

## Reattach Therapy for Reducing Anxiety in Children with Developmental Diversities

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### Abstract

**Background:** Anxiety in children could appear as fear but it additionally has the ability to make children restless and furious. Anxiety is prevalent and occasionally severe for kids with autism. Identifying anxious feelings and identifying the cause is the first step toward controlling anxiety. Relaxation, imagery, and different types of ReAttach therapies are all successful techniques for dealing with anxiety.

**Method:** Interpretivism is the chosen research philosophy along with the deductive research approach. On the other hand, descriptive research design has also been selected in the present scenario. The data has been considered as secondary and qualitative data analysis has been done. For the collection of all the required information scholars, journals, books have been followed. Qualitative data analysis method is the appropriate method that is done by thematic structure.

**Findings:** Using strategies including cognitive appraisal, or “cognitive-behavioural therapy (CBT)”, has been demonstrated to be successful in helping children with ASD deal with anxiety. Directly addressing one’s fears via exposure therapy is shown to decrease the amount and severity of anxious emotions. Children experiencing depression and anxiety have also benefited more from treatments based on mindfulness like MBSR and MBCT-C.

**Conclusion:** As a consequence of CBT, children with autism feel less anxiety. “Mindfulness-based stress reduction (MBSR)” and “cognitive behavioural treatment” for anxiety and depression (MBCT-C) are two instances of these kinds of therapies. Additional research is required to create customized therapies for kids with anxiety.

**Keywords:** Anxiety, depression, development diversity, CBT, exposure therapy, MBSR program

### Introduction

Features of neurodevelopmental conditions that include autism and other psychological disorders such as anxiety and attention deficit hyperactivity disorder can develop in young children. Young children’s psychological well-being is intimately dependent on the durability of the connections they have developed with their main caregivers and within their extended families (Umbrello et al. 2019, p.894). A significant risk factor for the development of mental disorders at young ages involves being in an intimate relationship with an individual who is violent, dangerous, continually careless, or generally psychologically destructive. In contrast, young kids may benefit from possessing a buffer from the adverse effects caused by additional stressors if their relationships remain attentive and beneficial.

Therefore, controlling the stresses in families is essential for decreasing stressors that impact children. At the age of 6, children generally start showing signs of anxiety disorders. It has been observed that if a kid has anxiety, their brain works differently. However, treatment for anxiety in kids is not addressed frequently. Helping a child as early as possible is ideal. Most children suffer from multiple kinds of anxiety, which makes therapy harder. One potential combination is social anxiety and a fear of heights (Perihan et al. 2020, p.1970). Once it remains untreated, several problems may continue all through adulthood. Anxiety among kids can be addressed in a variety of ways, both mentally and therapeutically. The initial phase in helping the anxious child is to contact their paediatrician. Teaching children how to recognize anxious emotions and how to deal with them productively is one method for assisting them.

Anxiety attacks that start from temporary mild signs to severe anxiety disorders possess a high risk during childhood and adolescence. As soon as a person senses a possibly threatening stimulus, the brain reacts with anxiety. This psychological response within the cognitive system is present from birth and throughout early life, with small to extreme expressions (Lindner et al. 2019, p.1670). According to a common and well-established theory, anxiety becomes maladaptive in many developmental diversities when it causes problems with everyday activities, such as associating with avoiding tactics. This is especially true when anxiety is extreme in intensity, frequency, or persistence. Thus, prolonged or excessive instances of nervousness and avoidance at all ages could be defined as pathological anxiety.

However, children display various issues and worries as a result of their typical development, so distinguishing normal from abnormal anxiety can be especially challenging in children. Anxiety about being separated from parents usually begins between 12 and 18 months, whereas a phobia of loud noises such as lightning and thunder usually develops between 2 and 4 years (Wazzan et al. 2022, p.556). Considering the fact that childhood anxiety is frequent and generally temporary, mental health issues cannot be used alone as a diagnostic marker to detect pathological anxiety-related conditions in children. This problem increases the challenge of categorizing anxiety in kids into typical, mild, and abnormal groups. Another challenge when evaluating anxiety disorders and fears is that younger kids can lack the mental abilities required to convey information essential to the use of the diagnostic categorization structure, including their emotions, thoughts, and avoiding behaviours, as well as the difficulties and problems that may result.

