Article

Listening to parents: The challenges of parenting kindergarten-aged children who are anxious

Diane Hiebert-Murphy[1], Elizabeth A. Williams[2], Rosemary S. L. Mills[3], John R. Walker[4], Steven Feldgaier[4], Michelle Warren[5], Wendy Freeman[6], Michael McIntyre[2], and Brian J. Cox[7]

Abstract

The purpose of this study was to increase understanding of the experience of parenting kindergarten-aged children who are anxious. Twenty-three in-depth interviews were conducted with parents of kindergarten-aged children who expressed interest in a parent-focused early intervention program for child anxiety offered in a local elementary school. Key concerns of the parents included their children's separation anxiety, social anxiety, and oppositional behaviour. The child's anxiety was identified as a stressor on the child, the parent, and the family. Parents utilized a range of parenting responses although they tended to be reactive and did not have a consistent strategy for managing the anxiety. A salient parenting struggle was whether or not to push the child to face challenging situations although there were few descriptions of overprotection or overcontrol. The findings suggest greater attention be given to the strengths of parents of children who are anxious and the ways in which parents may be a positive factor in mitigating the effects of child anxiety. Implications for intervention are discussed.

Keywords

anxiety, childrearing practices, parenting style

Given the early age of onset of internalizing problems (Briggs-Gowan et al., 2004) and their stability into middle childhood and adolescence (Warren et al., 1997), children's constitutional vulnerability

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[1]Faculty of Social Work, University of Manitoba
[2]Department of Psychology, University of Winnipeg
[3]Department of Family Social Sciences, University of Manitoba
[4]Department of Clinical Health Psychology, University of Manitoba
[5]Manitoba Adolescent Treatment Centre, Winnipeg, Manitoba
[6]Anxiety Disorders Clinic, McMaster University Medical Centre
[7]Department of Psychiatry, University of Manitoba

Corresponding author:
Diane Hiebert-Murphy, Faculty of Social Work, University of Manitoba, Winnipeg, Manitoba, Canada R3T 2N2.
E-mail: hiebrt@cc.umanitoba.ca

and experiences in the family are considered to be important in the etiology of anxiety problems and believed to be key targets for early intervention (Barrett, 2001; Beardslee et al., 1997; Rapee et al., 2005). Current theories of anxiety development (Chorpita & Barlow, 1998; Rapee, 1997, 2001; Rubin & Burgess, 2001) emphasize the role of temperamental vulnerability, most particularly behavioral inhibition, and its interaction with aspects of parenting that promote anxiety, taking into account other influential factors both internal (e.g., cognitive style) and external (e.g., stressful life events) to the child. In this view, there are many pathways toward or away from anxiety problems depending on the context in which individual factors operate.

Numerous explanations have been suggested to explain how parenting affects the development of anxiety problems. Rapee (1997, 2001), for example, suggests that children who are constitutionally highly reactive to stimulation are prone to overarousal and anxiety and in time come to elicit certain reactions from parents that take the form either of overcontrol/overprotection or criticism/rejection. While the more likely response is excessive control or protection intended to reduce or avoid the child's distress, it is also possible as time goes on that negative reactions will occur. These reactions may contribute to an increase in anxiety both by teaching children that events are beyond their control fostering a sense of threat, and by reducing opportunities to learn to cope effectively. In a similar vein, Chorpita and Barlow (1998) suggest that a predisposition to anxiety will be promoted when children have few opportunities for experiencing control in the family. Children who experience parental low responsiveness, overprotectiveness, or intrusiveness are likely to experience a sense of diminished control over events. Over time, this may become a stable attributional style that increases susceptibility to perceptions of low control and facilitates vulnerability to anxiety. Finally, Rubin and colleagues (Rubin & Burgess, 2001; Rubin & Mills, 1991) suggest that anxious children may elicit overcontrol or overprotection from parents, particularly when other conditions are present that would be conducive to parental overcontrol (e.g., stressful life circumstances). As the child continues to develop, transactions between the anxious child and overcontrolling parent lead to insecurity and heightened anxiety, difficulty regulating anxiety, and social withdrawal. In turn, the child's withdrawal interferes with the development of social skills and leads to negative social self-perceptions which further exacerbate anxiety and potentially lead to other internalizing problems as well.

