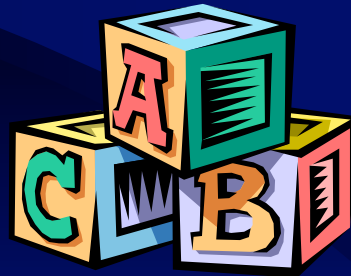


Adapting Parent Child Interaction Therapy to Treat Anxiety Disorders in Young Children

Donna B. Pincus, Ph.D., Jonathan S. Comer, Ph.D., Tony Puliafico, Ph.D., and Sheila Eyberg, Ph.D.



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Presentation Overview



- Background: Process of Adapting PCIT for Young Children with Separation Anxiety Disorder
- Development of Bravery Directed Interaction (BDI)
- Randomized Clinical Trial: PCIT for Separation Anxiety Disorder
 - Effects of treatment on SAD severity
 - Effects of treatment on general psychopathology
 - Effects of treatment on collateral changes in family functioning
- Future Directions

Introduction

- Fear of separation from a caregiver is well recognized as one of the normal, developmentally related fears
- For some children, fears dissipate, yet for others, separation fears persist and interfere significantly in daily functioning
- Separation Anxiety Disorder (SAD) is the most common anxiety disorder in childhood; 10-13% show a clinical level of SAD; 41% show separation concerns
- SAD accounts for approximately one-half of the referrals for the mental health treatment of child anxiety disorders (Bell-Dolan, 1995)



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)

→Interfering for family

→Interfering in child's daily functioning

→SAD associated with later risk of developing other anxiety disorders



Importance of Developing a Treatment for SAD in Young Children

- Excessive separation anxiety in early childhood may be linked to behavioral and emotional problems that emerge later in life
- Very few controlled trials have included children younger than age 7 with SAD
- Developmental period of early childhood is critical
- Important to establish empirically validated interventions for SAD at its earliest stages.

Family Factors Contributing to the Development of Child Anxiety



- Parenting styles characterized by high control, low warmth, low acceptance, high criticism, less granting of psychological autonomy are associated with greater child anxiety
- Children with SAD exhibit many negative behaviors during episodes of separation distress, and parent reactions (e.g., yelling, reassuring, overly attending, controlling) may inadvertently reinforce fearful behaviors.
- Parents of children with SAD can exhibit behaviors that can inadvertently facilitate childhood anxiety: (1) overprotection (2) excessive reassurance and (3) aversive parent-child interactions.

Rationale for Applying PCIT to Young Children with SAD

- PCIT already incorporates the specific parenting skills child anxiety researchers have identified as essential components for reducing child anxiety and thus is expected to be effective in reducing children's separation fearful behaviors and promoting improved parent-child interactions
- 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.

Pilot Testing: Standard PCIT for Treating SAD in Young Children

- 10 children/parents received standard PCIT (CDI+PDI)
- Significant improvements in the severity of children's separation anxiety, yet did not reach non-clinical levels
- Parents reported wanting to know how to help children enter feared situations
- Missing exposure component?
- Parents feared that anxiety could be harmful to their child—was an anxiety education component needed?



Process of Adapting PCIT for Children with SAD

- Gathered data and feedback from acceptability questionnaires
- Utilized parent feedback and clinical observations of treatment sessions; examined patient data on changes after CDI phase and PDI phase
- To make PCIT most relevant to families with SAD, decided to add a phase to the standard PCIT protocol
- Pincus, Eyberg, & Choate (2005)
- Pincus, Ehrenreich, Santucci, & Eyberg (2008)

Integrating Anxiety Exposure Training into PCIT: Designing Bravery Directed Interaction (BDI)

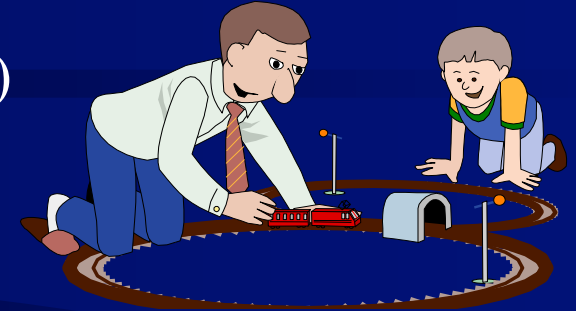
Issues considered:

