

## Parenting and children's feelings

Children learn how to cope with their feelings at first by seeking support from others, usually their parents. Hudson, Comer and Kendall (2008) conducted a study to determine if parents of children who are anxious respond to their children's emotions differently than parents of children with no significant worries. They found some general trends, in that children were more positive in talking about their feelings when parents showed them more warmth. Parents also showed less warmth when they attempted to step in and solve the child's problem immediately rather than let the child handle the situation themselves. Researchers also found differences between parents of anxious and non-anxious children. Fathers of anxious children tended to show less warmth regardless of the emotion their child was expressing than fathers of non-anxious children. Mothers of anxious children were more likely to step in too soon and try to fix a child's negative emotions than mothers of non-anxious children. The researchers also noted that both parents were more likely to show negative or non-supportive responses (such as criticizing or becoming upset) with anxious rather than non-anxious children. All of these responses would tend to evoke less positive emotion and coping from anxious children. Because of the nature of the study (children already had a diagnosis at the start) researchers could not show if these differences in parenting lead to the children's anxiety, or if the parents changed their behaviors over time in response to frequent displays of difficult emotion by the children. However, they conclude that parents of anxious children should be included in treatment of anxious children, as they may need support to increase their ability to show warmth and resist the urge to step in too soon to help their children when their children display strong negative emotions.

Hudson, J., Comer, J. & Kendal, P. Parental responses to positive and negative emotions in anxious and non-anxious children. *Journal of Clinical Child & Adolescent Psychology*, 37, 303-313.

## Parenting with distractions

Parents have many responsibilities and rarely are able to devote all their attention to their children. Boles and Roberts (2008) conducted a study of parents in 3 common distracting situations to determine how these affected their ability to supervise their children, and how the children's behaviors changed when parents were distracted. They used 3 distraction tasks – using a computer, watching TV and talking on the phone. Parents were less able to engage with their child during all 3 distractions, were physically farther away when talking on the phone or using a computer, and visually watched their children less often when using a computer. Children in response engaged in more dangerous behaviors when their parents were distracted, particularly when parents were watching TV or using a computer. Researchers also noted that parents did not increase their supervision behaviors after their child engaged in an action researchers judged to be dangerous (touching or playing with a knife, etc). This may indicate that parents were not aware that they had decreased supervision while performing these ordinary distracting tasks.

Boles, R. & Roberts, M (2008). Supervising children during parental distractions. *Journal of Pediatric Psychology*, 33, 833-841.

## Thinking errors in depressed teens

Adults with depression have been shown to have more unrealistically negative views of situations than others. Krackow and Rudolph (2008) conducted a study to examine if this pattern is seen in teens, and what type of negative misperceptions teens tend to have. They included both teens with true clinical depression as well as teens with a few depressive symptoms and teens with no difficulties. They found that both groups of teens with symptoms of depression reported more stressful events in their lives, including situations that they provoked by their own actions. They also found that the depressed teens rated events as more stressful than an average teen might, and felt more responsible for all types of stressful events than teens without depression. Teens with milder depressive symptoms made similar conclusions, falling between depressed and non-depressed teens in how strongly they overestimated the level of stress in a situation or their own responsibility. Researchers conclude that teens follow similar trends as adults in depression, showing a more negative view of events than others when depressed, and feeling more responsible for these negative outcomes than is reasonable. Researchers suggest that interventions for depressed teens might want to include both active coping skills (particularly interpersonal skills) to deal with the additional stressors these youths face, as well as cognitive techniques to help teens more accurately assess the severity of stressors and their own role in creating the situation.

Krackow, E. & Rudolph, K. (2008). Life stress and the accuracy of cognitive appraisals in depressed youth. *Journal of Clinical Child & Adolescent Psychology*, 37, 376-385.

## Teens relationship with their therapist and therapy success

Past research shows that the closer someone feels to their therapist, the more successful their therapy will be. Shirk and colleagues (2008) conducted a study to confirm this with depressed teens, as well as rule out other possible causes of that finding. They asked both teens and therapists rate how strong their relationship was after 3 weekly sessions, and then tracked teens level of depression until teens stopped attending therapy or until the 12 week treatment was complete. They found that therapist ratings of the relationship were only slightly predictive of how well teens improved in therapy. However, when therapists rated the relationship as strong, teens were more likely to stay in therapy until the end of the program. Teens ratings of their relationship with their therapist strongly predicted how much they improved in therapy, even if they stopped attending early. This demonstrates that the relationship a teen feels with the therapist is the key factor, rather than a good relationship leading to longer time in therapy and thus more improvement. Shirk and colleagues also emphasize the importance of this relationship even when the therapist is using a very structured, problem solving approach to therapy.

Shirk, S., Gudmundsen, G., Kapalinski, H & McMakin, D. (2008). Alliance and outcome in cognitive-behavioral therapy for adolescent depression. *Journal of Clinical Child & Adolescent Psychology*, 37, 631-639.

## Child behaviors impact teaching

In our last issue, we presented research showing how child behaviors influence parents leading to more parent-child difficulties. Doumen and colleagues (2008) conducted a similar study showing how children's aggressive behaviors also affect teachers, making it more difficult for them to relate effectively to these students. They followed 212 students and their teachers through their kindergarten year, measuring levels of child aggression and the amount of conflict between a teacher and a child. They found that child aggression at the start of the year predicted increasing levels of teacher-child conflict by mid year, which in turn predicted increased aggression in children at the end of the year. Teacher-child conflict at the start of the year did not appear to influence or increase aggressive behaviors midyear, indicating that it is the child's behaviors that lead to the worsening relationships. Findings indicate that interventions to decrease a child's aggression should ideally involve parents and teachers as well as children so that this pattern of increasing conflict can be broken before new and more difficult behaviors emerge. Administrators also should be aware of the extra difficulty teachers face in maintaining a good relationship with difficult to manage children.