Although there have been few longitudinal investigations examining the complex interactive effects suggested by the etiological models, evidence supports the contributions of both genetic predispositions and experiences in the family. A growing body of research with twins on the importance of genetic factors for temperament and child anxiety suggests that, particularly at early ages, genetic factors may have a stronger role than shared or nonshared environment (Bolton et al., 2006). Other research suggests an increased role of the family environment as the child develops. For example, Boomsma, van Beijsterveldt, and Hudziak (2005) found heritability estimates for anxiety/depression generally decreased with increasing age (76% at age three, 60% at age five, 67% at age seven, 53% at age 10 [60% in boys], and 48% at age 12) and were accompanied by an increase in the influence of the shared family environment (absent at ages three and seven, 16% at age five, 20% at age 10, and 18% at age 12). A handful of prospective longitudinal studies are generally consistent with these findings (e.g., Bayer et al., 2006; Rubin et al., 2002; Rubin et al., 1999) and provide some evidence to support the suggestion that mutual influences between temperament and parenting can play an important role in the development of anxiety.

Additional evidence has accumulated on the relationship between parenting and childhood anxiety (Bögels & Brechman-Toussaint, 2006; McLeod et al., 2007; Wood et al., 2003). A meta-analysis of research published up to 2004 (McLeod et al., 2007) on the concurrent association between anxiety and parenting found that parenting accounted for 4% of the variance in child anxiety. The strength of the association was found to be related to methodological aspects of the studies

and to the specific parenting measure considered. A correlational measure of weighted mean effect size (ES) indicated that parental control (ES of .25) had a stronger association with child anxiety than did rejection (ES of .20). When subdimensions of control and rejection were examined, autonomy granting (ES of .42, accounting for 18% of the variance) demonstrated a stronger association with child anxiety than did the other parenting subdimensions including overinvolvement (ES of .23), aversiveness (ES of .23), withdrawal (ES of .22), and lack of warmth (ES of .06).

In addition to the focus on parenting style, other research has explored the association between a range of family factors and child anxiety. Based on their review of this research, Bögels and Brechman-Toussaint (2006) suggest that factors such as parent-child attachment, marital conflict, sibling domination, and parental beliefs and cognitions are associated with child anxiety, although the exact nature of each association is not clear.

The emphasis of previous research on negative aspects of parenting (e.g., overcontrol) is incongruous with the increasing recognition of the positive role that parents can play in the treatment and prevention of child anxiety (Barmish & Kendall, 2005; Rapee et al., 2005). Recent findings suggest that interventions using parents as treatment mediators rather than intervening directly with the child can be effective (e.g., Lyneham & Rapee, 2006; Thienemann et al., 2006) and that involving parents directly may strengthen the results of interventions focused on the child (Wood et al., 2006). Despite these findings suggesting that parents can be helpful in addressing child anxiety, little research has explored the positive or protective aspects of parenting or considered parents' experiences of child anxiety. Such research is critical not only to enhance our understanding of etiology but to inform intervention. This is particularly the case given the potential benefits of implementing family-centered principles in children's mental health services (Friesen & Koroloff, 1990). Advancing family-centered practice in child anxiety intervention requires research that identifies parents' needs and service priorities, furthers knowledge about the impact of child anxiety on the family, and explores how to empower parents to deal with their children by building on their strengths.

The purpose of this study was to address the gap in extant literature by examining experiences of parenting children who are anxious. A qualitative methodology was particularly suited to the goal of highlighting parents' perspectives on child anxiety and allowed information concerning parents' strengths as well as their struggles to emerge. Qualitative methodology has been shown to be useful for furthering knowledge about parenting children with a range of needs (e.g., Hall & Graff, 2010; Peters & Jackson, 2009) as well as for illuminating parents' experiences with children's mental health services (Hodges, 2007; Kane et al., 2007) and family-centered services (Hiebert-Murphy et al., 2011). The present study sought to address four broad questions:

- What shy/fearful/anxious behaviours are of most concern to parents?
- What effects do parents perceive a child's shyness/fearfulness has on the child (e.g., school adjustment, peer relationships, self-esteem), the parent (e.g., emotional impact), and/or the family (e.g., family routines)?
- What have parents found to be effective in helping their children, and what has been less effective?
- Why are parents interested in participating in a program that addresses child anxiety and what do they hope to gain from participating?

Method

This study was part of a larger project examining the development and delivery of a community-based intervention program ('Coaching for Confidence') aimed at helping parents address anxiety

among their kindergarten-aged children. Recruitment of participants occurred through two public schools that consented to hosting the program and offering it to parents of their students. These schools were located in middle-class neighbourhoods in a mid-sized Canadian city. Notices about the program were distributed to all parents of children enrolled in kindergarten in the schools. Parents who identified their children as being "much more shy or fearful than most other children of the same age" were invited to contact Coaching for Confidence staff for further information about the program. Participants in the present study were recruited from among parents who attended the parent program. Ethical approval for the study was granted by the University of Manitoba's Ethics Committee. Prior to beginning the parenting group, parents who consented to participate in the research were interviewed and completed assessments of the anxiety experienced by their children. All parents willing to participate in the study were interviewed to ensure that saturation was achieved in the emerging themes.

