

Background

- Anxiety disorders are common (affect up to 20% of youth) and are distressing and impairing for both children and their families (Costello et al., 2003).
- When untreated, youth suffering from anxiety disorders face additional social, academic, and mental health challenges, and up to 40% of youth do not benefit from cognitive-behavioral therapy (CBT) (Wood, 2006; Kushner, Sher, & Beitman, 1990).
- Research has shown that the family context is a valuable target to enhance children's treatment outcomes. Parent intrusiveness and modeling of anxious responding are thought to contribute to the development and maintenance of children's anxiety disorders (Moore et al., 2004), making them an important area for intervention.
- CBT researchers have begun to evaluate the role of parent/family intervention in child treatment, but they are limited because they lack attention to internal parenting factors such as avoidance of uncomfortable emotions (**experiential avoidance**) and conviction in anxious thoughts (**cognitive fusion**).
- Newer treatment models such as **Acceptance and Commitment Therapy (ACT)** have shown promise for enhancing behavior change in parents via change in experiential avoidance and cognitive fusion.
- ACT utilizes mindfulness and acceptance techniques to help individuals reduce attachment to cognitions, reduce avoidance behaviors, and increase focus on the present. Parent-focused ACT interventions have shown promise for changing parenting behaviors and improving well-being of parents and their children (e.g., Coyne & Wilson, 2004).
- We are conducting a pilot study to evaluate the efficacy of an innovative, group-delivered caregiver treatment program, **ACT for Parents of Anxious Children (ACT-PAC)**.
- ACT-PAC is a parent-focused group-based intervention that focuses on addressing problematic psychological processes as a means of reducing parent behaviors that contribute to anxiety disorders in youth. This study presents results on the feasibility, acceptability, and effects of ACT-PAC.

Method

Participants

- 23 parents (20 mothers, 3 fathers, mean age 45) of children ages 7-17 with a primary anxiety disorder diagnosis (14 males, 9 females; mean age 13) participated in the study. Most common diagnoses were generalized anxiety disorder, obsessive compulsive disorder, social phobia, and specific phobia.