For diagnosing anxiety in young people and adolescents, it is essential to take into consideration age-related modifications to the key areas such as intellectual capacity, language proficiency, and maturity in emotions. "The Diagnostic and Statistical Manual of Mental Disorders" and the "International Classification of Diseases" each describe and define anxiety-related conditions (González-Valero et al. 2019, p.4394). Widespread anxiety, physical anxiety symptoms, behavioural problems, severe avoidance of anxious objects, and accompanying difficulties or limitations contribute to many anxiety disorders across different systems. The anxiety disorders classified into particular groups, such as anxiety disorders, agoraphobia, and variants of particular phobias, nevertheless exhibit a significant amount of phenotypic variation or heterogeneity, despite the fact that there are variations.

Anxiety conditions in DSM-IV can be grouped together irrespective of age of onset, with one exception of separation anxiety, which is defined as occurring before maturity. As a consequence, the diagnostic criteria for the vast majority of anxiety disorders vary across different ages. The DSM-IV involves different symptoms for the diagnosis of a generalized anxiety disorder in kids. In some phobias, children do not have to assess their anxiety as excessive or unfounded, but the time frame must be a minimum of 6 months for people under the age limit of 18 years.

In contrast with DSM-IV, ICD-10 offers children with a unique set of codes for diagnosis for anxiety-related conditions which account for amplifiers of normally anticipated patterns of development (Rahayu & Dinni, 2021, p.40). In children, inadequate psychometric information suggests that using these tools to young kids than to older kids might offer extra obstacles. The trouble that young kids face when expressing their emotions is likely related to this issue to a certain extent. In order to constantly and properly prejudice between normal anxiety, clinical anxiety, and anxiety disorders in young kids, it becomes sometimes essential to collect information from a wide range of sources besides the child themselves.

Childhood trauma including the passing of a parent, divorce, or sexual or physical assault are linked to an abundance of psychological issues, including anxiety-related disorders. In a large community-based study of adults in the US, researchers discovered connections between retrospectively reported childhood hardships and the emergence of DSM-III-R illnesses. Depression, anxiety, dependence on drugs, and behavioural disorders all seem to develop after suffering these kinds of setbacks. A greater likelihood of major depressive disorders, anxious conduct disorder, use of drugs disorder, and thoughts of suicide have been observed in a study of New Zealand (Li et al. 2021, p.580827). In addition, the extent of sexual assault as a kid was consistently associated with a greater susceptibility to mental disorders.

Research in the development of concentrated preventive or early intervention programs for anxiety-related conditions depends largely on the understanding of early responsiveness and associated risk factors for the disorders. Although numerous variables, such as parental mental disorders, emotionally inhibited personality, and initial life adversity, have been recognized as possible risk factors for anxiety-related illnesses. More research is needed to determine the strongest indicators, and to comprehend the complex physiological and mental processes and relationships that encourage the first signs of anxiety-related conditions. This is challenging since different kinds of anxiety disorder appear to differ significantly from each other.

For the treatment of both anxiety and physical symptoms, the TAPS program utilizes techniques including relaxation, mental restructuring, and exposure training to assist individuals in overcoming their anxieties. Disorders of anxiety and functional difficulties are the main themes of the psychological education of anxiety-related children. Concentrating on the relationship between stress and somatic symptoms such as the amplification of simultaneous anxiety and pain in the beginning, the goals and structure of TAPS are explained to both children and their parents (Liu et al. 2019, p.540). The subsequent session relates to addressing the children's actual medical issues. Children's discomfort is examined in depth, covering its root causes, symptoms, and features such as quantity, duration, frequency, and setting. The child learns the art of diaphragmatic breathing and is given instructions on how to use the technique in the event of pain or anxiety. Anxiety and discomfort are measured on an index from 0 to 8, which is explained in this session. For the purpose of improving early diagnosis and showing possible connections between pain and anxiety. After that, children experiencing anxiety can minimize their risk for adverse effects in situations recognized to trigger feelings of anxiety. Thus, the following sessions are devoted to developing practical views. The therapist introduces the idea of a body-mind connection, helps the child identify maladaptive behaviours, and provides guidance regarding ways to deal with the child's negative perspective on conquering physical pain and anxiety (Wen et al. 2023, p.2511). In the following step, the reason and method of exposure are discussed in the session. The therapist explains how facing fears directly can help relieve stress and physical symptoms by interrupting the pattern of avoidance.

