



Resource Article

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**UNDERSTANDING
INFANT MENTAL
HEALTH**

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Anxiety disorders tend to run in families. This is evidenced by the seemingly strong genetic component to these disorders. In fact, parents with anxiety disorders are up to seven times more likely to have children with anxiety issues as compared to non-anxious parents (Beidel & Terner, 1997; Biederman et. al., 2006). It's also widely understood that children with inhibited or withdrawn temperaments may go on to experience anxiety symptoms in early childhood. Many studies show a high correlation between child behavior inhibition and later anxiety symptoms and disorders. External events such as trauma, illness, significant loss, etc. are also known to contribute to child anxiety. The unpredictability of these and similar external factors can be difficult for young children to integrate into their understanding about the world. There is also the cumulative effect and interplay of these dynamic factors that can further exacerbate an already uneasy situation. Consider the case of a young child with behavioral inhibition. She has an overprotective parent who, in trying to keep her safe, doesn't allow her daughter to interact with other children or play outside. Given this scenario, Edwards, Rapee,

and Kennedy (2010) suggest:

“that by restricting the child’s exposure to a diverse range of experiences, parents convey the message that the world is unsafe and directly limit opportunities for their child to develop a repertoire of coping skills and a sense of self-competence in dealing with challenges” (p. 313).

In their study of anxiety in preschoolers, Edwards, Rapee, and Kennedy gathered information about anxiety related symptoms in preschools and their parents. Parents of children ages 3 to 5 were recruited via preschools (48.6%), publications (47.4%), and health care services (4.0%). Children with a diagnosed developmental or language disorder and those whose parents could not read English were excluded from the study. The final study consisted of 321 males (50.3%) and 317 females (49.7%), ranging in age from 36 to 67 months. The sample consisted of mostly middle class families. The average age of the mothers was 35.81 years and of the fathers was 38.09 years. Parents completed questionnaires at the baseline time point and again

Resource Article (continued)

12 months later. Information was gathered via the following questionnaires:

The Revised Preschool Anxiety Scale (PAS-R; Edwards, Rapee, & Kennedy, 2008) - a measure of anxiety symptoms in preschool aged children (3-5 years);

The Behavioral Inhibition Questionnaire (BIQ; Bishop, Spence, & McDonald, 2003)- a tool which assesses inhibition in preschool aged children across six contexts: unfamiliar adults, peers, unfamiliar situations, performance situations, separation/preschool and physical challenges;

The Depression Anxiety Stress Scales (DASS-21; Lovibond & Lovibond, 1995) - a measure of adult anxiety, with specificity for negative affectivity/neuroticism;

The Parental Overprotection measure (OP; Edwards, Rapee, & Kennedy, 2008) - an assessment of parenting behaviors known to restrict a child's exposure to situations containing a perceived threat or harm;

The Life Events Scale (adapted from Coddington 1972 and Sandler & Block, 1979) - a measure of traumatic events such as illness or injury to child; only the preschool age group items were included.

The study results suggested that boys and girls did not differ significantly on anxiety measures for either time point or when information was obtained from mothers versus fathers. Reports from both mothers and fathers suggested that their levels of overprotection predicted anxiety in the child 12 months later. Anxiety over 12 months was found to be stable in these young children. The degree to which a parent engaged in overprotective parenting predicted the extent of anxious symptomology in the child 12 months later.

These results support the notion that a child who withdraws, has behavioral inhibition or demonstrates anxiousness can elicit overprotection responses from the parent. Interestingly, maternal overprotection both predicted and was predicted by child anxiety at baseline and at 12 months later. The father's overprotection predicted child anxiety but was not predicted by child anxiety. The researchers posit, "It is not known whether fathers may be less responsive to their child's anxiety or whether the smaller sample size for fathers limited the power to detect this relationship" (p. 316). When considering life events, information from both parents suggested negative life events predicted anxiety 12 months later in their children. The child attribute of behavioral inhibition was also strongly related to anxiety symptoms at both time points.

Considering the dynamics associated with anxiety disorders it can be difficult deciphering the best approach for supporting families of young children with anxiety issues. Yet, while early intervention providers are often not specially trained mental health professionals they are on the front lines with families and frequently become a valued support and go to person for families. Early intervention support provided by being sensitive to anxiety associated symptoms, demonstrating empathy, hearing and understanding family stories, helping families understand the importance of play and exploration for young children, and making referrals to and consulting with mental health specialists are all important components of helping families of young children with anxiety concerns.