Procedure

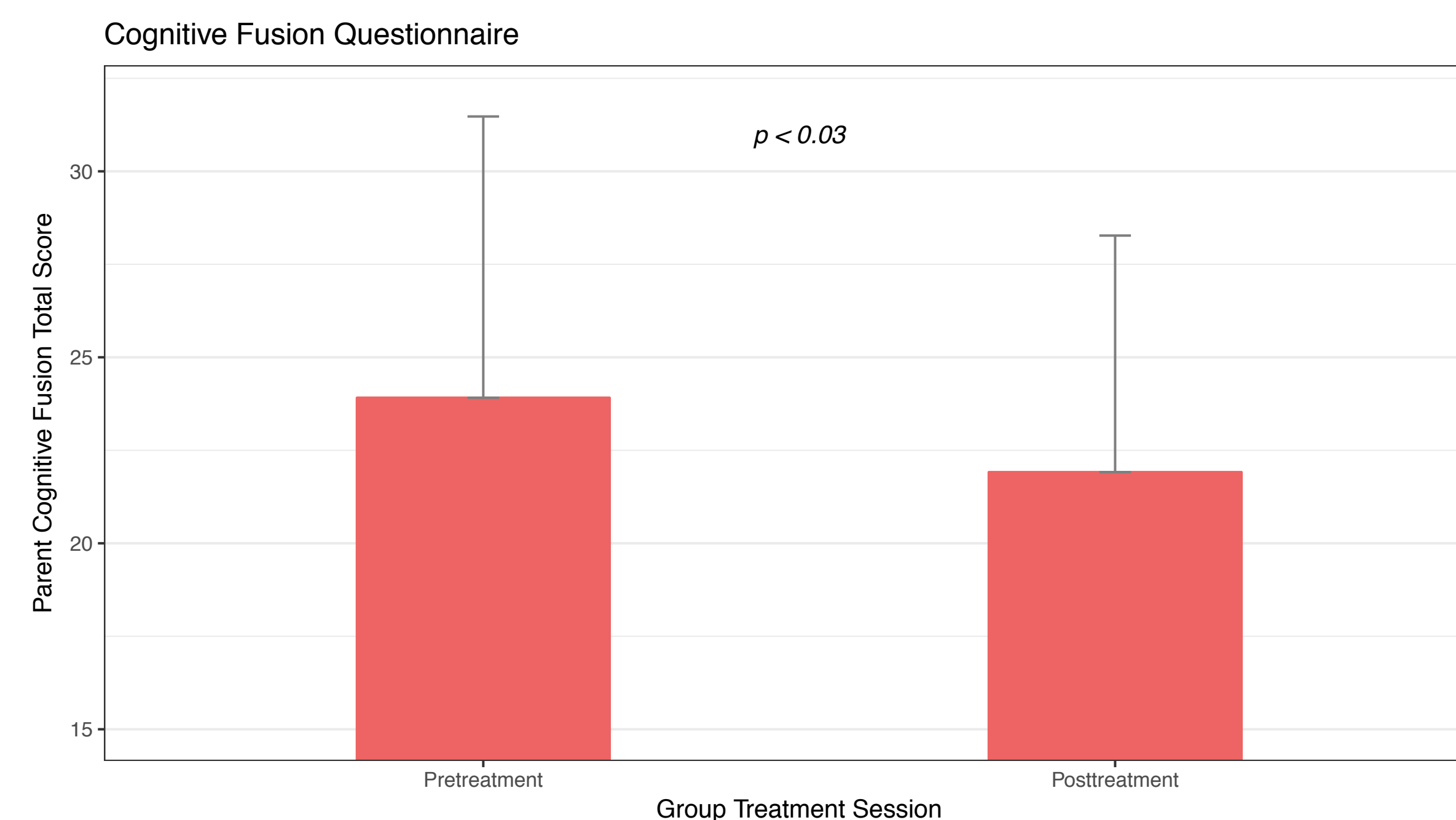
- This project took place within the Pediatric Anxiety Disorders Clinic, housed within the larger Child and Adolescent Neurodevelopmental Disorders (CANDO) Clinic at UMass Memorial Medical Center.
- Interested families were screened by phone, and those who appeared eligible participated in a comprehensive diagnostic assessment of their child's anxiety symptoms using the Anxiety Disorders Interview Schedule for DSM-IV: Child and Parent Version (ADIS-C/P).
- Eligible parents were invited to participate in a 6-week group treatment (1.5-hour sessions weekly) using the ACT for Parents of Anxious Children protocol.

