Family Treatment in Child and Adolescent Psychiatry

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Session 1
Anxiety Disorders

Family Therapy Theory

From focus on the individual to focus on the relationships in the family

- Understanding patterns of interaction involved with the problem
- How attempts to solve the problem maintain the problem pattern
- The symptoms of the disorder become part of a cycle of ineffective interactions
- How to intervene to create interactions that lead to problem resolution

Holding a Family Meeting

- Ensuring attendance of all adults and involved children
- Advise speaking with a family representative prior to the initial meeting to plan attendance and participation.
- Advise scheduling the initial meeting so everyone involved can attend.

- The therapist is the leader of the session and establishes ground rules for participation
  - One person speaks at a time, people are expected not to interrupt the speaker
  - The therapist engages with each person about them personally
  - The therapist engages in a positive way with each person

- The therapist asks each person in the family how they respond to the problem behavior.
- The therapist develops hypotheses about how the problem is embedded in family interactions and relationships.

Anxiety Disorders and the Family

- Anxiety is impairing worry about something that interferes with functioning
- Anxiety is highly contagious
  - Being in contact with an anxious person makes the observer anxious
- Some people are more prone to anxiety than others
- Anxiety tends to run in families

- Avoidance provides temporary relief without changing the anxiety
- Anxiety may be expressed in a variety of ways, panic, phobias, separation concerns, difficulty interacting in social situations
- Anxiety is often co-morbid with other disorders
- Avoidance based on anxiety can have significant negative implications for development.
  - Failing to engage in important activities leads to failure to develop important skills, leading to a negative view of oneself.

Developmental expressions of anxiety

- Selective mutism can occur in young children
- Pre-school and school age children may have difficulty with separation from primary care givers
- Adolescents may demonstrate social anxiety
- Children and adolescents may have specific phobias
- Children and adolescents can have disabling panic attacks

Impact of anxiety on family interactions

- Natural tendency is to stop or decrease anxiety
- Parents try to quiet or reassure their anxious child
- When that doesn’t work, parents accommodate avoidance
- This establishes a pattern of enabling both anxiety and avoidance
- This leads to identifying the child as an anxious child

- Family responses to the child's anxiety can lead to polarized adult or parental responses, one parent takes the role of setting a limit and the other parent wants to support the child's avoidance of difficulty
- This can challenge family cohesion and worsen over time
- This can lead to failure in treatment and further family dysfunction and demoralization.

- Anxiety can represent a legitimate response to a situation that is problematic for the child
  - The child may experience bullying in school, or the teacher may be harsh. The child may have learning difficulties, and peers can exclude the child.
  - Anxiety can also produce oppositionality in the child, building family conflict
- Anxiety also interferes with experiences that lead to building developmental competencies

Family Treatment and interventions

- Treatment is requested at the point where the child's anxiety and avoidance is no longer tolerable by parents or outside institutions
- The Child Psychiatrist needs to identify who is involved with the child and family's problem, including the child, the family and the outside community
- All will need to be involved in and support treatment creating a cohesive treatment team.

- Child Psychiatrists construct a systemic map mentally which includes
  - Description of the problem
  - Impact of the problem on the child
  - Family and community responses to the problem
  - The ways those responses reinforce anxiety
  - The ways in which those responses might interfere with exposure and response prevention treatment

- Using the mental map of the problem in context the Child Psychiatrist develops a step wise treatment program that engages the family, the child and the community

- Step one:
  - The therapist validates the child’s anxiety and includes potential causes while normalizing the child’s fearfulness

- Step two:
  - Ensuring agreement among everyone that whatever is being avoided needs to be engaged with.
  - This includes parents, extended family, teachers, and other important community resources.
  - This process may make apparent conflicts among important adults about the problem and its resolution which will need to be resolved.

- Step three:
  - The Child Psychiatrist assures that the child feels understood, accepted and cared about by the doctor.
  - The child is then seen as competent to deal with the problem
  - The parents have the opportunity to view the child as able to deal with their anxiety in a positive way.

- Step four:
  - Develop a plan for gradual exposures and participation in the anxiety provoking experiences.
    - This may include gradual resumption of school, information about necessary medical procedures, or methods of assuring exposure to other feared experiences.
    - Treatment must be carried out in the child's life and not just discussed in the doctor's office.

- Step five:
  - Family returns to describe progress and resolve problems in reduction of the child's anxiety.
    - This may include difficulties in setting limits or in implementing planned exposures.
    - Other family problems may emerge including marked parental conflict, marked inflexibility in the school environment, or other child difficulties, or problems with siblings.
    - Recognizing and addressing the impact of unresolved losses, or significant family stresses may be an important part of treatment.