- Ways to integrate an anxiety specific phase of treatment into the standard PCIT treatment
- Session length; Session format; Number of sessions
- Best positioning of the new treatment phase within PCIT
- Ways to maximize efficacy of treatment and to make treatment relevant for families of differing backgrounds

Phases of PCIT for SAD Treatment

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 children
- 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

Bravery Directed Interaction Training

3 Sessions: 1) BDI Teach 2) BDI Coach #1 3) BDI Coach #2

GOAL 1: Educate parents regarding cycle of anxiety and factors maintaining anxiety in children

GOAL 2: Teach parents importance of applying CDI skills in separation situations

GOAL 3: Teach parents importance of non-avoidance

GOAL 4: Teach parents how to conduct separation (exposure) practices with their children and to use labeled praise when children are successful and active ignoring of separation related behavior displays

Additional Features of BDI

- “Do’s and Don’ts handout: Helping your child with separation anxiety”
 - **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
- Child given control through choices on the Bravery Ladder
- Structure and format of sessions similar to CDI and PDI

Child Directed Interaction (CDI)

- Begins with parent “teaching” session
- Child leads the play

“DO RULES”

- Describe appropriate behavior
- Imitate appropriate play
- Reflect appropriate talk
- Praise your child’s appropriate behavior
- Ignore inappropriate behavior

“DON’T RULES”

- Don’t give commands
- Don’t ask questions
- Don’t criticize

Coaching Parents of Anxious Children

- Praising parents for non-controlling behavior, including few questions and commands “Good job letting him lead the play...good job not asking questions”
- Praising parents for non-critical, positive, warm interactions “He is really enjoying the alone time you are giving him...You are doing a great job giving him lots of specific praise”
- Encouraging parents to relax and have fun with children
- Encouraging parents to praise child’s brave behaviors and to reflect child’s emotions

Randomized Clinical Trial: Study Aims

1. To apply an existing efficacious intervention (PCIT) to a new population (young children with SAD) with the goal of establishing an intervention for treating SAD in children.
2. To evaluate the efficacy of PCIT for reducing the frequency and intensity of separation anxious behaviors in young children aged 4-8.
3. To determine the long-term maintenance of children's improvements at 3, 6, and 12 months following treatment.
4. To assess impact of PCIT treatment on children and families beyond alleviating symptoms of SAD (collateral changes).

Study Participants and Design

- 38 children (23 females, 15 males), ages 4-8 (M=6.9 years)
- 80% Caucasian/non-Hispanic
- All children had a Principal diagnosis of SAD
- Families randomly assigned to one of two conditions:
 - Treatment condition (immediately receive PCIT)
 - Attentional waitlist control condition (9 weeks)
- WL participants received full course of PCIT after WL
- Multi-modal assessment of child anxiety (parent and child self-report questionnaires, diagnostic interviews, behavioral observation/coding) conducted at pre-treatment, post-waitlist, mid-treatment, post-treatment, and 3, 6, 12 months follow-up

Major Hypotheses

1. Children receiving PCIT will display greater improvement than those in the WL group from pre to post-treatment on measures of separation anxiety, general psychopathology, and parent-child interaction.
2. PCIT group is expected to have fewer individuals receiving clinical diagnoses of SAD at post-treatment relative to the WL group.
3. Parents receiving PCIT will show a significantly greater frequency of positive parenting behaviors (e.g., reflections, labeled praises) and a lower frequency of negative parenting behaviors (e.g., critical statements) at post-treatment as compared to parents in the WL.

