Anxiety disorders are highly prevalent among youth and they appear to remain stable and problematic for many youths throughout childhood and adolescence [1]. Theoretical models of childhood anxiety have emphasized the influence of parents on the development, maintenance, and amelioration of childhood anxiety [2, 4]. Multiple factors have been implicated in the transmission of anxiety from parents to children, including biological vulnerability, parental anxiety, parental behaviors, and parental anxious cognitions [5]. A number of etiological models of childhood anxiety emphasize the role of parental behaviors. Empirical findings supported the associations between parenting and children's anxiety and stressed a particularly important role of parenting control [6]. Some authors suggested that the dimension of control may lack specificity and hypothesized that some subdimensions may be differentially associated with childhood anxiety [2, 7, 8]. Parental overprotection has received special attention.

Parental overprotection is a level of protection that is excessive, considering the child's developmental level [9]. It includes excessive control, intrusiveness, and lack of autonomy-granting, but also a component of parental anxiety, expressed by excessive concern for the child's well-being, excessive physical or social contact, and infanilization [9]. High levels of overprotection are posited to have a detrimental effect on children's perception of danger and control and on children's exploration of the environment and coping [10, 11]. Empirical studies have been showing a significant association between parental overprotection and child anxiety [6, 14].

There is a need to further understand the construct of overprotection and its correlates in the scope of childhood anxiety disorders. Namely, it is important to understand its associations with other parental variables, such as parental anxiety and parental beliefs.

The purpose of the current investigation was to examine the contribution of parental anxiety and beliefs to overprotection.

**METHOD**

The sample consisted of 77 parents (fathers and mothers) of children aged 7 to 12 years with a principal diagnosis of anxiety. This sample was selected from an initial screening of 1065 school-aged children.

**MEASURES**

- EASP Anxiety and Overprotection Scale [15]
- PBA Parental Beliefs about Anxiety Questionnaire [16]
- PBA-CSC Parental Beliefs about Anxiety – Control, Stability and Contamination [17]
- BSI Brief Symptoms Inventory [18]

**PROCEDURES**

The data were collected within the context of a larger study. The first phase of this study consisted of a universal screening done through the SCARED-R questionnaire. Children identified during screening as displaying high levels of anxiety were selected to the second phase of the study. In the second phase, mothers and children were interviewed together using the ADIS-C/P. In addition, mothers and fathers completed the EASP, the PBA, the PBA-CSC, and the BSI along with other measures.

**RESULTS**

The findings of this study indicate a different pattern of correlates of parental overprotection for fathers and mothers. In the mother's model, sensitivity to the child's anxiety had a significant effect on maternal overprotection. In the father's model, the father's beliefs about anxiety consequences had a positive effect on paternal overprotection. This results are in line with some proposals that the parents' perception of CHILD vulnerability would increase overprotection [7]. Consistently with previous studies, parental anxiety was significantly associated with overprotection [19]. However, in regression models, the effect of parental anxiety was no longer significant when parental cognitive variables were entered, suggesting an effect of cognitive variables on the relationship between parental anxiety and overprotection.

The results reinforce the need to consider mothers' and fathers' variables separately when studying the processes underlying the transmission of anxiety from parents to children [20]. These findings also have implications for the parental component of parent-child interventions for anxiety disorders, emphasizing the need to target parental behaviors and cognitions.