Anxiety Disorders & Natural Disasters: New territory for Triple P

Dr. Vanessa Cobham
Parenting and Family Support Centre, University of Queensland
Mater Child & Youth Mental Health Service.
Overview

**Anxiety Disorders**
- The significance of anxiety in children and adolescents
- The role of parents
- Treatment outcome research
- “Fear-less” Triple P: Keeping the whole family in mind

**Natural Disasters**
- Common presentations in children and adolescents
- The course of posttraumatic mental health problems
- The role of parents
- Disaster Recovery Triple P
Anxiety & posttraumatic mental health problems: Issues to keep in mind

• Low rate of agreement between parents and children about internalizing symptoms;
• Anxious & depressed children often “fake good” and can worry about worrying their parents;
• After a traumatic event, children often deliberately hide their symptoms from their parents;
• These problems don’t always look the way we expect them to look.
DSM-IV Anxiety Disorders

- 1 anxiety disorder of childhood/adolescence
  - Separation Anxiety Disorder (SAD)
- Adult anxiety disorders
  - Agoraphobia, PD with or without AG, Specific Phobia, Social Phobia, OCD, PTSD, Acute Stress Disorder, GAD, Anxiety disorder due to a general medical condition, Substance-induced anxiety disorder & Anxiety disorder NOS
- School refusal (not a diagnosis)
The significance of anxiety in children and adolescents

- Most common form of psycho-pathology reported by children
- Psychosocial consequences
  - School & social performance
  - Physical health problems
- Poor prognosis – implications for adolescence and adulthood
- The families of anxiety-disordered children
- The poor reach of existing treatments
The poor reach of existing treatments

• More than 80% of anxiety-disordered children do not receive treatment.
• Why?
  – Lack of knowledge about availability of treatment;
  – Costs in terms of money and time to access treatment;
  – Social stigma;
  – Difficulty getting children to attend therapy sessions.
**Triple P and the Management of Internalizing problems**

<table>
<thead>
<tr>
<th>Level</th>
<th>Resources</th>
<th>Comment</th>
</tr>
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<tbody>
<tr>
<td>Universal Triple P</td>
<td>Numerous media topics deal with internalizing problems</td>
<td>ABC radio spots on parenting, newspaper columns</td>
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<tr>
<td>Selected Triple P</td>
<td>Raising Resilient Children Seminar</td>
<td>Seminar specifically dealing with helping children cope with their emotions</td>
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<tr>
<td>Primary Care Triple P</td>
<td>Age specific tipsheets dealing with internalising problems in different age groups</td>
<td>Separation problems, fear, self esteem, bedwetting, etc</td>
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<tr>
<td></td>
<td>Age specific videos</td>
<td>Primary schoolers DVD on fear, Preschoolers DVD on separation problems</td>
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<tr>
<td>Standard and Group Triple P</td>
<td>Sections in parent workbooks on goal setting and specific parenting strategies</td>
<td>Parents are able to target behaviours (e.g. avoidance) relating to internalizing problems</td>
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<tr>
<td>Enhanced Triple P</td>
<td>Parent workbook on coping with emotions</td>
<td>Workbook targeting emotional distress in parents</td>
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</tbody>
</table>
The role of parents in the aetiology of child anxiety

- Modelling of anxious behaviours;
- Modelling of anxious cognitions and information processing biases;
- Promotion of avoidance as a coping response;
- Failure to promote non-anxious behaviours;
- Overinvolvement or overprotection; and
- Negativity.

- Always remember, it’s a 2-way street!
Treatment outcome research: What do we know?

• Child-focused CBT = gold standard
  – is an efficacious & useful treatment for anxiety in children (Cartwright-Hatton et al., 2004; Chorpita & Daleiden, 2007).
  – Across studies, the average remission rate at post-treatment is 56.5%.
  – That’s not bad. BUT, of course, children live in families.

• Child + parent interventions – unclear that involving parents enhances benefits

• Parent-focused interventions
Over to you

Large group discussion:

How are we going to ‘sell’ parents on the idea of a parent-only intervention for therapy-aged children with an anxiety disorder?
Helping parents to see their own importance

• No-one is in a better position to help your child with his/her anxiety than you - You just need to know how.