Hypotheses, con't

4. After PCIT treatment, participants are expected to maintain improvement on measures of separation anxiety, parent-child interaction and general psychopathology at 3, 6, and 12 months following completion of treatment.
5. PCIT is expected to reduce level of parenting stress

Measures



CHILD MEASURES

ADIS-IV C/P

Fear Avoidance Hierarchy Ratings

Multidimensional Anxiety Scale for Children

*DPICS-II *separation situation added

PARENT MEASURES

ADIS-IV C/P

Child Behavior Checklist (CBCL)

Weekly Record of Anxiety at Separation (WRAS)

Eyberg Child Behavior Inventory (ECBI)

Therapy Attitude Inventory (TAI)

Parent Locus of Control Scale (PLOC)

Parenting Competence Scale (PCS)

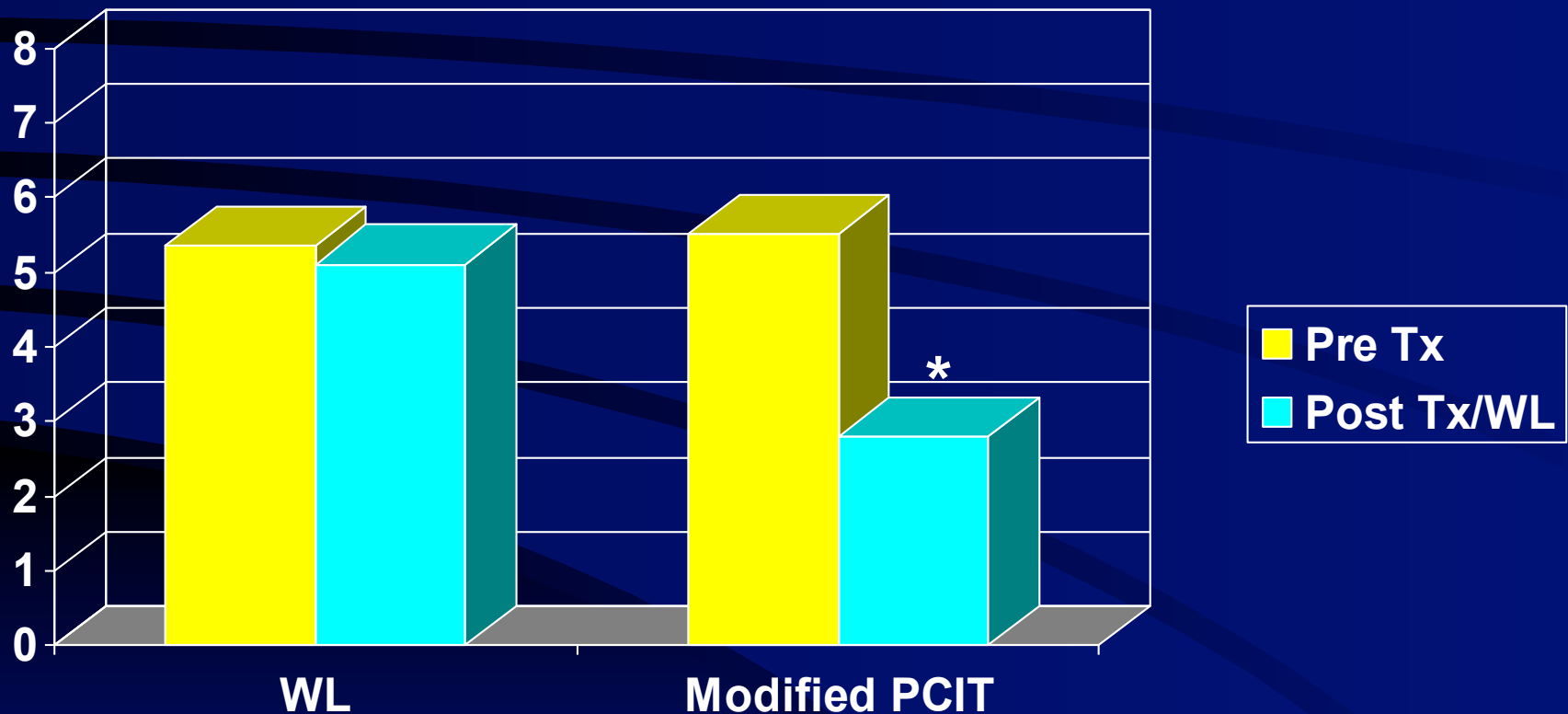
Parenting Stress Index (PSI)

Inexpensive Coaching Technology

- Inexpensive Walkie talkie with earpiece to coach parents
- Baby monitor to hear family from other room