The qualitative interview followed a semi-structured interview guide that explored (a) parents' concerns regarding their child's behaviour; (b) the influence of the child's anxiety on the child, the parent, and the family; (c) parents' responses to the child's behaviour; and (d) reasons for seeking help. This approach allowed for an in-depth examination of key areas identified by the participants while exploring specific areas identified by the research questions. Interviews were conducted in a classroom in the public school and lasted from 45 to 90 minutes. The interviews were conducted by four clinical psychologists who were members of the research team.

This study is based on 23 qualitative interviews completed with parents. The majority of the interviews ($n = 21$) were with mothers, one was with both parents, and one was with a father. The average age of mothers was 36.9 ($SD = 3.0$) years and fathers was 39.5 ($SD = 4.7$) years. Two of the families were single-parent families. Most of the families lived in middle class or upper middle class circumstances with both parents working outside the home; four of the mothers were not employed outside of their homes. Most of the families had more than one child (three of the families had one child). The average age of the child who was identified as shy or fearful by the parent was 67.0 months (range 53–75 months, $SD = 6.9$). Fifteen of the children were male and eight were female.

In order to assess the severity of the anxiety experienced by the children, parents completed the Preschool Anxiety Questionnaire (PAQ; Spence et al., 2001). The PAQ, comprised of 28 items rated on a 5-point scale, has excellent psychometric properties (Spence et al., 2001) and our pilot research indicates that it differentiates very effectively between anxious children and a community sample of children not reporting anxiety. The children in this sample had scores on the PAQ ($M = 34.1$, $SD = 13.1$, range 19–38) which were considerably higher than the scores for a large community sample of five year olds ($M = 15.7$, $SD = 11.9$) used in the development of the scale (Spence et al., 2001). The most common areas of concern were separation anxiety and social anxiety.

Clinician ratings of anxiety were also obtained using the Anxiety Disorders Interview Schedule for DSM-IV: Child Version—Parent Report (ADIS-C; Silverman et al., 2001). The ADIS-C is one of the most widely used structured clinical interviews focusing on anxiety disorders in children (Rapee et al., 2005; Silverman et al., 1999). The interview provides clinician ratings on a 0 to 8 scale describing the severity and interference caused by symptoms in specific areas. This measure has been found to have excellent reliability in symptom scale scores and good diagnostic reliability (Silverman et al., 2001). All of the children had at least subclinical symptoms of anxiety as determined in the structured interviews with the parents, conducted by clinical psychologists on the team. Using the guideline that a distress and interference score of 4 or more on the 8 point severity scale of the ADIS-C indicates a positive clinical diagnosis (Silverman et al., 2001), 16 of the 23 children met the full criteria for a diagnosis. Eleven of these children met the criteria for two or

more diagnoses. The difficulties identified by parents covered a range of diagnoses including separation anxiety disorder ($n = 7$), social anxiety disorder ($n = 9$), specific phobia ($n = 10$), generalized anxiety disorder ($n = 2$), and school refusal ($n = 3$). None of the children met full criteria for panic disorder, agoraphobia, obsessive-compulsive disorder, or post-traumatic stress disorder. None of the children had previous treatment for anxiety disorders.

Data analysis

Analyses were conducted using a qualitative conceptual framework approach (Pope et al., 2000; Ritchie & Spencer, 1994). This is an approach that has been developed in the context of conducting applied qualitative research and is appropriate for research in which the objectives are clearly set and there are specific information requirements. It provides a systematic process by which to analyze a priori themes identified by the research questions while being grounded in the perceptions of the participants. The five key stages in this approach include familiarization, identifying a thematic framework, indexing, charting, and mapping and interpretation.

   Each interview was tape-recorded and transcribed. The transcription was checked by a researcher to ensure accuracy. In the initial phase of the analysis, transcripts were read independently by four members of the research team to identify key concepts and issues. Discussions about emerging themes continued until consensus was reached among these researchers on a thematic framework. Interview data was then systematically indexed/coded. Coding of the transcripts was carried out by four members of the research team. Each transcript was coded by one researcher and was then reviewed by the other researchers to check for accuracy of coding and to ensure that there were no missed concepts/themes. Ethnograph (Qualis Research, Colorado Springs, CO) was used to assist in managing the data and facilitated the charting of the data according to the various codes and themes. The final stages of analysis involved further reading of the transcripts, examination of the codes, consideration of the interpretation of the themes, and mapping the range and nature of the experiences of parents. This interpretation of the data was initially conducted by four researchers and was subsequently reviewed and confirmed by the larger research team.

Findings

Four key themes emerged from the analysis: (a) the many faces of anxiety; (b) affected but not overwhelmed; (c) responding but not always effective; and (d) how intervention may help.