• Parents can:
  – encourage their children to use the strategies all the time at home
  – provide their children with a positive parental model (i.e., they can provide an excellent example to their children of how to manage anxiety)
  – modify the way they react to their children’s anxiety, if they think this might help

• Parents are the most important people in their children’s lives.
Introducing “Fear-less” Triple P

• A 6-session parenting intervention (Cobham & Sanders, 2009) designed to:
  – Educate parents about anxiety in children; their own potential role in maintaining children’s anxiety; avoidance & exposure; mental flexibility; & helpful vs. less helpful parental responses to children’s anxiety;
  – Empower parents to take on their role as the most powerful agent for change for their children; and
  – Produce radiating effects within the families of anxiety-disordered children.
“Fear-less” Triple P: An overview

• Session 1: Anxiety: What is it and how does it develop?
  – Working as a group; What is anxiety? The 3 response systems; A model of anxiety; Why children become anxious; Identifying causes of your child’s anxiety; Goals for change; Home tasks.

• Session 2: Promoting resilience in children
  – What is emotional resilience & why does it matter?; Building blocks for resilience; Encouraging children to express their feelings appropriately; Helping children develop a positive outlook; Home tasks.

• Session 3: Modelling and the way you think
  – Parents as models; Setting a good example of coping with anxiety; Communicating a sense of danger or threat; How do you currently manage your anxiety? The way you think; Changing the way you think: 2 common errors; So how can I use this to help my children? Home tasks (worksheets with children – mental gym).
“Fear-less” Triple P: An overview

• Session 4: The way you behave – Avoidance and Exposure
  – The way you behave: A focus on avoidance; Why is avoidance so important? Parents of anxious children & avoidance; Exposure – Just do it! An exposure hierarchy – developing an exposure hierarchy with your child; Developing a reward system with your child; Home tasks (hierarchies & reward systems for parent & for children).

• Session 5: Handling your children’s anxiety – Part 1
  – Strategies for dealing with anxiety in children – does this apply to you? Some examples; Home tasks (monitor your use of different strategies).

• Session 6: Handling your children’s anxiety – Part 2
  Constructive Coping – How to promote it
  – Some suggestions: A step-by-step guide to promoting constructive coping in your children; Strategies in action; Reviewing progress; Maintaining changes; Obstacles; Future goals; What has changed?
Anxious Behaviour Record

<table>
<thead>
<tr>
<th>Time</th>
<th>Crying</th>
<th>Clinging</th>
<th>Reassurance</th>
<th>Assistance</th>
<th>Avoidance</th>
<th>Vocals</th>
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<tr>
<td>7-8 am</td>
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<td>9-10 am</td>
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<td>11-12 am</td>
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</table>
Practising 'Mental Gym' with your children

<table>
<thead>
<tr>
<th>Event/Situation</th>
<th>Thought</th>
<th>Feelings, physical reactions &amp; behaviours</th>
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</thead>
<tbody>
<tr>
<td>Sean walks into the playground at school and sees a group of kids from his class standing around laughing together.</td>
<td>“They’re laughing at me”</td>
<td>Worried. Upset. Sad. Feels sick in the stomach. Heart racing. Turns around and walks to the classroom a different way.</td>
</tr>
<tr>
<td>Sean walks into the playground at school and sees a group of kids from his class standing around laughing together.</td>
<td>“Maybe someone has told a funny joke”</td>
<td>OK. No physical reactions. Goes up to the group and asks what they are laughing about.</td>
</tr>
<tr>
<td>Sean walks into the playground at school and sees a group of kids from his class standing around laughing together.</td>
<td>“They are making fun of me”</td>
<td>Angry. Heart racing. Runs up to the group and starts pushing kids around.</td>
</tr>
</tbody>
</table>
Exposure hierarchies: Parents & children

A child who is not able to sleep in their own bed

- Sleep in my own room. No light.
- Sleep in my own room with the hall light on
- Sleep in my room with a night light on
- Have mum or dad sit with me for 10 minutes and have a night light on
- Have mum or dad sit with me till I fall asleep in my own bed and have a night light on
- Sleep on a mattress outside mum and dad’s closed bedroom door
- Sleep on a mattress beside mum & dad’s bed
Strategies for dealing with anxiety in children

- Reassure your child
- Tell your child exactly what to do
- Empathise with your child
- Talk about what makes you anxious
- Prevent avoidance
- Permit or encourage avoidance
- Communicate your expectations about child’s ability to cope
- Prompt your child to cope constructively
- Ignore your child’s anxiety
- Become impatient with your child
“Fear-less” Triple P pilot

- N = 61 families with a child aged 7-14 meeting criteria for a clinically significant anxiety diagnosis on the ADIS-IV-C/P;
- Random assignment to WL or “Fear-less” Triple P
- Measures
  - Child: SCAS; EMBU-C
  - Parents: SCAS-P; EMBU-P; Parenting Scale; Parent Problem Checklist; Relationship Quality Index; DASS-21; & Parenting Tasks Checklist
- Follow-up points: post, 3-mth, 6-mth & 12-mth.
“Fear-less” Pilot: Diagnostic data (Cobham & Sanders, in preparation)