Doumen, S., Verschuere, K., Buyse, E., Germeijs, V., Luyckx, K. & Soenens, B. (2008). Reciprocal relations between teacher-child conflict and aggressive behavior in kindergarten: A three-wave longitudinal study. *Journal of Clinical Child & Adolescent Psychology*, 37, 588-599.

## Parent-child bonds and eating

Childhood obesity is a growing concern in our society. Past studies of obese children have shown that they tend to have poorer relationships with their parents than children of normal weight. Schuetzmann and colleagues (2008) attempted to replicate this finding in a community based sample, rather than looking only at overweight children already in treatment. They were unable to show the same relationship between family bonds and children's weight. However, they did show that children who felt more rejected or disregarded by their parents were more likely to engage in emotional eating. This eating style has been frequently linked with weight problems in both children and adults. Researchers urge clinicians treating children for weight problems to focus not just on diet and eating behaviors, but to also help families manage relationship issues that can lead to emotional overeating.

Schuetzmann, M., Richter-Appelt, H., Schulte-Markwort, M. & Schimmelmann, B. (2008). Associations among the perceived parent-child relationship, eating behavior, and body weight in pre-adolescents: Results from a community based sample. *Journal of Pediatric Psychology*, 33, 772-782.



Advancing Minds Research Review Quarterly is a free publication to promote awareness of psychological research in professionals who work with children. All articles are written by Susan Anvin, Ph.D. For additional copies or information, please call **(408) 294-9903**.

Advancing Minds is a child and adolescent mental health clinic in San Jose, CA. Our team of psychologists provides in depth evaluations of children's academic and emotional functioning. Evaluations help clarify diagnoses, qualify children for services, and provide parents and professionals with a detailed plan to help a child achieve their potential. Our psychologists also provide a full range of therapy and consultation services, helping families manage difficulties such as depression, anxiety, disruptive behaviors, inattention, relationships and troubling life events.

Copyright 2009, Advancing Minds. All Rights Reserved.

## Assessing Inattention

Attention Deficit/Hyperactivity Disorder (ADHD) is one of the more commonly diagnosed conditions in children. While the symptoms are relatively clear and recognizable, it often deserves more detailed assessment than a brief interview in a therapist's or psychiatrist's office for 2 reasons. First, such brief assessment can lead to the wrong diagnosis, and second, even if the diagnosis is correct, a full evaluation can help parents access more complete treatment interventions for their child.

Many parents worry ADHD is over diagnosed, and fear they may be putting their children on medications unnecessarily. These fears are somewhat justified. Inattention is one of the most common symptoms of psychological problems - if anything is going wrong in our mental lives, it's harder to stay focused. Poor concentration is a core symptom of ADHD, but also a diagnostic criteria for mood disorders such as depression and anxiety. Children with behavior difficulties will often appear to deliberately ignore adults, and students with specific learning difficulties will often appear inattentive as they struggle with tasks that are particularly difficult for them. To make the picture more complex, ADHD often appears combined with one or more of these other difficulties. A thorough ADHD evaluation can rule out other issues that may be the real problem, and can help you identify ALL the reasons your child is struggling to attend.

An ADHD evaluation also provides you with more than just an accurate and complete diagnosis. It also provides you with a thorough list of recommendations for helping your child overcome these difficulties. Most children with ADHD need more than just a pill, they benefit from additional changes at home and at school to help them learn to focus. Your evaluation report is the key you need to unlock vital services and accommodations for your child at school, and it is your guide for surviving homework and other concentration laden tasks at home. A full evaluation leads to more complete help for your child by putting in writing all the resources your child needs to succeed.

For more information on ADHD evaluations and how they can help your child or a child you work with, please contact Advancing Minds at (408) 294-9903.

## Evidence-Based Assessment

In order for an assessment to provide parents and professionals the information they need to help children, the tests used in the evaluation must be valid measures of the kinds of problems children struggle with. The Society of Pediatric Psychology sponsored a series of reviews of a wide range of tests commonly used by psychologists and physicians to assess children's emotional and learning problems. Overall they found that most of the measures in use are strongly backed by independent research from multiple sources. All of the measures commonly used at Advancing Minds which were selected for review (we use a wider range of attention measures than were reviewed) were rated at the highest level in their respective categories. The review articles indicate that formal assessment can provide reliable and accurate information about a child's functioning, providing parents with a better understanding of their child's difficulties than interviews alone can provide, and leading to more comprehensive and appropriate treatment. For more information about how testing can help a child you know please contact us at (408) 294-9903.

Holmbeck, G., Thill, A., Bachanas, P, Garber, J., Miller, K., Abad, M., et al (2008). Evidence based assessment in Pediatric Psychology: Measures of psychosocial adjustment and psychopathology. *Journal of Pediatric Psychology*, 33, 958-980.

Campbell, J., Brown, R., Cavanagh, S., Vess, S., & Segall, M. (2008). Evidence based assessment of cognitive functioning in Pediatric Psychology. *Journal of Pediatric Psychology*, 33, 999-1014.