The many faces of anxiety

In describing the nature of the children's difficulties, parents identified that anxiety can be manifest in a variety of presenting problems. Most parents identified that their children had difficulties being separated from the parents and engaged in "clingy" behaviour:

   … crying, scared, really clingy, wouldn't let go, like, just hung on really tight. Um, and just wouldn't participate at all.

Attending school was noted as particularly challenging for some children. Parents reported that these children protested about going to school and made it very difficult for the parents to leave the situation. While some parents noted that their children's behaviour had improved over time, other parents identified that separating from their children at school was an ongoing challenge.

Another frequently cited problem for the children was difficulty in social situations. Parents expressed concerns that their children were self-conscious around others, were easily embarrassed, feared being laughed at, and had little self-confidence. In some cases they noted that their children had poor social skills. They were concerned about their children's ability to make friends:

> I guess this all started in the fall when we went to start kindergarten and he had a really tough adjustment phase. He, um, really wanted to be friends with this group of four or five boys who already knew each other and were already sort of assimilated. And, so, he didn't know what to do to integrate himself into that group and so he started pinching people, he started pinching himself, um, things like that. So that concerned me. Um, he also has a real fear of being embarrassed. Like, he's very worried about what people are thinking about what he does, or if someone laughs he's always thinking they're laughing at him instead of with him.

An additional concern that some parents noted was that their children worry (e.g., about the future, being left alone, death of parents). Some children were reported to have difficulty engaging in novel activities (e.g., swimming lessons, organized sports, riding a bicycle) while several parents noted that their children have specific fears (e.g., fear of costumed characters, storms, fire alarms, blood).

Some parents were particularly concerned about their children's negative behaviours such as temper tantrums, oppositional behaviour, and aggression towards others:

> He started having problems interacting with other kids because, um, his shyness, ah, prevented him from knowing how to interact and approach other kids in order to play with them and to make friends … So he would do things like run up to kids and steal their pencils, and run away. Or, he would, um, walk up to them and scrunch up their work. Or he would poke them and he did a lot of these things that would get him into trouble and he had to have time-out, so then he started looking like a bad kid.

One parent noticed that her child engaged in repetitive behaviours at bedtime that she found unusual.

Affected but not overwhelmed

According to parents' reports, the children's anxiety did not appear to cause major disruptions to their families. Nevertheless, parents acknowledged that dealing with the anxiety was stressful. They reported a range of reactions to their children's behaviours including frustration, impatience, embarrassment, anxiety, and sadness:

> So I'm feeling frustrated, anger for just, like, why can't you just be, you know, more flexible!

> You feel self-conscious or you feel a little bit embarrassed about the situation.

> Now she's so clingy and, uh, and crying for reasons that we feel aren't necessary, you know, and so, it's hard to be patient with her at times.

Several parents noted that they tried to control their reactions in order to be more effective parents. In some cases parents had to expend considerable time and energy to deal with the children's behaviour (e.g., needing to stay with the child at the beginning of the school day or at children's activities).

> I'm running a lot, like having to sit at the school in the mornings, getting to work. I've arranged a lot of things, uh, you know, juggling my times and, between babysitting and getting to work and sitting there.

Parents reported that they tried to maintain the family routine and in most cases did not alter their plans based on their children's reactions.

> We certainly don't avoid situations because [the child] won't adapt to it. We've never had to worry about that. We just kind of go with the flow, and if he chooses to hang back a bit that's fine. We just kind of do our thing and eventually he just sort of joins in.

They were aware of the potential impact of the children's anxiety on their families often striving to minimize the disruption to other family members' lives. In several families, however, it was noted that the children's anxiety affected siblings. A few parents were concerned that siblings were getting less parental attention because of the demands of the children with anxiety. In several families siblings were identified as being helpful (e.g., staying with the child to provide reassurance when the parent was away) while in a few families siblings were seen as responding negatively to the child with anxiety.

In terms of the relationship with the co-parent, in some families the parents were clearly working together to meet the needs of their children. Some parents noted that they differed from their spouses in their approach to the anxious behaviours and many of them valued these differences. As one mother reported:

> Yeah, he's [her husband] more outgoing than I am. And he's got better social skills than I do, so, you know, he would say to her … 'Go up to this little boy and say, "you know, hi, my name's [child's name]"'. Whereas because I'm so shy, I would never say that to her. 'Cause I would never walk up to a stranger and say, 'Hi!' … I said to him, I wanted him taking her out more … as opposed to me, cause I wouldn't think to say that.

In some families one of the parents was reported to be matter-of-fact about the situation and expect the child to cope (more often this was the father). In some situations the child was reported to be more reactive with one parent than with the other. In other families parents reported that there was disagreement among the parents regarding the best way to handle the problems.