% of children anxiety diagnosis-free

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<tr>
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<th>Fear-less</th>
<th>Wait list</th>
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<tbody>
<tr>
<td>Post</td>
<td>41</td>
<td>0</td>
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<tr>
<td>3-mth</td>
<td>63</td>
<td></td>
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<tr>
<td>6-mth</td>
<td>78</td>
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<tr>
<td>12-mth</td>
<td>88</td>
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## Child self-report data over time

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<tr>
<th>Time point</th>
<th>SCAS Total *</th>
<th>EMBU Over-protection*</th>
<th>EMBU Emotional warmth</th>
<th>EMBU Rejection*</th>
<th>EMBU Anxious parenting</th>
<th>CDI-S</th>
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<tr>
<td>Pre WL Fear-less</td>
<td>27.04 (12.63)</td>
<td>23.58 (3.61)</td>
<td>31.66 (4.39)</td>
<td>15.79 (3.08)</td>
<td>23.22 (4.77)</td>
<td>47.28 (6.08)</td>
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<td></td>
<td>32.72 (16.34)</td>
<td>24.17 (4.09)</td>
<td>31.49 (5.34)</td>
<td>14.66 (2.33)</td>
<td>23.23 (5.34)</td>
<td>48.97 (11.56)</td>
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<tr>
<td>Post WL Fear-less</td>
<td>27.9 (11.47)</td>
<td>23.86 (3.30)</td>
<td>31.45 (6.10)</td>
<td>16.05 (3.12)</td>
<td>20.73 (5.16)</td>
<td>47.22 (6.89)</td>
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<td>23.7 (14.05)</td>
<td>23.75 (4.75)</td>
<td>31.48 (6.56)</td>
<td>17.13 (6.04)</td>
<td>22.14 (5.41)</td>
<td>49.09 (12.57)</td>
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<tr>
<td>3-mth Fear-less</td>
<td>15.76 (11.84)</td>
<td>23.14 (3.14)</td>
<td>32.48 (3.73)</td>
<td>15.41 (2.91)</td>
<td>20.04 (4.55)</td>
<td>44.31 (7.27)</td>
</tr>
<tr>
<td>6-mth Fear-less</td>
<td>13.82 (12.68)</td>
<td>21.48 (3.01)</td>
<td>32.79 (5.85)</td>
<td>12.95 (2.57)</td>
<td>17.22 (4.37)</td>
<td>43.42 (5.98)</td>
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<tr>
<td>12-mth Fear-less</td>
<td>18.48 (12.04)</td>
<td>22.17 (4.51)</td>
<td>33.38 (2.87)</td>
<td>13.78 (2.66)</td>
<td>20.22 (4.43)</td>
<td>37 (2.52)</td>
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Turning to natural disasters
And then, in December 2010, Queensland’s “summer of sorrow” began....
"We now face a reconstruction task of postwar proportions." -- Anna Bligh, Premier of Queensland, Australia, on ravages of floods that affected thousands of homes.
Impact of QLD Floods

- 60% of Queensland flooded – area larger than France and Germany combined
- 86 towns and cities across state affected by flooding.
- 92 schools, 86 child care centres affected
- 20,000 homes flooded
- 200,000 stranded
- 35 deaths
- Costs in excess of $30billion
Cyclone Yasi Over Europe
Disasters can be Terrifying for Children

- Homes/schools destroyed
- They may suffer significant loss (family, pets, neighbours, parents’ jobs, belongings)
- Perception of the world as a safe place disrupted
- Exposure to a media blitz
- Exposure to parental distress & anxiety
Increasingly, research is highlighting the importance of parents’ own distress and coping strategies in the aftermath of a disaster. Some preliminary evidence that parenting changes after a natural disaster (Cobham & McDermott, in prep).
After a disaster:

- It is common for children of all ages to be distressed.
- Children’s reactions to the event depend on their age and stage of development.
- Not all children experience distress.
- Most children who do experience distress will recover naturally without extra help.
Children's development and natural disasters

Return to normal pathway

A sudden, traumatic event, in the life of a normally developing child disrupts development

Stages of development:
- Foetal
- Infant
- Child
- Adolescent
- Adult

Developmental capabilities
Common social and emotional reactions

- Behaving younger than you would expect
- Clinginess and difficulty separating
- Sleep disturbances
- Increased irritability and anger
- Flashbacks to the event
- Specific fears (e.g. rain)
- Avoidance of activities
- Withdrawal
- A sense of danger
- Difficulty concentrating
- Sadness
- Upset for no apparent reason
The big question:

