

# When adult patients have anxiety disorder, their children need help too

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In what is believed to be the first U.S. study designed to prevent anxiety disorders in the children of anxious parents, researchers at the Johns Hopkins Children's Center have found that a family-based program reduced symptoms and the risk of developing an anxiety disorder among these children.

Despite its small size, the study suggests that as few as eight weekly family sessions of [cognitive behavioral therapy](#) go a long way to prevent or minimize the psychological damage of childhood anxiety. Results of the study will appear in the June issue of the [Journal of Consulting and Clinical Psychology](#).

"If psychiatrists or family doctors diagnose anxiety in adult patients, it's now clearly a good idea that they ask about the patients' [children](#) and, if appropriate, refer them for evaluation," says senior investigator Golda Ginsburg, Ph.D., a child psychologist at Hopkins Children's and associate professor of psychiatry at the Johns Hopkins School of Medicine. "Right now, most doctors don't think about this, let alone broach the subject."

Ginsburg says data show that the children of parents diagnosed with an anxiety disorder are up to seven times more likely to develop an anxiety disorder themselves, and up to 65 percent of children living with an anxious parent meet criteria for an anxiety disorder.

Prevention, rather than treatment, of childhood anxiety is critical

because [anxiety disorders](#) affect one in five U.S. children but often go unrecognized, according to a recent editorial in The New England Journal of Medicine. Delay in diagnosis and treatment can lead to depression, substance abuse and poor academic performance throughout childhood and well into adulthood.

The Hopkins team studied 40 children between 7 and 12 not diagnosed with anxiety themselves but who had one or both parents diagnosed with an anxiety disorder. Half of the children and their families were enrolled in an eight-week cognitive behavioral therapy, while the other half were put on a waiting list and received no therapy at the time of the study, but were offered therapy a year later.

The program, consisting of hour-long weekly sessions was designed to help parents identify and change behaviors believed to contribute to anxiety in the children, while at the same time teaching children coping and problem-solving skills.

Within a year, 30 percent of the children in the no-intervention group had developed an anxiety disorder, compared to none of the children who participated in the family-based therapy. Parents along with researchers who evaluated the children and their parents independently reported a 40-percent drop in anxiety symptoms in the year following the prevention program. There was no reduction of anxiety symptoms among children on the waiting list.

The parental behaviors modified with treatment included overprotection, excessive criticism and excessive expression of fear and anxiety in front of the children. The program targeted such childhood risk factors as avoiding anxiety-provoking situations and anxious thoughts.

Source: Johns Hopkins Medical Institutions

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