Responding but not always effective

Parents acknowledged that their children's behaviours could be challenging; they were motivated to seek help to learn more effective ways of responding. What emerged from the interviews was a picture of the parents as actively attempting to intervene in a positive way to help their children cope with the anxiety. Parents presented as expending considerable effort observing, analyzing, and trying to understand the problem. They expressed determination to work on the problem and often used a variety of different approaches to handle situations that arose with their children. Parents most frequently used verbal strategies including talking about a situation in advance to prepare the child (although some parents indicated that in some situations it was better if there was little discussion in advance—this decreased the time for worry), encouraging the child, verbally comforting the child, and reasoning with the child. Staying with the child in a difficult situation was also a common strategy:

> Trying to get her involved in as many different activities as we possibly can, like, I mean, we have her in swimming and skating and, she does music … because that seemed to always be her problem, going into a group situation.

> I think probably the whole prepping thing has been big for him. Um, just making him aware of what to expect in certain situations and that kind of thing has worked well.

> I usually encourage him. And maybe ask him his feelings on the situation at the time.

> I encourage her to do things that she's good at and that she enjoys so that it will … yeah, totally build their confidence in those things, and maybe it will make her confident in other areas as well.

Parents less frequently noted engaging in physical preparation (e.g., visiting a place where the child would be attending). Some parents described reinforcing desired behaviour and using rewards to encourage the child to face a difficult situation. Some parents emphasized the importance of routine and keeping to activities as planned. In some cases they tried to reframe the situation or distract the child from the feelings of anxiety. Some parents described how they tried to give their children choices and some control in difficult situations.

Some parents acknowledged that they had used strategies that were not effective such as threatening the child or punishing the behaviour, asking the child for reasons for the behaviour, and talking too much about the problem.

Overall, parents had tried many different strategies. However, most did not describe a systematic approach to dealing with their children's anxious behaviours. Often they seemed to shift strategies if results were not quickly apparent. There was a tendency to utilize verbal strategies (e.g., discussion of an upcoming situation) with less reliance on behavioural strategies (e.g., rehearsal). Some strategies were used in ways which were not likely to maximize their effectiveness. For example, while many parents used reinforcement, there was little planning in advance about how they would use rewards to achieve the desired outcome. Several parents equated rewards with "bribery" and did not regard this approach as effective. While some parents recognized small steps that their children were taking to face their fears, the parents were not proactive in breaking down challenging situations into manageable steps. In many cases, parents were reactive in their parenting, rather than deliberately choosing and sticking with strategies most likely to be successful.

How intervention may help

The analysis indicated that parents had three key questions that they wanted addressed in intervention: (a) What is anxiety and why does my child have this problem? (b) What is the "right" thing to do to help my child? (c) Should I push my child to deal with stressful situations?

What is anxiety? Many parents did not define their children's problems as "anxiety"; problem behaviours that they identified included shyness, fearfulness, oppositional behaviour, and clinginess. Parents described various views about the potential causes of the anxiety that incorporated developmental, genetic, familial, and/or external environmental factors. Some parents described how problems with anxiety seemed to run in their families and wondered if the problem was inherited. Some parents wondered if the problem was developmental and would diminish as the children matured. Several parents wondered if there was a link between the children's anxiety and the children's histories of health or developmental problems (e.g., premature birth). A few parents indicated that their children had developed the problems after an identifiable event or stressor

(e.g., hospitalization of the mother) or that the anxious behaviours emerged during a particular life transition (e.g., marital separation).

For a variety of different reasons, some parents questioned whether they were partially to blame for their children's problems (e.g., should have noticed the problems sooner, give in too much to the child). Some parents questioned whether their own anxiety and/or parenting contributed to their children's problems. For example, one mother stated:

> We were anxious with her, which didn't help, because we didn't, uh, we were first time parents and we had a child that had all these (health) problems … we were very protective of her and we coddled her.

Another mother questioned the role of parenting in the development of her child's anxiety:

> Well you always wonder … if your child acts like that, what, you know, what have you done wrong to make him be like that. Or what, what from really little … could we have changed so that he wouldn't be afraid. Or, you know, should we have got him babysitters sooner so that he would get used to different people? Should we … could we have done anything different right from the beginning, you know right from when he was a baby?

While parents had a variety of hypotheses about the underlying causes of their children's behaviours, they often expressed interest in learning more about the etiology of anxiety as well as the prognosis. Their knowledge of child anxiety was quite limited and their desire for information and education about the nature of child anxiety and effective intervention was apparent:

> They said, it's not our fault, children are just born that way, but you wonder, where does it come from? Are children just born anxious? So I don't know. I guess the doctors [program staff] will be able to tell.