Is your child behaving differently now compared to how they were before the disaster?
Natural course of children’s responses

- Children often experience distress following the flood (days/weeks)

- Most children will return to their pre-flood pattern within 2-3 months

- Different children will be on different ‘recovery timetables’ (even within the same family)

- Some children may experience an increase in distress in the next couple of months as the family is faced with extra stress (e.g. financial burden)
Disaster Recovery Triple P
Cobham, McDermott & Sanders (2011)

- Was developed following community consultations with parents around the state
- Is a one-off 2-hour seminar delivered to parents (Flood Recovery Triple P or Cyclone Recovery Triple P)
- Provides information and advice on how parents can help children cope with the disaster experience
- Is being rolled out and evaluated with the support of QLD Health
Disaster Recovery Triple P: An overview
Cobham, McDermott & Sanders (2011)

• Common social and emotional reactions of children following a disaster
• The natural course of children’s responses
• Why some children are more affected than others
  – What children bring
  – What children experienced
  – How others respond
• Parent traps
• Managing children’s emotions

• Other things that can help
• Answering children’s questions
• What next?
• Take home tip sheet
Parent Trap #4: Talking to children about your own fears and distress

- Many parents are distressed themselves
- Sharing our concerns demonstrates that it is normal to feel scared and upset after a disaster
- Is ok within limits
However, it can become something else for children to worry about. Most children cannot resolve parents’ worries and shouldn’t have to.
The rollout and evaluation of DRTP in QLD

- Integrated within the Statewide Child & Adolescent Disaster Response
- ~40 Triple P-accredited practitioners trained across the state
- 39 free seminars held across the state
- 250 parents attended; 52 elected to participate in the evaluation
- Measures
  - SDQ; DASS-21; Parenting After Disaster Checklist; Parenting and Family Adjustment Scale
- Assessment points: pre, post, & 6-mth.
The Piloting of Flood Recovery

Triple P

- Grantham SS
- N = 29
- **Seminar Feedback:**
  - Quality of presentation 6.3
  - Seminar provided sufficient opportunity for discussion: 6.8
  - Interesting: 6.4
  - Presenter used clear examples: 6.3
  - Clear explanations: 6.3
  - Sufficient knowledge to implement parenting advice: 6.0
  - Content rating: 6.3
  - Helpful in gaining an understanding of what you can do to help your child to learn new skills and behaviours 6.3
  - Intention to implement 6.2
## SDQ Data

<table>
<thead>
<tr>
<th>Variable</th>
<th>Study Phase</th>
<th>Mean &amp; SD</th>
<th>Value</th>
<th>p</th>
<th>Cohen’s d</th>
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<td>SDQ Total</td>
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<td>$t=2.814$</td>
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<td>Follow-up test</td>
<td>$SD=6.23$</td>
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<td></td>
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<td>$M=12.8$</td>
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<td></td>
<td>$SD=7.42$</td>
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<tr>
<td>SDQ Emotional symptoms</td>
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## Parenting After Disaster Checklist

<table>
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<th>Value</th>
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<td>PADC Total score</td>
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<td>Post-test</td>
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<td><em>SD</em>=8.60</td>
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<td>PADC Confidence</td>
<td>Pre-test</td>
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<td><em>t</em>=2.217</td>
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<td><em>M</em>=176.64</td>
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<td><em>SD</em>=18.12</td>
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## Client satisfaction data (N=196)

<table>
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<tr>
<th>Item</th>
<th>Mean score</th>
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<tbody>
<tr>
<td>Quality of presentation</td>
<td>5.91</td>
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<tr>
<td>Seminar provided sufficient opportunity for discussion</td>
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<tr>
<td>Interesting</td>
<td>6.12</td>
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<td>Presenter used clear examples</td>
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<td>Clear explanations</td>
<td>6.26</td>
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<td>Sufficient knowledge to implement parenting advice</td>
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<td>Content rating</td>
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<td>Helpful in gaining an understanding of what you can do to help your child to learn new skills and behaviours</td>
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<td>Intention to implement</td>
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<td>Tip sheet</td>
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<tr>
<td><strong>Total Score (/70)</strong></td>
<td><strong>61.36</strong></td>
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Conclusions and Implications

- Strong, preliminary support for the utility and acceptability of DRTP to parents who attended
- Exciting potential for application to any wide-scale, potentially traumatic event

Future Directions

- Understanding the poor uptake
- Replication
Thank you.

vanessa@psy.uq.edu.au