

New Directions in the Adaptation of Parent-Child Interaction Therapy for Early Childhood Internalizing Disorders

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Child and Adolescent Fear and Anxiety Program



Overview

- Overview of treatment for anxiety and depression in young children
- Discussion of why anxiety and depression in young children may be amenable to modified PCIT
- Presentation of four interventions in which PCIT has been adapted to target early childhood internalizing disorders
- Future directions

Anxiety and depression in youth

Anxiety and Depression in Youth

- 10% of children and adolescents have at least one anxiety disorder
- 1-2% of young children are depressed
- Children with anxiety and depression face a host of impairment in daily life due to their symptoms, such as interference with:
 - Family functioning
 - Attendance of school
 - Academic performance
 - Social relationships
- When left untreated, these populations are susceptible to development of further psychopathology, reduced quality of life and suicidality

Anxiety and depression in youth

Anxiety and Depression in Youth

- Empirical evidence for success of psychosocial treatments for anxiety and depression in older children and adolescents
 - Cognitive-Behavioral Therapy for anxiety and depression
 - Family Therapy for depression in young kids
- Little is known about the efficacy of comparable treatments that are developmentally appropriate for young children
- Urgent need for interventions that are appropriate for anxious and depressed young children and their families

Adaptations of empirically supported treatments

Two Ways to Adapt an Empirically Supported Treatment for Young Children:

1) Age Downward Extension

- Treatments proven to be successful for older children with the same diagnostic target are adjusted to be amenable for younger children by:
 - Maintaining the same content of the treatment
 - Adjusting the format of the material

Anxiety and depression in youth

Two Ways to Adapt an Empirically Supported Treatment for Young Children:

2) Developmentally Lateral Extension

- Treatments proven to be successful with younger children with a different diagnostic target are adjusted to be amenable to a different clinical population by:
 - Adjusting the content of the treatment
 - Maintaining the format of the treatment

Adaptation of PCIT for Internalizing Disorders

Developmentally Lateral Extension of PCIT for Internalizing Disorders in Young Children:

- PCIT was intended for use within the same age group that we are interested in helping in the context of anxiety and depression
- Parents of kids with anxiety and depression are often inadvertently involved in the maintenance of their child's symptoms
- Parents of children with anxiety and depression often experience strained relationships with their child due to the child's symptoms
- Parenting styles are predictive of child anxiety
- Children with anxiety and depression may only be receiving attention (most often negative) when they are anxious or distressed

Novel Adaptations of PCIT for Internalizing Disorders

Will review:

- PCIT for Separation Anxiety Disorder in 4-8 year olds
- CALM Program for Anxiety in 3-8 year olds
- PCIT for Depression in 3-7 year olds
- Brave Buddies for Selective Mutism in 4-8 year olds

**PCIT for Separation Anxiety
Disorder**

PCIT for Separation Anxiety Disorder

PCIT for Separation Anxiety Disorder

Separation Anxiety Disorder

- Characterized by fears of separation from caregivers
- Important to note that these fears would be developmentally appropriate in toddlers
- In Separation Anxiety Disorder (SAD), fears of separation have progressed to a clinical level of interference
- Symptoms must be present for 4 weeks
- If diagnosed prior to age 6, the diagnosis is considered to be “SAD Early Onset”
- One of the most common anxiety disorders in young children (10-13%)



PCIT for Separation Anxiety Disorder

Common Symptoms of SAD:

- Excessive and persistent worry about separation
- Behavioral and somatic distress when faced with separation
- Persistent avoidance or attempts to escape from separation situations such as going to school or friends' houses
- Worries about harm befalling parent or child
- Nightmares about separation
- Crying/protesting upon parent's departure
- Physical complaints (e.g., headache, gastrointestinal upset)



PCIT for Separation Anxiety Disorder

Impact of SAD on the child's parents:

- Parenting styles associated with greater child anxiety
- Children with SAD exhibit many negative behaviors during distress
- Parent reactions (e.g., yelling, reassuring, overly attending to distress, controlling) may inadvertently reinforce fearful behaviors
- Parents of children with SAD can exhibit behaviors that may actually facilitate childhood anxiety:
 - (1) overprotection
 - (2) excessive reassurance
 - (3) aversive parent-child interactions

PCIT for Separation Anxiety Disorder

Rationale for Adapting PCIT for the Treatment of SAD:

- Family factors appear to play a significant role in the maintenance of child anxiety, so parents should be included more centrally in treatment
- PCIT incorporates the specific parenting skills that child anxiety researchers have shown to be effective in reducing children's separation behaviors
- Improving interaction patterns between anxious children and parents could serve to strengthen attachment, increase family warmth, increase child sense of control, and may help children separate more easily