Edwards, S. L., Rapee, R. M., Kennedy, S. (2010). Prediction of anxiety symptoms in preschool-aged children: examination of maternal and paternal perspectives. *Journal of Child Psychology and Psychiatry*, 51(3), 310-321.



What do the data say?

What is the prevalence of anxiety disorders?

Anxiety is not necessarily a bad thing. In fact it is a normal reaction to stress and can actually be beneficial. Have you ever been anxious about a making a difficult choice, taking an exam, or awaiting a decision from someone. Life presents various anxiety producing situations. Yet, when anxiety is more than short-lived or becomes excessive and difficult to control it can impact day-to-day life.

Anxiety disorders are characterized by an excessive and unrealistic worry about everyday tasks or events, or may be specific to certain objects or rituals (Sadock & Sadock, 2007). There are many types of anxiety disorders. According to the National Institute of Mental Health anxiety is collectively “among the most common mental disorders experienced by Americans”. It is the most common psychiatric disorder with a childhood onset and is often comorbid with another anxiety disorder, as well as with other psychiatric disorders – especially depression and attention-deficit/hyperactivity disorder (Connolly & Nanayakkara). Unfortunately, anxiety disorders in children often go undiagnosed compared to other psychiatric problems (Piacentini & Roblek, 2002). This may be partly because some anxiety is developmentally appropriate. For example, during the first year of life babies startle to certain stimuli (e.g., loud noises, new or unfamiliar stimuli, etc.). Babies also experience separation anxiety.

Considering the characteristics of anxiety disorders in children (6-12 years) and adolescents (13-18 years), Waite and Creswell (2014) found that there are distinct characteristics between these two age groups. Their summarized findings highlighted the following:

- Children have more diagnoses of separation anxiety disorder than adolescents.
- Adolescents have more primary diagnoses of social anxiety disorder than children.
- Adolescents have more severe symptoms of anxiety than children.
- Adolescents have more comorbid mood disorders and school refusal than children.

Data published by National Institute of mental Health reported the average of onset for an anxiety disorder was 11 years of age (Wang, et al., 2005). The National Institute of Mental Health further reported that 25.1 percent of children age 13-18 years old had some anxiety disorder at some point in their life (life time prevalence) and in 5.9 percent the anxiety disorder was considered severe. The life time prevalence in adults was higher at 28.8 percent and 4.1 percent had 12-month prevalence that was classified as severe. Interestingly, there were no statistically significant differences by gender in the children. Yet, in adults women were more likely than men to experience an anxiety disorder over their lifetime.

As early interventionists it is important to understand the signs and symptoms of anxiety disorders. This does not mean treating the disorder, but helping families connect with the needed resources and implement support-based strategies. Anxiety disorders are treatable. But left untreated children can be at higher risk for poor school performance, social challenges, substance abuse, and other conditions that can negatively impact their health and ability to develop and maintain positive relationships.

Connolly, S. D. & Nanayakkara, S. D. Anxiety disorders in children and adolescents: Early identification and evidence-based treatment. Accessed online from: <http://pro.psychcentral.com/anxiety-disorders-in-children-and-adolescents-early-identification-and-evidence-based-treatment/00252.html#>

Piacentini, J. & Roblek, T. (2002). Recognizing and treating childhood anxiety disorders: These disorders are treatable but often are neglected by practitioners. *Western Journal of Medicine*, 176(3), 149-151.

Sadock, B. J. & Sadock, V. A. (2007). Kaplan & Sadock's synopsis of psychiatry. *Behavioral Sciences/Clinical Psychiatry*, 10th ed. Lippincott, Williams & Wilkins: Philadelphia, PA.

Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., Kessler, R. C. (2005). Twelve month use of mental health services in the United States. *Archives of General Psychiatry*, 62(6), 629-640. Accessed online from: <http://archpsyc.jamanetwork.com/article.aspx?articleid=208673>



Consultation Corner

From August 2015 through February 2016 we are excited to have Neal Horen, Kristin Tenney-Blackwell, Amy Hunter, and Rob Corso as our consultation corner experts addressing infant mental health.

Understanding Infant Mental Health

As we wrap up this KIT series on Understanding Infant Mental Health our consultation corner experts share insight and useful considerations for understanding and helping families help young children with anxiety disorders or concerns about possible anxiety issues.

