The CALM Program: PCIT Adaptation for Anxiety Disorders in Early Childhood

Anthony C. Puliafico, PhD,¹
Donna Pincus, Ph.D., ²
Jonathan S. Comer, Ph.D. ³
The CALM Program

- Adaptation of both Eyberg’s PCIT for children with behavioral problems and Pincus’ PCIT for separation anxiety
- Designed for use with children ages 2-7 with:
  - Social anxiety
  - Specific phobia
  - Excessive worry
  - Separation anxiety
The CALM Program

CALM Program stands for:

  C oaching
  A pproach behavior and
  L eading by
  M odeling
Session-by-Session Outline (Research Protocol)

- **Sessions 1-2**: Anxiety psychoeducation and CDI Teach Sessions
- **Sessions 3-4**: CDI Coach Sessions
- **Sessions 5-6**: CDI Coach/Exposure Sessions
- **Session 7**: DADS Teach Session
- **Sessions 8-12**: DADS Coach/Exposure Sessions
Anxiety Psychoeducation/CDI Teach Sessions

- Parents only
- Educates parents about anxiety; parents and therapist identify parent behaviors that may maintain anxiety
- Parents and therapist develop exposure hierarchy
- Parents learn and role-play CDI skills
Child-Directed Interaction (CDI)

- The first portion of both traditional PCIT and CALM
- Teaches parents positive attending and active ignoring skills that sets foundation for later exposure work
- Introduction of low-level exposures during CDI portion of treatment
“DADS” Portion of Treatment

- Parents learn more directive strategies for guiding children in facing feared situations
- Introduction of the DADS Steps in Teach Session
DADS Steps

- Used to guide exposures to feared situations
- DADS stands for:
  - Describe feared situation
  - Approach feared situation (modeling)
  - Direct command for child to approach
  - State intent to remain in situation and provide selective attention
D – Describe the situation

- Parent makes at least three statements describing the feared situation for the child
- Statements should describe the situation, not the child’s reaction
- Example: Unfamiliar person
  - “A woman came into the room.”
  - “She is wearing a red sweater.”
  - “She is sitting close to where we are playing.”
A – Approach the Situation

- Parent approaches the feared situation
- Models “brave behavior” and demonstrates that parent is coping with the situation
D - Direct Command

- Parent gives child a direct command to engage in feared situation
- Direct command given only once
- Should explain precisely what the parents would like the child to do
  - “Please say Hello to Irene”, not “Please talk with Irene”
  - “Please go in and get your blanket”, not “Please go in the dark room”
S - Selectively attend to child behavior

- If child does not follow direct command after 5 seconds, parent states intent to remain in situation
- Parent then attends selectively to child’s approach behaviors and actively ignores all other behaviors
- Parent remains in situation until child follows direct command
DADS Steps Sequence

Child faced with feared situation; Parent announces feared object/situation:
“You’ve been very brave over the last few weeks. Now we will practice playing (with the lights on lower, with someone we don’t know in the room, etc.)”

Parent makes at least three descriptive statements about the situation.
“That person is sitting quietly.”
“She is wearing a red shirt.”
“She is smiling.”

Parent approaches feared situation and continues to describe feared object/situation.

Parent provides ONE direct command for child to approach feared situation.

Parent says, “I will continue playing (with this person, with the lights turned low, etc).”
Parent keeps playing, attends positively to any child approach behavior and ignores all other behavior.
DADS Coach Sessions

- Parents guide children in *in vivo* exposures while therapist observes and coaches.
- Child moves gradually up the exposure hierarchy.
- Daily out-of-session DADS practice assigned to parents.
CALM Program Pilot Study

- Open trial assessing preliminary efficacy and feasibility of the CALM Program
- Participants completed treatment and pre- and post-tx assessments
- Double baseline assessment; interval between assessments randomized
  - 1 week interval (n=1)
  - 2 week interval (n=3)
  - 4 week interval (n=3)
Assessment