The child and psychotherapist work together to create a fear hierarchy in which several scenarios the child dislikes are ranked from least to most scary. In addition, the therapist and child can identify variables, such as environmental safeguards, that impact the child's reaction to frightening events. The physical manifestations from which the child could be suffering are related to anxiety, but a lot of parents are entirely unaware of this. Therefore, parent sessions have been created to help children's physical as well as nervous management of symptoms.

### **Methods and subjects**

*Research design:* For the present study descriptive research design has been considered as selected one. It can be considered an empirical method to study a population with the aim of revealing and recording its unique traits and ways of existence (Joshi et al. 2023, p.1670). The linkages between cause-and-effect factors are not explored, nor are forecasts of future results provided by a descriptive study design. However, it prioritizes providing an accurate and full representation of the information gathered, which can be utilized to evaluate presumptions, explore patterns, and identify trends. Researchers may identify the most effective methods of therapy and different therapies to the particular requirements of children with cognitive differences by investigating the present situation and trends in anxiety encountered by these kids.

*Research philosophy:* According to the researchers, interpretivism research philosophy can be suitable in the present case. According to the term "interpretivism" as a sociological research method, a behaviour or event is understood with the values and customs of the society (Grinchenko & Shchapova, 2020, p.209). It is a sociological

technique for examining qualitative data about people's actions. It examines the process of people interaction by providing functions or significance. Knowledge that is unable to be converted to a value in numbers is regarded as qualitative. Knowing the subjects in their cultural and social environment is an essential requirement for interpretivism.

*Research approach:* Significant concern can be demonstrated throughout the use of deduction as an approach for social research. The hypothetico-deductive approach is frequently thought of as the most basic kind of deductive approach (Alharahsheh & Pius, 2020, p.41). It is necessary to rely on both practical and theoretical knowledge and make some extremely particular assumptions about events. Current theories and hypotheses serve as the basis for deductive research that seeks to figure out if they are suitable for an instance. In order to assess the efficacy of therapies for anxiety in kids with developmental variations, researchers are able to begin with established theories such as "cognitive-behavioural therapy (CBT)".

*Data collection:* Using existing data is known as secondary research and to make the research more effective entirely, researchers collect and analyse existing data. The capacity to derive conclusions or make discoveries without directly collecting new information is an important advantage of secondary research. This may assist people conserve time and money whereas additionally enabling people to build upon the present level of information and expertise. In this study as a secondary data collection method all the data has been collected from secondary sources such as books, articles, journals and several others.

*Data analysis:* For analysing the data qualitative data is a record of the opinions, views, and behaviours in a social environment. Information that cannot be expressed numerically, such as records taken after interviewing, recordings of audio and video, pictures, and documents written down. For collecting insight from textual data and emphasizing important aspects, content analysis constitutes one of the most commonly used qualitative data methods. For categorizing and summarizing textual information, the appropriate procedures and techniques are incorporated.

## **Result**

### **Theme 1: CBT intervention shows positive outcome in the anxiety of ASD children**

Many families have ASD suffering children and they experience that anxiety is an important cause of stress and psychological distress for their kids. Anxiety among kids with effective ASD can be managed through CBT, but the brain mechanisms behind the reaction to CBT are still being investigated. "Functional magnetic resonance imaging (fMRI)" can be used to compare neural indices of social and emotional well-being in children with ASD (Geraets et al. 2019, p.750). In CBT, children practice techniques including cognitive reappraisal and behavioural exposures that gradually raise their capacity for acceptance of stressful situations. The neural network that promotes feelings and control is believed to be improved through CBT for anxiety management. In a study, it was observed that a total of 100 kids in school with effective ASD and mild to serious anxiety took part in a controlled, randomized trial comparing CBT to psychoeducation and supportive therapy (PST). In order to assess the difference in brain function complying with CBT and PST in children with ASD compared to TD, researchers have also scanned 50 typically developing kids with TD twice over a 16-week gap (Tang et al. 2019, p.90). Through strengthening parental engagement and tackling the significance of the basic symptoms of ASD in experiencing feelings of anxiety, an organized guide can be utilized for offering CBT to kids with ASD (Giordano et al. 2020, p.101688). Participants can be thoroughly established by means of their IQ, behavioural adaptations, and whether there is evidence of any concurrent psychopathology. Emotional perception of faces, biological movement perception, resting state, and controlling emotion activities are going to be captured with functional MRI.