PCIT for Separation Anxiety Disorder

PCIT for SAD Intervention

- Pincus and colleagues developed and evaluated the efficacy of PCIT for SAD in young children aged 4-8 in a single site randomized controlled trial at Boston University
- Pincus and colleagues first provided traditional PCIT to children with SAD
- To make the treatment appropriate for SAD, a module was inserted between CDI and PDI called “Bravery Directed Interaction” (BDI)

Pincus, Eyberg, & Choate (2005)

Pincus, Ehrenreich, Santucci, & Eyberg (2008)

PCIT for Separation Anxiety Disorder

Bravery Directed Interaction

- Same session length, session format and number of sessions as CDI and PDI
- Best positioning of the new treatment phase within PCIT
- Child given control through choices on the Bravery Ladder

Do's and Dont's of PCIT for SAD:

- **DO** save extra praise for after the child has begun to approach a previously avoided separation situation
- **DON'T** provide attention when child is complaining/whining

PCIT for Separation Anxiety Disorder

PHASE 1: Child Directed Interaction (CDI)

- Non-directive interaction skills (coaching with bug in ear)
- Differential reinforcement of child behaviors
- Increase parental warmth, attention, and praise to child

PHASE 2: Bravery Directed Interaction Training (BDI)

- Parent education regarding cycle of anxiety and factors maintaining anxiety in kids
- Teach parents importance of applying CDI skills in separation situations
- Teach parents importance of non-avoidance and appropriate ways to conduct separation practices with their children

PHASE 3: Parent Directed Interaction (PDI)

- Limit setting, strategies for dealing appropriately with misbehavior
- Appropriate ways to give commands

PCIT for Separation Anxiety Disorder

Methods

- **Families were randomized to one of two conditions:**
 - Immediate PCIT
 - Waitlist condition (9 weeks)
- Families assigned to waitlist received a full course of PCIT after 9 weeks
- Assessed families throughout treatment and follow-up phase
- **Participants:**
 - 38 children (23 females) ages 4-8 (M=6.9 years)
 - 80% Caucasian/Non-Hispanic
 - All had a primary diagnosis of SAD

PCIT for Separation Anxiety Disorder

Preliminary Conclusions

- Parents report decreases in frequency and severity of separation anxious behaviors
- Reductions in parenting stress
- Parents learned not to avoid separation situations but rather to utilize CDI and BDI skills during child's anxiety episodes by praising brave behaviors and reflecting child's emotions
- Exposure component necessary, at least for SAD

PCIT for early childhood anxiety disorders

- Given the success of the modified PCIT intervention for the treatment of SAD, might it be possible that a similarly modified PCIT intervention may be effective in reducing other types of anxiety?
- Would these modified interventions be any more or less effective than treatment as usual for these young kids, or a downward age extension of traditional CBT for anxiety in older children?

**PCIT for early childhood anxiety
disorders**

The CALM Program

(**Coaching Approach Behavior and Leading by
Modeling)**

(Comer, Puliaficio et al., 2012; Puliaficio, Comer, &
Albano, 2012)

PCIT for early childhood anxiety disorders

The CALM Program was designed in order to:

- Similarly utilize the structure and format of PCIT to develop an intervention intended to broadly reduce symptoms of anxiety
- Designed to target symptoms of Separation Anxiety Disorder, Generalized Anxiety Disorder, Specific Phobia and Social Phobia
- Designed for children ages 3-8
- Designed to use *in vivo* exposures during the treatment

PCIT for early childhood anxiety disorders

Structure of the CALM Program

- 12 sessions
- Treatment promotes attention to brave behavior by teaching the **DADS steps** (Describe situation, Approach situation, give Direct command for child to join the situation, and provide Selective attention based on the child's performance)
 - Psychoeducation and instruction in PRIDE skills
 - Treatment focus is on encouraging brave behaviors rather than targeting effective discipline practices (DADS steps)
 - 8 sessions of exposures during which the therapist coaches the parent through leading the exposure

PCIT for early childhood anxiety disorders

Preliminary Outcomes

- 9 kids included in the open pilot sample
- 2 children dropped out before completing 12 sessions
- Of remaining 7 kids, 6 of them no longer met diagnostic criteria for an anxiety disorder post-treatment
- All 9 kids demonstrated reductions in their CGI-Severity score from pre-treatment to post-treatment or the time of treatment drop-out for the 2 non-completers
- Program appeared to be a success!

PCIT for early childhood depression

- If adapted PCIT for anxiety appears to be working so well, what about adapting it for other internalizing disorders in young children?