- **Baseline I**
  - Parent ADIS, early childhood adaptation
  - Parent-report forms

- **Baseline II**
  - Behavioral Observations (DPICS, threat conditions)
  - Confirmation of diagnosis

- **Post-Treatment**
  - Parent ADIS, early childhood adaptation
  - Behavioral Observations (DPICS, threat conditions)
  - Parent-report forms
## Sample Overview

<table>
<thead>
<tr>
<th>ID</th>
<th>Gender</th>
<th>Age</th>
<th>Baseline Interval</th>
<th>Principal Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>4</td>
<td>2 weeks</td>
<td>Separation AD (4)</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>4</td>
<td>4 weeks</td>
<td>Social AD (5)</td>
</tr>
<tr>
<td>3</td>
<td>Female</td>
<td>5</td>
<td>4 weeks</td>
<td>Social AD (6)</td>
</tr>
<tr>
<td>4</td>
<td>Male</td>
<td>8</td>
<td>1 week</td>
<td>Specific Phobia (6)</td>
</tr>
<tr>
<td>5</td>
<td>Male</td>
<td>5</td>
<td>2 weeks</td>
<td>Separation AD (6)</td>
</tr>
<tr>
<td>6</td>
<td>Female</td>
<td>6</td>
<td>4 weeks</td>
<td>Social AD (7)</td>
</tr>
<tr>
<td>7</td>
<td>Female</td>
<td>5</td>
<td>2 weeks</td>
<td>Separation AD (6)</td>
</tr>
</tbody>
</table>
## Outcomes for All Diagnoses

<table>
<thead>
<tr>
<th>ID</th>
<th>Pre-tx Diagnoses (CSR, 0-8)</th>
<th>Post-tx Diagnoses (CSR, 0-8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Separation AD (4)</td>
<td>--</td>
</tr>
<tr>
<td>2</td>
<td>Social AD (5)</td>
<td>--</td>
</tr>
<tr>
<td>3</td>
<td>Social AD (6)</td>
<td>--</td>
</tr>
<tr>
<td>4</td>
<td>Social AD (6)</td>
<td>--</td>
</tr>
<tr>
<td>5</td>
<td>Social AD (6)</td>
<td>--</td>
</tr>
<tr>
<td>6</td>
<td>Social AD (7)</td>
<td>--</td>
</tr>
<tr>
<td>7</td>
<td>Separation AD (6)</td>
<td>--</td>
</tr>
</tbody>
</table>

Note: CSR (Continuous Symptom Rating) scale ranges from 0 to 8.
Summary of Outcomes

- All 7 participants showed improvements in:
  - Clinical severity of their principal diagnosis
  - Clinical severity of all diagnoses present at pre-treatment
  - Global functioning
  - Global impairments

- At post-tx, 6 of 7 did not meet diagnostic criteria for pre-tx principal diagnosis
Summary of Outcomes (continued...)

- At post-treatment, all participants classified as ‘minimally,’ ‘much,’ or ‘very much improved’
- The average post-tx CGAS score (82.1) falls within the category of:
  80-90: ‘No more than slight impairments in functioning at home, at school, or with peers’
PCIT-CALM

- Merging of Pincus’ PCIT for separation anxiety with the CALM program (Puliafico, Comer & Albano, 2012)
- Intended to treat range of anxiety disorders in young children, including:
  - Separation anxiety disorder
  - Social phobia
  - Generalized anxiety disorder
  - Specific phobia
Proposed PCIT-CALM Protocol Outline

**CDI Teach Session**
- Rationale for CDI
- Teach PRIDE skills
- Development of Brave Ladder

**CDI Coach Sessions**
- Complete until mastery is obtained

**BDI Teach Session**
- Review of Brave Ladder
- Psychoeducation about anxiety
- Teach DADS Steps

**BDI Coach Sessions**
- Completed until mastery is obtained