Anxiety Disorders in Young Children

Anxiety disorders in young children are complex and typically quite different from anxiety disorders in adults. This KIT segment offers a beginning introduction to anxiety; what it looks like in young children; and what you can do if you are concerned about a child's anxiety. You are not expected to be a clinician. This information is intended to assist you in your work in supporting young children and families. Keep in mind that you do not have to be a mental health therapist to be therapeutic. It is hoped that you will be able to recognize when children need more than you can offer in your role as an early interventionist.

How does anxiety manifest in young children?

Given how many developmental changes occur in the first few years of life, it is vital to pay attention to the subtle and dynamic nature of how young children behave and respond. For example, it is not unusual to see stranger anxiety in young children around the age of twelve months which is developmentally appropriate. However, when stranger anxiety does not dissipate or lasts beyond the age of two, it is important to pay attention to whether this is a sign of anxiety or more of a temperamental trait.

Diagnoses that occur in children in terms of anxiety include Generalized Anxiety Disorder, Panic Disorder, Separation Anxiety Disorder, Social Anxiety Disorder, Selective Mutism, Phobias, Obsessive-compulsive Disorder and Posttraumatic Stress Disorder. It is critical to understand that many of these do not manifest themselves until much later in childhood. That said, there are several disorders that may be seen in very young children. The two most relevant are separation anxiety and posttraumatic stress.

Consultation Corner (continued)

Separation Anxiety

While it has been noted that separation anxiety is developmentally appropriate in very young children we do not expect this to last much past a child's first birthday (although it may recur toward their second birthday). Thus, if a child seems to have great difficulty being apart from their primary caregiver when they are closer to three one explanation may be an anxiety disorder. Other explanations include temperamental issues, temporary issues such as illness, being tired etc. Children exhibiting anxiety may be clingy, cry, protest non-verbally through body movements or protest verbally (in older children). Other symptoms may include refusing to go to child care or school, or demanding that someone stay with them at bedtime. Children with separation anxiety commonly worry about bad things happening to their parents or caregivers or may have a vague sense of something terrible occurring while they are apart. It can also be helpful to explore any ambivalence the parent or primary caregiver may have about leaving their child. Young children will pick-up on those feelings which may lead to a sense of, "...perhaps this is not a safe place for me..." or "...maybe this is not a good idea".

Posttraumatic Stress Disorder (PTSD)

In our consultation corner on trauma we discussed posttraumatic stress disorder. Remember that many children experience a variety of stressful or upsetting events. Some of these events/experiences may cause children to experience trauma. However, not all stressful or adverse experiences cause a child to experience trauma. It is important to keep in mind that experiencing a traumatic event does not automatically cause a child to experience posttraumatic stress disorder. Children with PTSD may have intense fear and anxiety, become emotionally numb or easily irritable, or avoid places, people, or activities after experiencing or witnessing a traumatic or life-threatening event. According to the Anxiety and Depression Society of America, a young child may display symptoms such as being irritable, angry, or aggressive behavior, including extreme temper tantrums as well as hypervigilance, exaggerated startle response, problems with concentration and/or difficulty falling or staying asleep. Keep in mind that all of these may be indicative of other issues but when these symptoms cluster together and/or persist over time it may be an indication of significant anxiety.

Strategies for supporting young children experiencing anxiety

When a young child is displaying anxiety difficulties, it is important to support them in ways that allow them to feel less anxious. Not surprisingly many of these are strategies we have discussed previously.

Consultation Corner (continued)

There are a number of things you can do or suggest to others to do to help children feel less anxious. These include:

Support caregiver consistency. Children do best when they have consistent caregivers over time. Needing to adjust to new caregivers each year or even more frequently can be very anxiety provoking and disregulating for young children. Supporting family members to reduce and/or prepare for the different caregivers a child has to “adjust to” or get to know helps the child to feel safe and secure. Families in the military are often required to move periodically and helping them help their child prepare for moves is an important part of intervention. It especially important for children who have experienced trauma because adjusting to new caregivers can be particularly challenging for these children.

Hold, cuddle and rock children. Touch is very powerful in helping children feel comforted, safe, and cared for. In fact, studies show babies and very young children need touch to survive. Touch can even play an important role in keeping us physically healthy by stimulating the immune system.

Respond gently & quickly to cues (smiles, cries, etc.). Children feel valued when their needs are met. When caregivers respond to children’s gestures and language children learn that they are effective communicators. Having strong communication skills is an important protective factor.