What is the best way to intervene? Parents in this study expressed considerable concern for their children. They were motivated to see their children well-adjusted and confident. Parents did not present as feeling overwhelmed or incapable of dealing with their children; while some parents struggled more than others, parents generally felt that they were able to manage their children's behaviours but consistently talked about wanting to be more effective in helping their children deal with the problem. As one parent stated,

> I want to be a good parent. I want to be a good mother … It's not that I doubt that I'm a good parent. I just, I want to be able to help him to get through this, that's all.

While parents presented as extremely observant, as having a wealth of information about how the problem manifests itself, and as trying many strategies to help their children, they had a relative lack of knowledge about effective strategies to deal with the problem. They often did not see much evidence (at least in the short-term) that their interventions were effective. Parents often wondered if they were handling the problem as effectively as they could.

> I don't think that I've done very much to help her. Like I've said, I just don't know how much to push, how much … like I don't know what the right thing to do is basically.

Many parents felt that they were handling the problem reasonably well but were open to input from professionals about how to be most effective. They expressed openness to advice and suggestions from others and, in some cases, had actively sought information from professionals (e.g., doctors,

teachers). They hoped that intervention would help them be more knowledgeable about how to intervene and be more helpful to their children:

> I'm just kind of hoping that this program can help me get better in tune with what she may need or, maybe not necessarily what she wants sometimes, but certainly what she needs.

To push or not to push? A salient parenting struggle described by many parents was whether or not to push their children to face difficult situations even though the children might react by being very upset, or to hold off and wait until a future time when the children might be better able to handle the situation:

> It's stressful on us because we see how he's reacting and you're torn inside whether to keep pushing him to do it or just to leave him alone and let him sit back.

In describing a situation of separation anxiety, one parent explained the dilemma:

> Do I leave, do I peel him off me and push him away, um, feeling like I'm abandoning him, or do I just sit in the classroom or sit forever and ever, feeling like I'm enabling him?

Discussion

Previous research has most often focused on negative aspects of parenting (such as overcontrol and overprotectiveness) that contribute to children's anxiety (McLeod et al., 2007; Rapee, 1997; Wood et al., 2003). There has been very little research on parents' concerns about children who are shy or fearful and the strategies that parents use in dealing with these problems (Mills & Rubin, 1990). A strength of the present study is its use of a qualitative research design that provides an understanding of the issues from the perspective of parents whose children were experiencing symptoms of anxiety (as assessed by well-established measures of anxiety). It is acknowledged that the participants in this study were primarily mothers from middle and upper middle class families with two parents in the home who were motivated to participate in a community-based parent program. The extent to which these findings apply to other parents of children who are anxious is a question for future research. It should also be noted that the parents completed standardized measures of children's anxiety prior to the interview which might have influenced the concerns raised and how they discussed their experiences. Notwithstanding these limitations, the findings raise questions about our conceptualization of the relationship between parents and their anxious children, suggest important areas to be explored to further our understanding of family dynamics in child anxiety, and have important implications for intervention.

Expanding the conceptualization of parents of anxious children

The present findings suggest a need to reconsider and expand current conceptualizations of the interaction between parents and their anxious children. There has been considerable research focus on the relationship between parental overcontrol and negativity and child anxiety (Rapee, 1997; Wood et al., 2003). Findings from this study do not fit this largely negative view of parents. While several parents had concerns about being overprotective, the majority of parents reported that they utilized reasonable strategies compatible with what is recommended by research and clinical literature on intervention for child anxiety. Parents expressed a strong willingness to learn new strategies

and receive clear direction concerning strategies most likely to be effective. While many parents were quite frank in describing their uncertainty over how best to help their children, there were few descriptions of overprotective or overcontrolling behaviour. Parents acknowledged experiencing frustration but they did not report responding with increased efforts to control or protect their child. Thus, this study provides an alternate, more positive view of parents as active in coping and problem solving, attempting various strategies to help their children deal with their anxiety. This finding is especially important given that these parents were managing children who were assessed as experiencing significant symptoms of anxiety.

This is not to suggest that parenting a child who is anxious is without struggles. Many parents questioned whether to challenge their children to confront anxiety-evoking situations or be supportive and accepting of their children's behaviour, including avoidance—the "push or not to push" dilemma. Parents' accounts of these struggles suggest that it is possible that some parents are both challenging and overprotective. When the child responds with extreme distress to the parent's attempts to prevent avoidance and challenge the child to cope in an anxiety-evoking situation (which results in the parent experiencing this parenting strategy as a failure), the parent may shift strategies towards what is perceived to be a more supportive (overprotective) approach. This finding suggests that parents may not intend to be overprotective or overcontrolling but struggle with "push back" from their children. Labelling parents as overcontrolling, overprotective, or rejecting may miss the subtleties of the interaction between the parent and child that result in parents modifying their parenting strategies in ways that may or may not be helpful in addressing the anxiety.

