



Avoiding the Present Moment: How Parental Experiential Avoidance Affects a Child's Ability to Regulate Emotions

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Introduction

- Parental experiential avoidance (EA) refers to a parent's unwillingness to witness their child experiencing distress, along with difficulties managing internal emotional reactions to their child's distress¹
- Parental EA may be involved with parenting practices that are aimed at suppressing or controlling a child, and have been linked to the development of childhood anxiety disorders^{3,4}
- Parent reported child anxiety levels have been linked to parental EA with both a clinical and community sample, yet previous work has not included child reported anxiety levels^{1,3}
- Children's emotion regulation (ER), an underlying mechanism of anxiety, is influenced both biologically and socially by parents⁵
- Furthermore, prior work has not examined the relationship between parental EA and underlying mechanisms of anxiety, such as emotion dysregulation²
- Heart rate variability (HRV) is a physiological marker of self-regulation, and relations between children's HRV and parental EA has not yet been examined⁵

Hypotheses

Parental EA

1. Positively correlated with parent reported child anxiety

2. Positively correlated with child reported anxiety

3. Inversely linked to child ER

4. Inversely linked to child HRV

Methods

- 101 children and their parents were administered a series of questionnaires and HRV measurements during initial evaluation at PMHI outpatient clinic
- Behavior Assessment System for Children, 3rd Edition (BASC-3)
 - Parent completed for 6yr+; Child also completed for 8yr+
 - T-scores from the child and parent report of anxiety were used
- Parental Acceptance and Action Questionnaire (PAAQ)
 - Measures experiential avoidance in the context of parenting
- Emotion Regulation Checklist (ERC)
 - Parent-report measure of their child's self-regulation abilities
- HRV
 - Data collected during a 10-minute resting baseline condition. EKG and respiratory data was collected for calculating HRV using the Biotrace+ software; artifacts were detected and removed

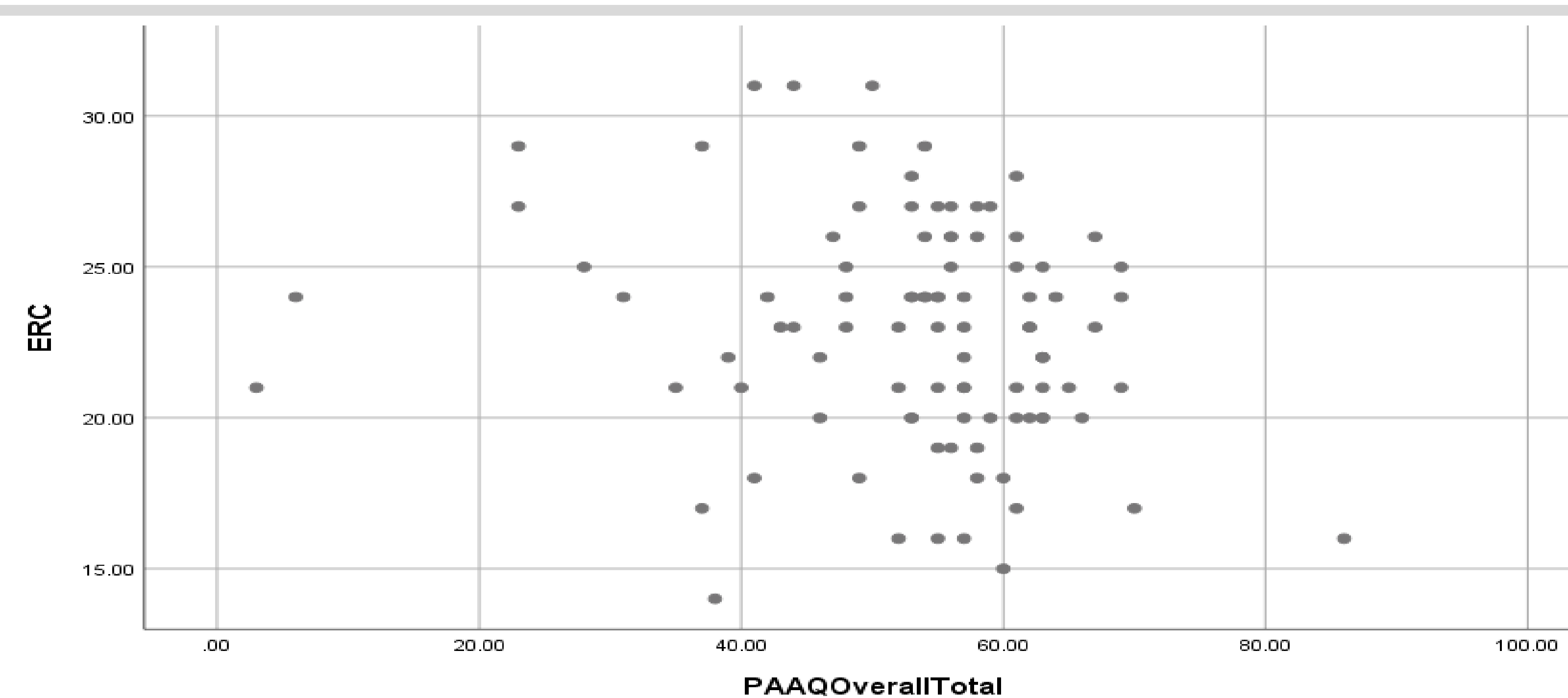
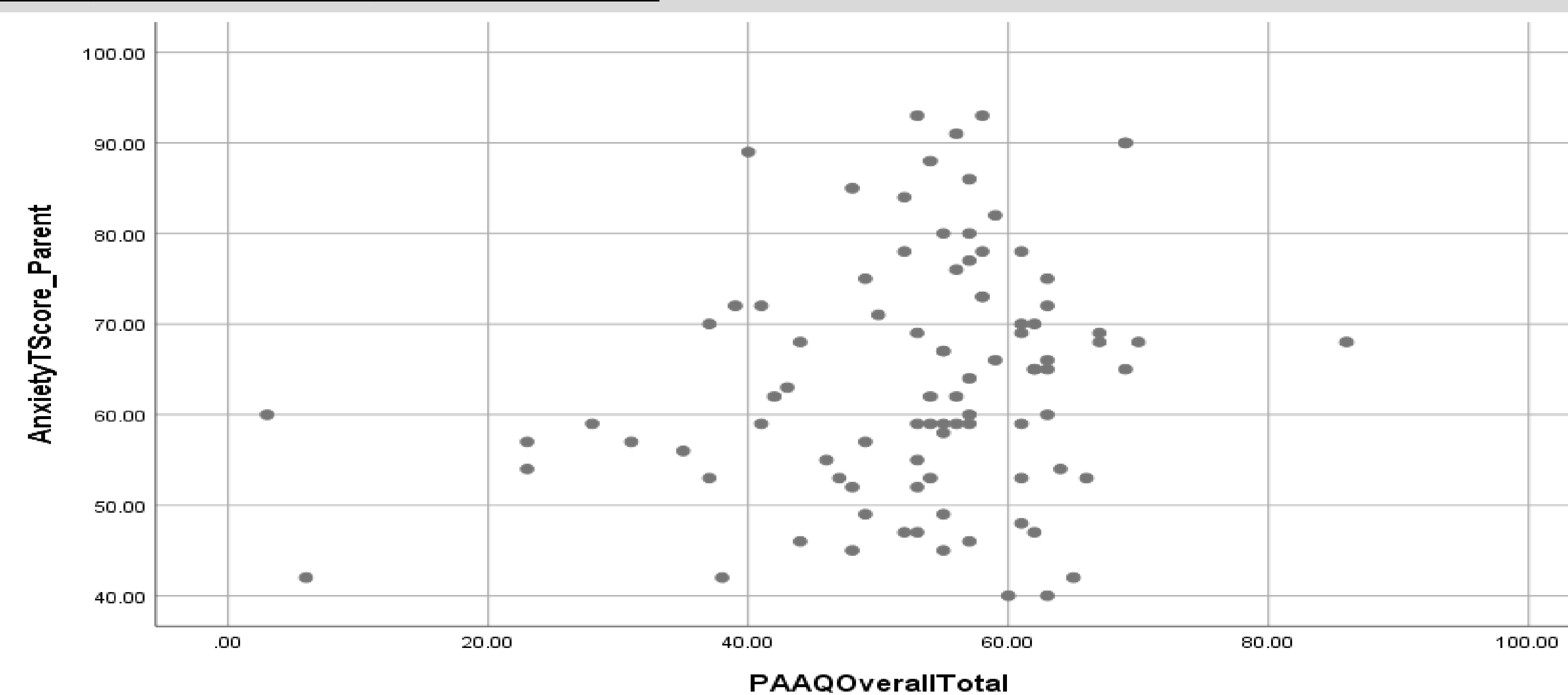
Results