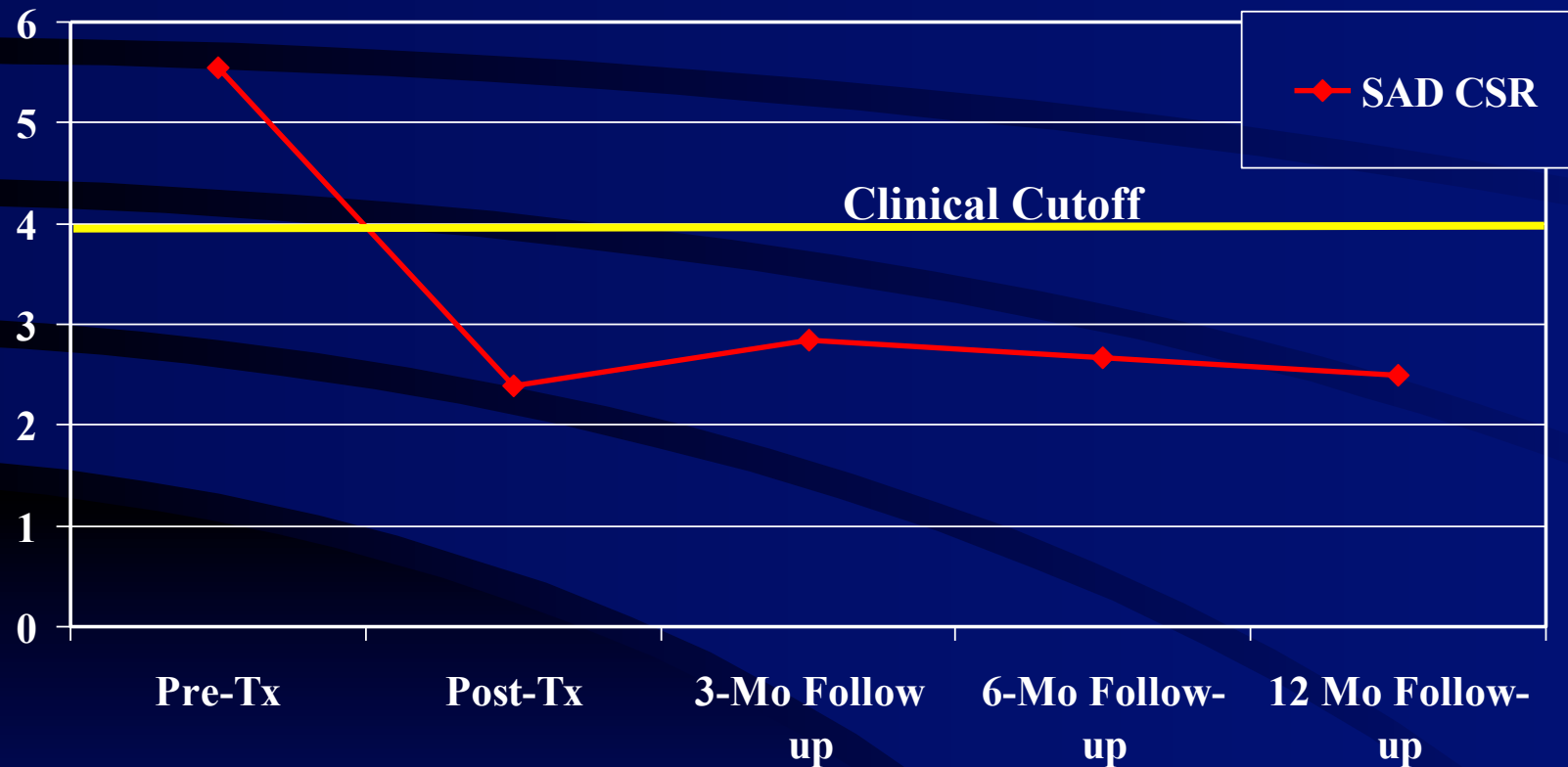


RCT of PCIT for SAD: Changes in SAD Clinical Severity Across Treatment Conditions