Overall, the findings are consistent with current bidirectional models but suggest that caution should be taken in assuming that parents are influenced negatively by child anxiety. Many parents are aware of the parenting challenge presented by their children's anxiety and actively attempt to help their children learn to manage the anxiety. Our findings suggest that theory about the development of anxiety in children should give greater attention to the strengths of parents and ways in which many parents may be a positive factor in mitigating the effects of child anxiety.

Family dynamics in child anxiety

Despite models which assert the bidirectional relationship between parents' behaviour and children's anxiety, little research has addressed the ways in which an anxious child impacts on the parents and siblings in the family. Consistent with research that suggests that child anxiety, rather than maternal anxiety or the interaction of the two, predicts maternal behaviour (Moore et al., 2004), this study found that some parents experience stress associated with interacting with their anxious child and are aware of their emotional reactions, in some cases actively working to control these feelings and/or minimize the extent to which these reactions influence their parenting. Additional research on issues such as differences in how parents react to their children's anxious behaviours, the relationship between parents' affect and subsequent parenting behaviours, and the effectiveness of interventions aimed at addressing these parental reactions would be valuable in furthering our understanding of the parent-child relationship.

It appears that little is known about the role of siblings in child anxiety (Bögels & Brechman-Toussaint, 2006). There is some evidence that negative behaviour on the part of an older sibling towards a younger sibling plays a role in internalizing behaviour among younger siblings (Dunn et al., 1994). Our findings suggest that siblings may display negative behaviour towards a child who is anxious although, alternatively, siblings may be a positive support to the child, helping the child in distressing situations. It would be helpful to more fully understand factors that affect the responses of siblings as well as the impact of various sibling behaviours (both positive and negative) on child anxiety.

There is some evidence that difficulties in the co-parenting relationship are related to anxiety among preschool aged children (Katz & Low, 2004; McHale & Rasmussen, 1998). Our findings suggest that differences in the ways co-parents respond to the child may be experienced by the parents as either positive or negative. While in some families these differences may result in conflict, in other families parents utilize these differences, building on each other's strengths in ways that are helpful to the child. Future research might examine differences in responses among co-parents, including the factors that determine whether these differences have a positive or negative effect on children's anxiety.

Implications for intervention

Despite being responsive to their children and actively engaged in problem solving, the parents in this study were eager for intervention to enhance their capacity to deal with their children's behaviour. The transition to kindergarten marks a point in development when there are increasing demands and opportunities for children to engage in formal education and peer activities outside of the home (Rimm-Kaufman & Pianta, 2000). Given these demands, it is not surprising that this may be a time when parents begin to label their children's anxiety as problematic and are particularly receptive to intervention. It may be well-advised to capitalize on parents' desire that their children make a successful transition to the school environment and offer early intervention to parents of kindergarten-aged children at risk of developing anxiety. This transition period may represent a window of opportunity for engaging parents who might not otherwise be motivated to seek help. Furthermore, offering an intervention through schools may normalize help-seeking and maximize the uptake of such early intervention/prevention programs.

The present findings suggest that intervention programs for child anxiety provide parents with knowledge and skills to address a range of challenging behaviours. One frequently raised concern was separation anxiety; this finding is consistent with other studies with community samples that suggest that separation anxiety is the most commonly reported anxiety problem in pre-adolescent children (Cartwright-Hatton et al., 2006). Consistent with a review of studies of the prevalence of anxiety disorders among pre-adolescents (Cartwright-Hatton et al., 2006), various other anxiety-related issues were of concern to parents in this study including social anxiety, specific fears, and, less frequently, concerns about rituals similar to what might be expected in obsessive-compulsive disorder. Difficulty managing children's anxiety around attendance at school and group activities and responding to oppositional behavior related to anxiety-evoking situations were also recurring issues raised by parents. It would appear that intervention programs need to address parent concerns about a broad range of anxiety-related behaviours.

Parents in this study also expressed curiosity about the causes of their children's anxiety and had a lack of understanding of the ways in which anxiety may be manifest in children's behaviour. They clearly expressed the need for greater information about anxiety in children. This finding supports the inclusion of an educational component in parent-focused intervention that focuses on the definition of anxiety and what is known about the etiology (e.g., Rapee et al., 2000).