	N (TOTAL = 101)	PERCENTAGE
SEX		
Male	62	61.4%
Female	38	37.6%
Other	1	2%
AGE		
6-7 years old	22	21.8%
8-12 years old	40	39.6%
13-18 years old	39	38.6%
PRIMARY DIAGNOSIS		
Anxiety Disorder	18	34%
ADHD	14	26.4%
Mood/Depressive Disorder	11	20.8%
Adjustment Disorder	4	7.5%
Other	6	11.3%
RACE		
White	73	72.3%
Black or African-American	5	5.0%
More Than One Race	14	13.9%
Asian	1	1%
Unknown/Not Reported	4	4.0%
American Indian or Alaska Native	3	3.0%
ETHNICITY		
Hispanic or Latino	21	20.8%
Not Hispanic or Latino	75	74.3%
Unknown or not reported	5	5%

Pearson Correlation Analysis

- No significant finding for the relationship between parental EA and child HRV
- Marginally significant finding for the relationship between parental EA and child ER
- No significant finding for the relationship between parental EA and child reported anxiety
- Significant finding for the relationship between parental EA and parent reported child anxiety with a small to moderate effect size (Cohen's d)⁶

Zero-order correlations	PAAQ Total
Anxiety (Parent report)	.22**
Anxiety (Child report)	.17
ERC Total	-.19*
HRV-RMSSD	.05
*p<.10, **<.05	



Discussion

Key Findings:

- A significant link between parental EA and parent reported child anxiety levels, which replicates previous research findings
- A marginally significant relationship that partially supports the inverse link between parental EA and children's ER
- No significant support for the relationship between parental EA and child's HRV, and child reported child anxiety levels

Clinical Meaning:

- Parental EA may influence a child's emotion regulation by modeling ineffective coping strategies⁴
- Understanding the underlying mechanisms that contribute to parental EA may be helpful for parents who are seeking treatment for their own anxiety, in which mindful parenting interventions could be implemented³
- Parental EA should be addressed as an element in both the prevention and treatment of child anxiety³

Limitations/Future Directions:

- Rater biases may contribute to measurement errors with the sole use of report measures
- Prior work suggests that parents of anxious children usually have more negative expectations of their children's coping strategies, which may affect their interpretations of their child's anxiety and ER⁴
- Parents reporting high in EA probably experience anxiety themselves, which also may alter their interpretation of their child's anxiety³
- Clinical sample of families seeking mental health treatment, and therefore cannot be generalized to the broad public
- Replication of this study is important to further examine the role that parental EA has on children's ER and psychopathology, and perhaps the underlying mechanisms of parental EA

References

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