### **Theme 2: Exposure therapy helps in anxiety related conditions**

A particular type of CBT designed to help people with anxiety-related conditions practise controlling their symptoms is known as exposure treatment. In addition, exposure therapy involves confronting one's anxieties directly with the help of an experienced psychologist in an environment that is unbiased. In order to reduce anxiety, exposure therapy involves confronting those worries. A therapist may assist people in doing things that make them anxious in a way that is secure and beneficial. Controlled exposures can help people build trust and

decrease the intensity and frequency of these anxious sensations as time passes (Wood et al. 2020, p.480). Tolerance may be established with the help of exposure therapy. It can ultimately be able to confront whatever happened that initially got them nervous. The most suitable way to get over anxieties is confronting those fears as frequently as possible.

Moreover, with the carrying out of the exposure therapy it becomes clear to the children that the fear has been unjustified and easy to face. In the case of substance exposure therapy in vivo, people can be required to confront the fear directly. Individuals can work closely with a therapist who knows how to handle the exposure to make sure that it does not become excessively rapid. Therapy mainly engages children, and their therapist engages the mind to find out the roots of anxiety. On the other hand, in the case of virtual reality exposure therapy, modern virtual reality devices are incredible and have been shown to be highly beneficial in many therapeutic uses, including facing anxieties in the VR realm (Bemmer et al. 2021, p.10). In the case of interoceptive exposure therapy, it employs a number of techniques that create physical as well as mental symptoms in order to build tolerance to a particular stressor. A combination of approaches involving both imaginal and in-vivo exposure therapy is prevalent in long-term exposure therapy and is often used for the treatment of social anxiety along with various forms of anxiety.

### **Theme 3: MBSR and MBCT-C program have a greater impact on anxiety and depressed children**

“Mindfulness-based stress reduction (MBSR)” was developed by “Jon Kabat-Zinn” at the beginning of the 1980s, and it is well known for mindfulness-based treatment with empirical support in the medical management of mental health conditions. The Mindfulness-Based Stress Reduction (MBSR) program provides a course of eight weeks intended to show children ways of managing their stress through the practice of awareness. There are four weekly “2-2.5-hour group meditation classes” with an experienced teacher, “daily audio-guided private sessions”, and an entire-day mindfulness vacation in the sixth week of the course (Solish et al. 2020, p.10). A large portion of this content covers techniques for developing a more sensitive relationship with one’s physical experience using mind-body contemplative exercises such as seated prayer, body scans, mild stretching, and yoga.

Furthermore, the group’s workshops promote discussions about how to use these mindful methods in everyday life. In addition, the end result is a more adaptive reaction to difficult circumstances. Contrarily, MBCT-C has been developed by John Teasdale, Zindel Segal, and Mark Williams to decrease the possibility of depressive symptoms repeating. MBCT combines mindfulness training with components of cognitive therapy to reduce episodes of depression (Kilburn et al. 2020, p.11). The concepts of mindfulness are employed to help people recognize when their mood decreases without immediately responding adversely. Therefore, greater reflection and the principles of cognitive therapy help people learn to become free of the negative thought processes that underpin most of their depressive symptoms.