Measures

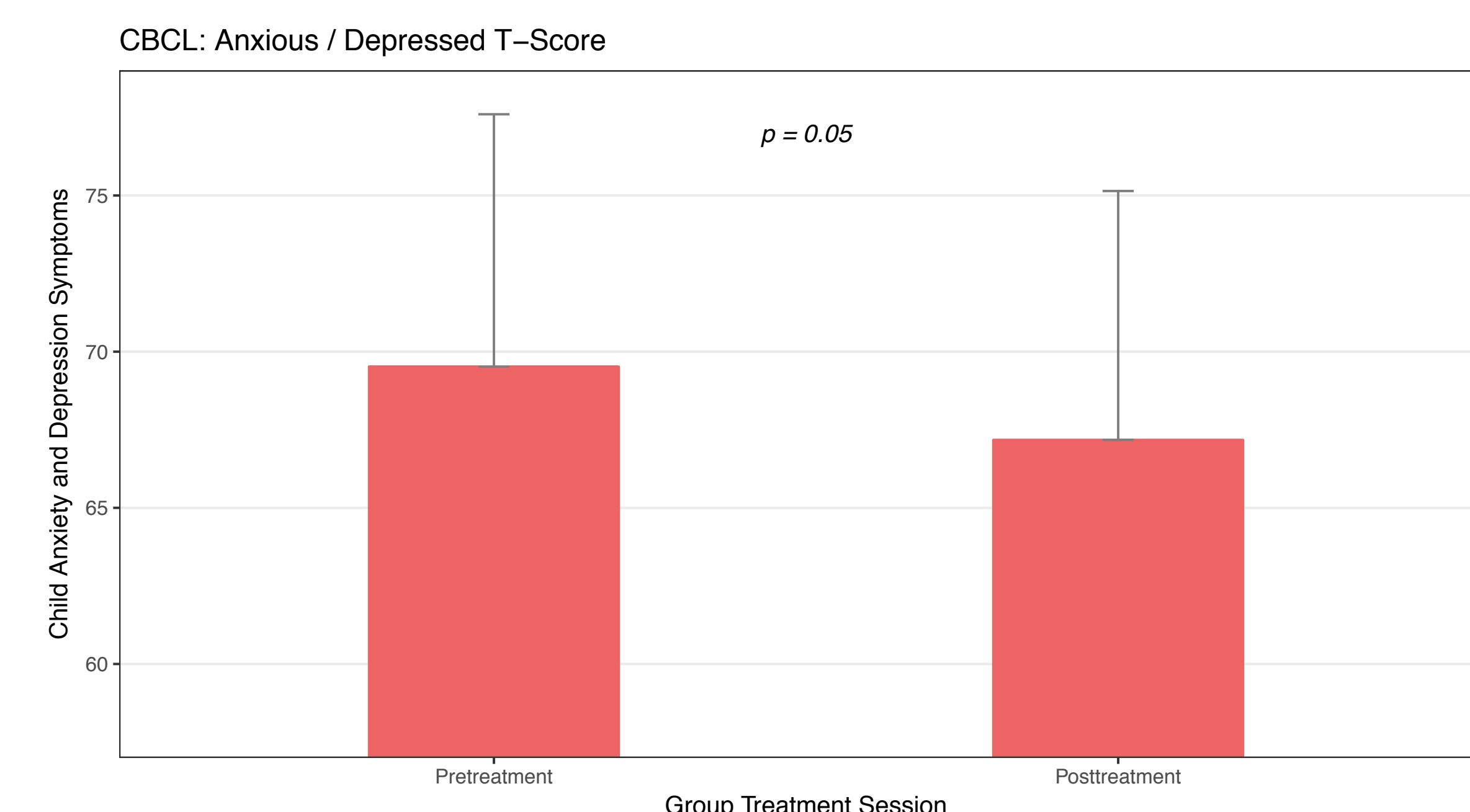
- Parents and their child completed self-report measures one week before and one week after parents participated in the 6-week group treatment sessions
- To evaluate change in psychological processes, parents completed the Cognitive Fusion Questionnaire (CFQ; Gillanders et al., 2014)
- To evaluate youth symptoms, parents completed the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001) and the Screen for Child Anxiety Related Emotional Disorders (SCARED; Birmaher et al., 1999). Children completed child-report versions of both measures
- Parents also completed the Client Satisfaction Inventory (McMurty & Hudson, 2000) and a qualitative feedback form

Results

Paired samples t-tests were conducted to compare pre- and post-treatment scores of ACT psychological processes in parents, and child anxiety symptoms. Results indicate that parent's report of their child's internalizing symptoms ($t(22) = -1.85, p = .08$) and OCD symptoms ($t(22) = -1.84, p = .08$) decreased marginally significantly. Children's report of their OCD symptoms ($t(14) = -2.40, p < .05$) and generalized anxiety symptoms ($t(22) = 1.89, p = .07$) also decreased. Parents' measure of cognitive fusion significantly decreased following the intervention, meaning that the intervention may have successfully increased their psychological flexibility, $t(22) = -2.33, p < .05$.