Talk to children about their emotions. Children who can express their feelings and needs are more likely to receive the support they need. Children who are able to express their feelings (i.e., their fears, worries, concerns, anger, guilt, sadness, etc.) in appropriate ways are less likely to develop problems as a result of a potentially traumatic experience.

Stay close by as children interact with one another. Very young children benefit from having adults nearby to support them in their interactions with each other. Adults can provide guidance on important social skills such as taking turns, problem solving, and speaking kindly.

Observe each child. Carefully observing allows caregivers to learn about their children’s developmental skills, interests and personalities. The more caregiver knows about each child the more she can individualize her care for the child and make appropriate accommodations and plans to support the child’s progress.

Maintain a predictable schedule- When a schedule is predictable children feel safe and secure. They can anticipate what is going to happen next. Think about how you feel when you are in control of your schedule and you know what your day is going to look like (i.e., think about how you feel when you know where you need be, how long it takes you to get from one place to the next, what time things are going to happen, who is going to be there, when food will be available, when you will have a break, etc.). Now think about how you feel when you have no idea what your day or an experience is going be like. You may worry about what kind of food will be provided or when it will be provided; you may wonder how long something will last or how long you will need to stay; you may wonder if it will be fun or boring; you may wonder who will be there and if you will enjoy their company, etc. Thinking about all those unknowns may cause a good deal of anxiety and can take up considerable mental energy. Focusing on the worries likely will take away from concentrating on the task or topic i.e., such as focusing on this training. Maintaining a predictable schedule can help children relax, reduce their worry and direct their energy to learning and exploring.

Consultation Corner (continued)

Provide choices so children can control some aspects of the daily routine- Young children have very little opportunity to exert control in their lives. Providing age appropriate choices such as, “Do you want apple slices or banana slices?” or “Do you want two slices or three slices?” or “Do you want the red shirt or blue shirt?” can help children feel they have some control in their lives. This may be especially important if other aspects of their lives feel particularly out of control.

Provide a safe place for the child to talk or just relax- Many children today have very busy lives. Some children go from one provider to another care provider. Some children have irregular bedtimes and/or have trouble sleeping through the night. Some children have significant fears and worries. Providing children with down time to sit with a nurturing adult or relax may be just what a child needs.

In addition, [Helpguide.org](https://www.helpguide.org) offers several good suggestions for addressing separation anxiety.

- **Practice separation.** Leave your child with a caregiver for brief periods and short distances at first.
- **Schedule separations after naps or feedings.** Babies are more susceptible to separation anxiety when they're tired or hungry.
- **Develop a “goodbye” ritual.** Rituals are reassuring and can be as simple as a special wave through the window or a goodbye kiss.
- **Keep familiar surroundings when possible and make new surroundings familiar.** Have the sitter come to your house. When your child is away from home, let him or her bring a familiar object.
- **Leave without fanfare.** Tell your child you are leaving and that you will return, then *go*—don't stall.
- **Minimize scary television.** Your child is less likely to be fearful if the shows you watch are not frightening.
- **Try not to give in.** Reassure your child that he or she will be just fine - setting limits will help the adjustment to separation.

Overall, you are on the front line in terms of helping families differentiate between typical development (i.e. separation anxiety) and anxiety (separation anxiety disorder). Additionally, knowing the types of things parents and caregivers can do to address anxiety in young children will help foster children's abilities to self-regulate and to learn ways to cope with feelings of anxiety. Lastly, as always, it will be important to know resources in your community if the anxiety is overwhelming for the child necessitating different professional assistance.

On the WWW



Helpguide.org was mentioned earlier in the Consultation Corner edition of the KIT and it is highlighted here too. This resource is such a dynamic site it is worth a second mention. To understand the varied resources included at the site [Take a 6-step tour of a sample article](http://www.helpguide.org/tour/) (<http://www.helpguide.org/tour/>). This simple tour gives you an excellent glimpse into the types of resources, helpful tips, centers, toolkits, books, etc. embedded within each of the topics covered.

memory, secure attachment, sleep, stress and many more.

This site includes over 200 science-based articles and a useful mix of resources to understand and identify resources and strategies to help address mental and emotional challenges and to build positive healthy relationships. It is a great resource for early interventionists, families, friends, and anyone interested in emotional health.

Some of the topics included are, autism, bipolar disorder, depression, emotional health, family and divorce, grief and loss,



Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

In line with the focus on *Understanding Infant Mental Health*, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (August 2015 through January 2016) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam in February 2016. There is no need to register for the CEUs. Rather, if you are interested complete the exam online at www.edis.army.mil

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