### **Discussion**

In cognitive-behavioural counselling, “the behavioural interventions for anxiety” in kids with autism in the CBT program have been employed as the cognitive behavioural therapy intervention that included weekly sessions spanning 60–90 minutes daily. Moreover, with the integration of both anxiety-related and non-anxiety-based symptoms as the objectives of the therapy, the BIACA program relies on a CBT manual for the “typically developing anxious youth”. The program additionally takes into consideration barriers to collaborating with children with ASD. Overall, there was no statistically significant difference among the CBT and TAU groups in the reduction of both parents and children’s anxiety on the MASC-P (Kim et al. 2020, p.642). Due to an absence of insight and a lack of connection with the assessor in clinician-administered tests, anxious children with ASD could be more inclined to over-report their anxious signs, leading to a higher response variance.

Parents could have experienced difficulty independently reflecting on anxiety symptoms as the indicators represent symptom recurrence instead of severity, and impairments are more apparent to grandparents. Therefore, psychiatric tests of children with ASD need to be comprehensive and laborious, and they must be administered to that group with precaution. Additionally, research indicates that families could play an essential role in intervention, particularly for children with ASD (Boeldt et al. 2019, p.773). The important function of parents in collaborating with anxious kids who have ASD is being suggested by observations of kids with ASD.

Repetitive exposure to the conditioned stimuli without an unconditioned stimulus is believed to reduce the trained reaction among individuals receiving exposure therapy. The majority of individuals with phobias are unable to remember the initial training event, which creates a problem for the extinction theory. It is hypothesized that anxious people assign inaccurate interpretations to stimuli, and this in turn improves their fear of those stimuli. The defective fear construct is meant to be repaired by being exposed to dread-provoking stimuli, resulting in a novel method to process information (Ileri et al. 2019, p.3314). Although they are anxious and sweating, individuals with social anxiety disorders can discover that engaging with others is beneficial. Instead of specifically tackling anxiety, the self-confidence approach focuses on developing confidence and a feeling of control over one's behaviour or results. Children who suffer from anxiety-related conditions often underestimate their own personal resilience in their moments of anxiety. The children who are willing to face their anxieties directly, without turning back or leaving, ultimately come to realize that they are more powerful and capable than they initially believed.

As a consequence, individuals are more inclined to face their issues in unusual circumstances, increasing the possible uses of the treatment. Relative to active control environments, MBIs have been found to be more successful than MBSR in relieving symptoms of anxiety in research. The MBSR program outperforms an active tension-management training course in a small number of individuals with generalized anxiety disorder (GAD) (Wright et al. 2019, p.2277). Self-reported indicators of anxiety after responding to a scientific social stress challenge test revealed individuals in the MBSR group had significantly fewer symptoms of anxiety compared to those in the control group. There is encouraging proof that MBSR may help people better control their feelings. In addition, investigators utilized the program's fundamental principles to create customized processes for a variety of individual characteristics and outcomes.

Those who are at the highest risk of recurrence may benefit the most from MBCT's capacity to prevent relapse. MBCT has been proven to be effective in relieving acute symptoms of depression as well as reducing relapse rates. The increasing number of MBIs, which may be accessible via the internet or smartphone applications, is another contemporary addition to mindfulness research. The length of these training programs varies significantly, from 8-week programs that are extremely comparable to the MBSR protocol to smaller, independent programs of 2 or 3 weeks (Park et al. 2019, p.505). Despite the young age of technology delivered activities, a recent meta-analysis of RCTs showed that technology delivered MBIs exhibited significant beneficial effects on anxiety, depression, stress, happiness, and mindfulness relative to control or waiting conditions.

## Conclusion

The introduction of CBT has shown to reduce the anxiety that children with ASD experience. Children with autism may benefit from CBT techniques such as mental appraisal and behavioural exposure that help them learn how to cope with and eventually embrace difficult situations. Studies utilizing fMRI have provided insight on the neurological processes that explain why CBT for stress in kids is so helpful. Certain kinds of CBT, including exposure therapy, have been proven useful in reducing anxiety. Individuals can develop tolerance and lower the severity and regularity of unpleasant emotions by gradually confronting fears and worries in a secure and monitored environment. Symptoms of depression and anxiety might be reduced with mindfulness-based interventions, including mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy for children (MBCT-C). Therefore, these programs show how important it is to treat kids' anxiety as well as how important it is to address anxiety in children with ASD or similar anxiety-related diseases. Further research into these methods must be conducted so that more specific and individualized treatments can be created for children with anxiety.

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