditioning - learning to be fearful via classical / operant conditioning. There is substantial evidence for non-parental fear learning via these pathways, but little research has examined whether they are involved in transmission of anxiety from parent to child or whether parental anxiety exacerbates this.

Study 1 will examine cognitive biases in anxious parents and in children and parental transmission of fear via Rachman’s pathways. The focus will be on processes that are likely to have a large impact, and that will be malleable in a brief intervention. Two general hypotheses will be tested:

i. Parental anxiety is associated with biased processing of child-related threat.

ii. Parental anxiety is associated with increased fear transmission (mediated by parental cognitive biases).

Study 2: Testing key aspects of the preventive intervention

The intervention (which is piloted in Study 3) could include a single session (1 day group workshop + 2 phone calls) parenting-based intervention. The intervention includes 2 elements: Managing early signs of fear using fear hierarchies and Increasing positive vicarious learning from you and from others.

Participants

Participants will be parents of children aged 5-9 years (3-9 in Study 3). We are currently recruiting families from the community, and families where the parent is seeking help for an anxiety disorder from Sussex Partnership NHS Foundation Trust.

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References