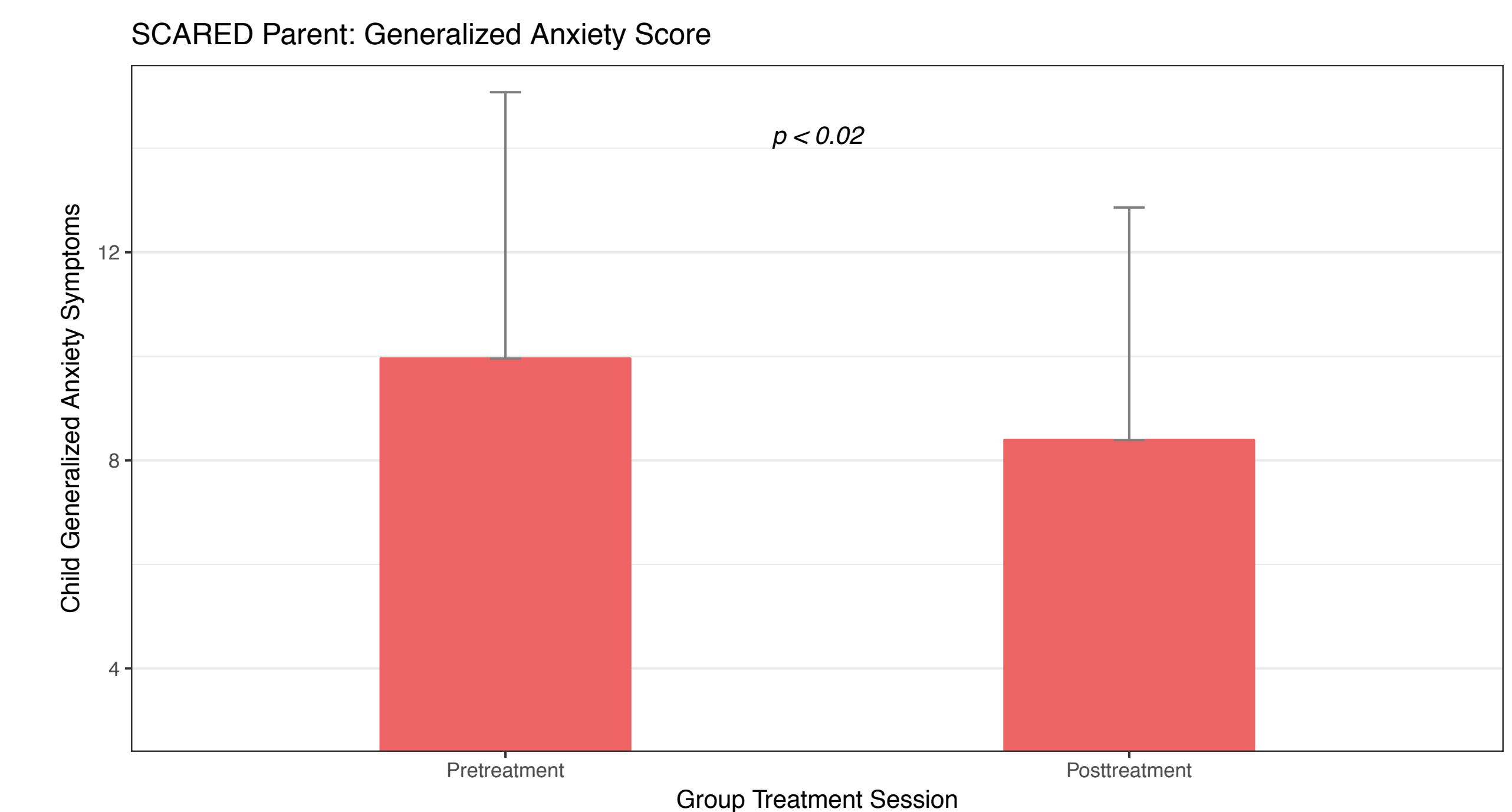


Results also indicate that children's anxiety and mood symptoms decreased significantly following the intervention. Parent's report of their child's anxiety and depression symptoms decreased significantly, $t(22) = -2.05, p = .05$.