Knowing how best to intervene to help their children deal with anxiety was the priority for parents. Parents in this study utilized a range of coping responses, although they tended to be reactive and did not have a consistent strategy for dealing with the behaviours. They acknowledged their uncertainly about how to intervene and were eager for input about strategies proven to be effective. It appears that parents have many helpful ideas about how to respond to their children; intervention should build upon their strengths by considering the strategies that they are using and relating these strategies to those supported by evidence. Educating parents in behavioural concepts such as

breaking challenging situations into small steps, graded exposure, rewarding brave behaviour, and the importance of repetition/practice may be beneficial in helping them resolve the "push or not to push" dilemma. Teaching parents new strategies, providing opportunities for them to engage in proactive planning around specific problems that they encounter, and helping them set realistic goals would address their expressed needs.

Clinicians need to acknowledge the potential impact of child anxiety on families including the possibility of increased parental stress and conflict in the co-parenting, parent-child, and sibling relationships. Assessment should include a consideration of family dynamics including both the ways in which the anxious behaviours are impacting on the family and the ways in which the responses of family members may be influencing the children who are anxious. Given the stress that some parents experience, support and encouragement may be needed by these parents to maintain their motivation to try new strategies and increase their confidence in dealing with their children's challenging behaviours. An assessment of the family may identify goals for intervention that include shifts in relational patterns suggesting that family-based intervention be considered. Furthermore, an assessment of family responses to the anxiety may identify sources of strength in the parents and/or siblings that could be utilized in specific interventions aimed at helping the child deal with his/her anxiety.

Conclusion

Viewing parents of anxious children as having strengths rather than as primarily pathological requiring treatment offers a new perspective for intervention for child anxiety. Consistent with a family-centered approach, the findings suggest that intervention should build on parent strengths and empower parents by equipping them with the knowledge and skills required to meet the needs of their children. Notwithstanding that some parent behaviours may be targeted for change, a family-centered approach shifts away from a focus on identifying and changing negative parenting towards working in partnership with parents, responding to their priorities for intervention, and striving towards enhancing their capacity to help their children. Listening to parents, responding to their concerns, and building on their strengths is likely to result in greater parent participation in intervention and improve outcomes for children.

Acknowledgements

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Author biographies

Diane Hiebert-Murphy is a clinical psychologist and Professor in the Faculty of Social Work and Associate Director of the Psychological Service Centre at the University of Manitoba. Her research focuses on family intervention in the areas of family violence, childhood disability, and child anxiety.

Elizabeth A. Williams is a research assistant in clinical psychology at St. Boniface General Hospital, Winnipeg. She received an undergraduate degree in Psychology at the University of Winnipeg. Her research experience lies primarily in anxiety and the parenting of anxious children.

Rosemary S. L. Mills is a developmental psychologist and Professor in the Department of Family Social Sciences at University of Manitoba. She received her PhD in Psychology at University of Toronto. Her research is concerned with the development of internalizing problems in childhood and has focused particularly on the roles of parenting, temperament, and proneness to shame.

John R. Walker is a clinical psychologist and Professor of Clinical Health Psychology at University of Manitoba. He has a special interest in the prevention and treatment of anxiety disorders in children and adults. In addition to research and teaching activities, he is a co-author of two recent books *Treating health anxiety and fear of death* (2006) and *Triumph over shyness: Conquering shyness and social anxiety* (2008).

Steven Feldgaier is an Assistant Professor in the Department of Clinical Health Psychology, University of Manitoba as well as the Director of the Triple P—Positive Parenting Program for the Healthy Child Manitoba Office of the Government of Manitoba. His clinical and research interests are in the areas of prevention and health promotion as they relate to parenting and families and to child anxiety and stress.

Michelle Warren is a clinical psychologist in the Manitoba Adolescent Treatment Centre's ADHD Clinic, as well as an Assistant Professor in the Department of Clinical Health Psychology, Faculty of Medicine at the University of Manitoba. Her main research interest is developing and evaluating parenting interventions for ADHD, FASD, and anxiety disorders. She also has a private practice at the Cognitive Behaviour Therapy Institute of Manitoba.

Wendy S. Freeman is an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences, McMaster University, a clinical psychologist at the Anxiety Treatment and Research Centre, St. Joseph's Healthcare Hamilton, and an adjunct professor in the Department of Psychology, University of Manitoba. Her research interests include the comorbidity of ADHD and anxiety disorders as well as issues pertaining to parenting children with anxiety and/or ADHD.

Michael C. McIntyre is Professor of Psychology, University of Winnipeg; Affiliated Scientist, National Research Council of Canada. His research interests are: functional MRI of pain and analgesia, relationship of emotion and attention to the experience of pain, positive psychology, positive psychology and analgesia, and autism. His teaching specialty is in abnormal psychology in children and adults.

Brian J. Cox is a clinical research psychologist in the Department of Psychiatry where he holds the rank of Professor at the University of Manitoba. He is also cross-appointed to the Departments of Psychology (Clinical Division) and Community Health Sciences. He holds a national Canada Research Chair in Mood and Anxiety Disorders from the Government of Canada.