PCIT early childhood depression

PCIT-ED FOR DEPRESSION

PCIT for early childhood depression

PCIT-ED for Early Childhood Depression:

- Developed by Dr. Joan Luby and colleagues
- Luby et al. sought to downward extend CBT for depression in older children but were faced with problem that CBT for very young children with depression has been controversial
- Given success of PCIT with early childhood anxiety, a PCIT-based intervention was developed that included an additional Emotion Development (ED) module

PCIT for early childhood depression

PCIT-ED

- Designed for preschool aged children
- 3 modules over 14 sessions*
 - CDI = 4 sessions
 - PDI = 4 sessions
 - ED = 6 sessions

Lenze, Pautsch & Luby (2011)

Luby, Lenze & Tillman (2012)

PCIT for early childhood depression

ED Module: Increases child's ability to identify, understand, label and regulate emotions. Includes:

- Parent only teach session to discuss parent's own history of emotion regulation
- Relaxation training to manage child's intense emotions
- Recognition of child's "triggers" and labeling of those triggers
- Parent is taught to tolerate the child's negative emotion
- Child's negative emotion is elicited during a session and parents are then coached through identification, labeling and tolerance of the emotion

PCIT for early childhood depression

Results from the randomized controlled trial pilot study:

- 54 depressed children ages 3-6
- Randomized to PCIT-ED (n=25) or DEPI (n=14)
- PCIT-ED group had greater reductions in parenting stress and improvements in executive functioning capabilities and emotion recognition capabilities
- Appears to be an acceptable intervention for families with promising results, but further research is needed

PCIT for selective mutism

- So far, we have seen preliminary success with PCIT-based interventions that include an additional module specific to the diagnostic target
- What if we removed the parents from PCIT, and implemented a similar command sequence of PCIT to be delivered by multiple therapists?
- PCIT with no parents?? Is this even PCIT anymore?

PCIT for selective mutism

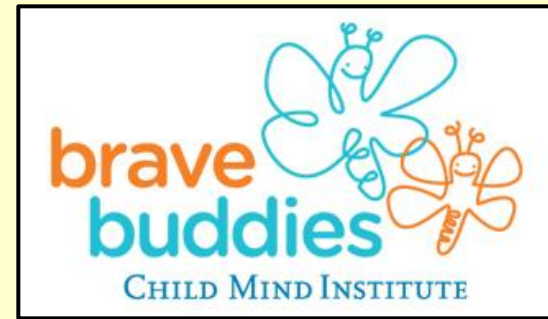
BRAVE BUDDIES

Intensive Group Treatment Program

PCIT for selective mutism

Brave Buddies

- Drs. Steve Kurtz and Richard Gallagher developed the Brave Buddies program
- Intervention for **selective mutism (SM)** in young children ages 4-8
- With SM, strained parent-child relationships may exist
- Parents often accommodate the child's anxiety around speaking by:
 - Answering for them in social situations
 - Engaging in non-verbal communication
 - Allowing the child to miss out on anxiety provoking situations that might require the child to speak



PCIT for selective mutism

Goals of the Brave Buddies Program

- Uses the graduated exposure model to encourage children to speak in anxiety provoking social situations
- Deliver the intervention in an intensive treatment program that takes place in a camp-like setting with other children with SM, which thereby:
 - Normalizes the anxiety around speaking
 - Offers opportunity for children to practice speaking to other peers, which is usually more difficult for children with SM
 - Offers opportunity to practice speaking in settings that are traditionally difficult for children with SM, such as school or social interactions in the community (e.g., needing to speak to a waiter or cashier)
 - Makes the treatment fun and engaging with lots of field trips!



PCIT for selective mutism

How is Brave Buddies similar to PCIT?

- Takes the child's particular difficulty into consideration (SM) and adjusts the environment to increase odds of eliciting compliance with the parent's request
 - E.g., Direct Commands: "Please tell me what color this block is."
- Parents use PRIDE skills to encourage the child to associate compliance (speaking when spoken to) with success
 - E.g., Labeled Praise: "Thank you for telling me that the block is green by using your big, brave voice."

Significantly different in that we always say "no questions" in PCIT (direct commands) but all we do is ask questions in Brave Buddies!

PCIT FOR SELECTIVE MUTISM

- No randomized controlled trials conducted yet with this intervention, so no research outcomes to report
- Anecdotal experience from BU says that kids are seeing improvements over the course of the week
- International samples of kids participating at Child Mind Institute
- Contact Dr. Steve Kurtz at Child Mind Institute for more information on the program

Overview

- So all of these treatments sound so cool...where are we going from here?



Future Directions

- Evaluate these modified interventions in controlled trials and with larger, more diverse samples
- Evaluate the efficacy of each particular module and sequence of module in each intervention
- Evaluate the efficacy of these interventions compared to age downward extensions of other ESTs
- Disseminate clinicians and therapeutic settings that could benefit from training in delivery of these interventions

About Us

Center for Anxiety and Related Disorders Boston University

Child and Adolescent Fear and Anxiety Program
Early Childhood Interventions Program

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