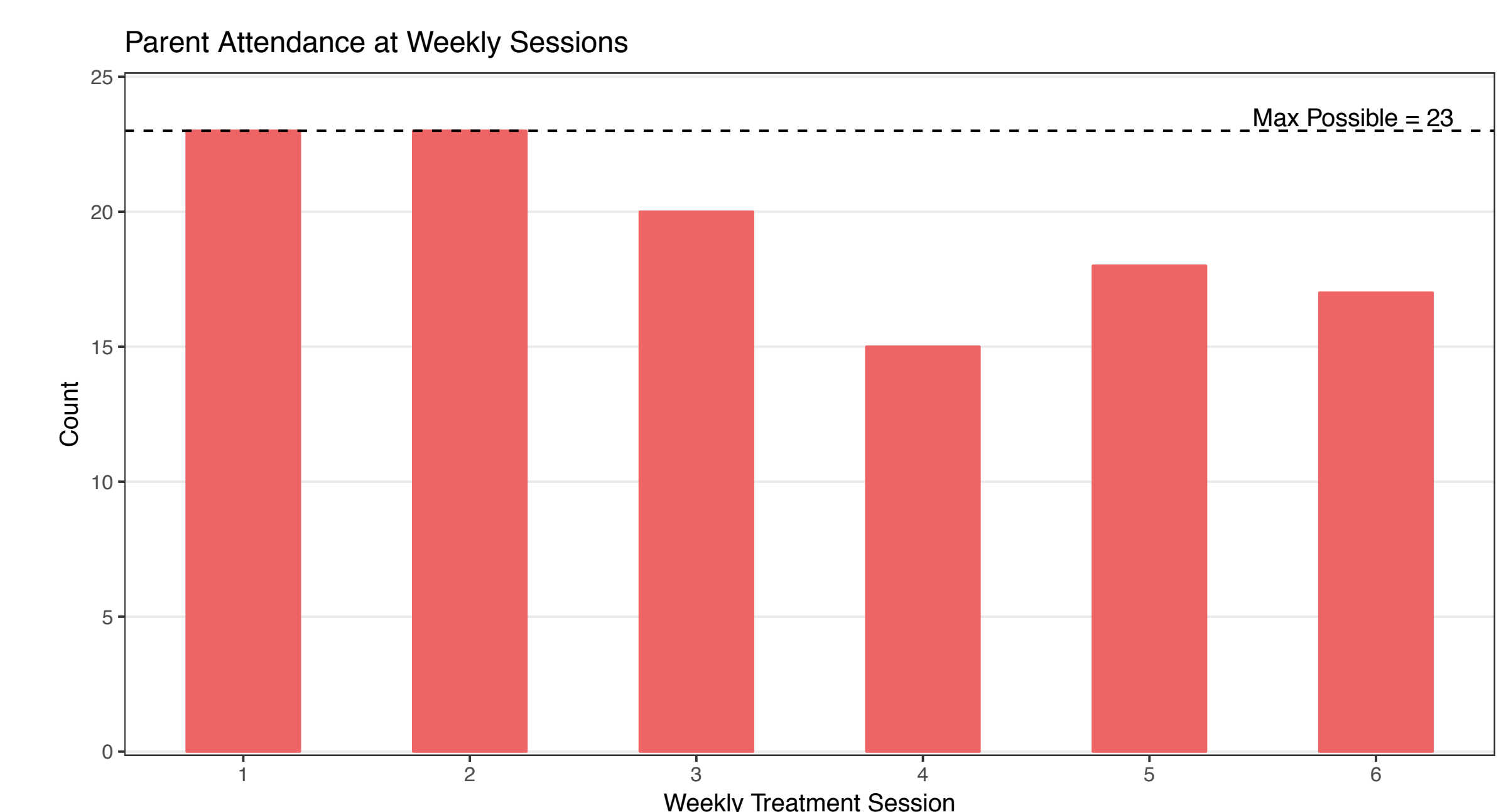
Results

Parent's report of their child's generalized anxiety symptoms decreased significantly following the intervention, $t(22) = -2.54, p < .05$.



Feasibility

Results indicate that parents found the experience of ACT-PAC to be beneficial, as reported on the client satisfaction questionnaire, $M = 25.39, SD = 4.76$ (scores range from 8 to 32), and according to qualitative feedback, "[It was a] nonjudgmental place...Some of the feelings you feel with children is hard, having feelings and thoughts that make you feel worse about yourself. [It was] comforting to know that I was not alone, and that didn't make me a bad parent." Results also suggest that the group intervention was feasible for parents to attend. Parents attended 5 of 6 weekly sessions on average, and 91% of parents attended 4 or more sessions.



Discussion

Overall results suggest that the weekly sessions were feasible for parents to attend, and the experience was appreciated by most parents. Results from the paired samples t-tests indicate that the intervention may successfully decrease parent's cognitive fusion, allowing them to approach their thoughts about their child's anxiety disorder in a more psychologically flexible way. Results also indicate that the intervention may successfully reduce children's internalizing (anxiety and depression) and generalized anxiety symptoms by virtue of parents learning to think about and respond to their child's anxiety in new ways. These trends in the data indicate the benefits of designing and proposing a larger randomized controlled trial (RCT).