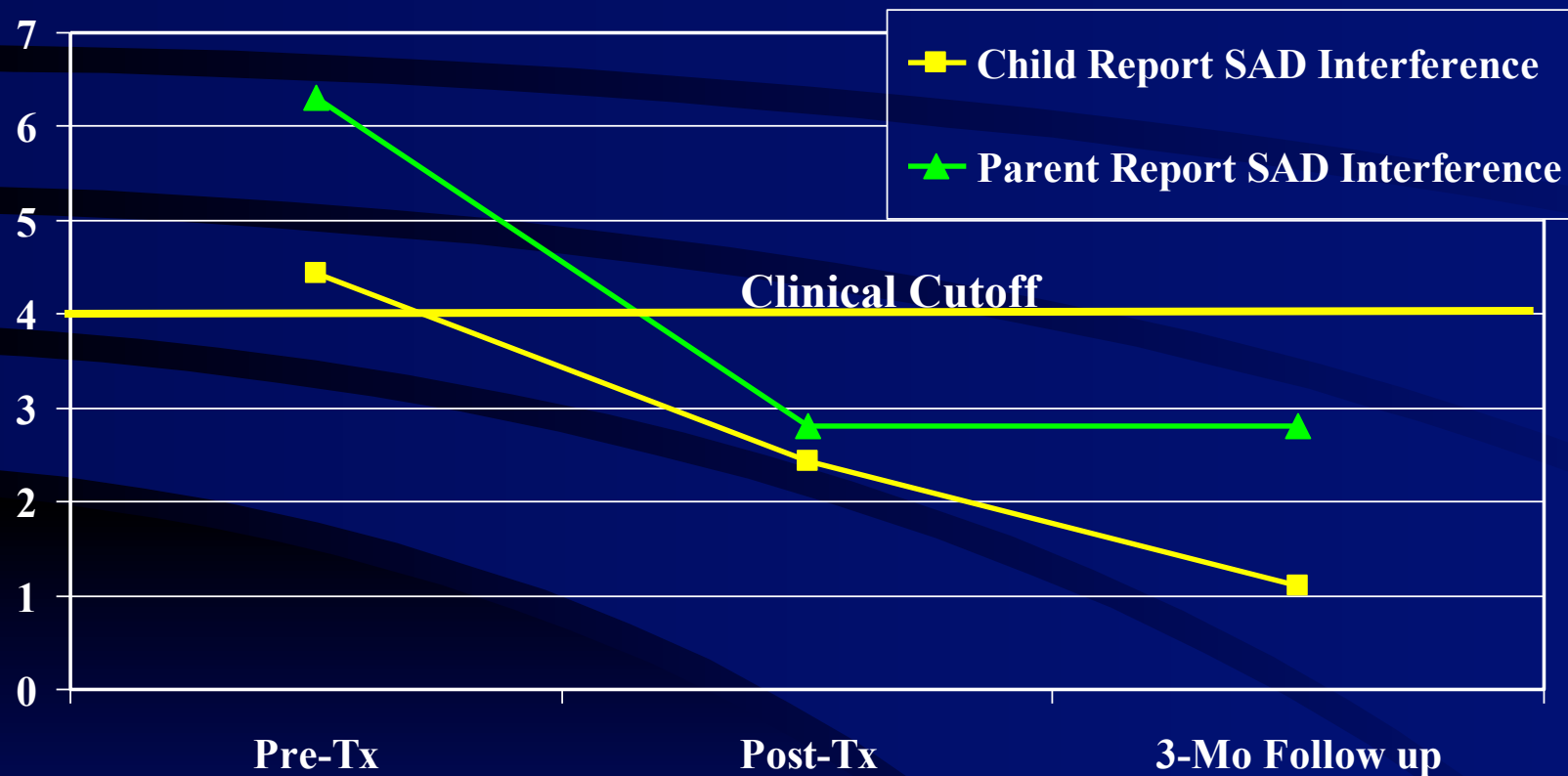
* $p < .001$

Changes in SAD Severity Across Time



$F(2,11)=30.73, p<.001$
effect size=.85

Changes in SAD Interference Over Time: Child and Parent Reports



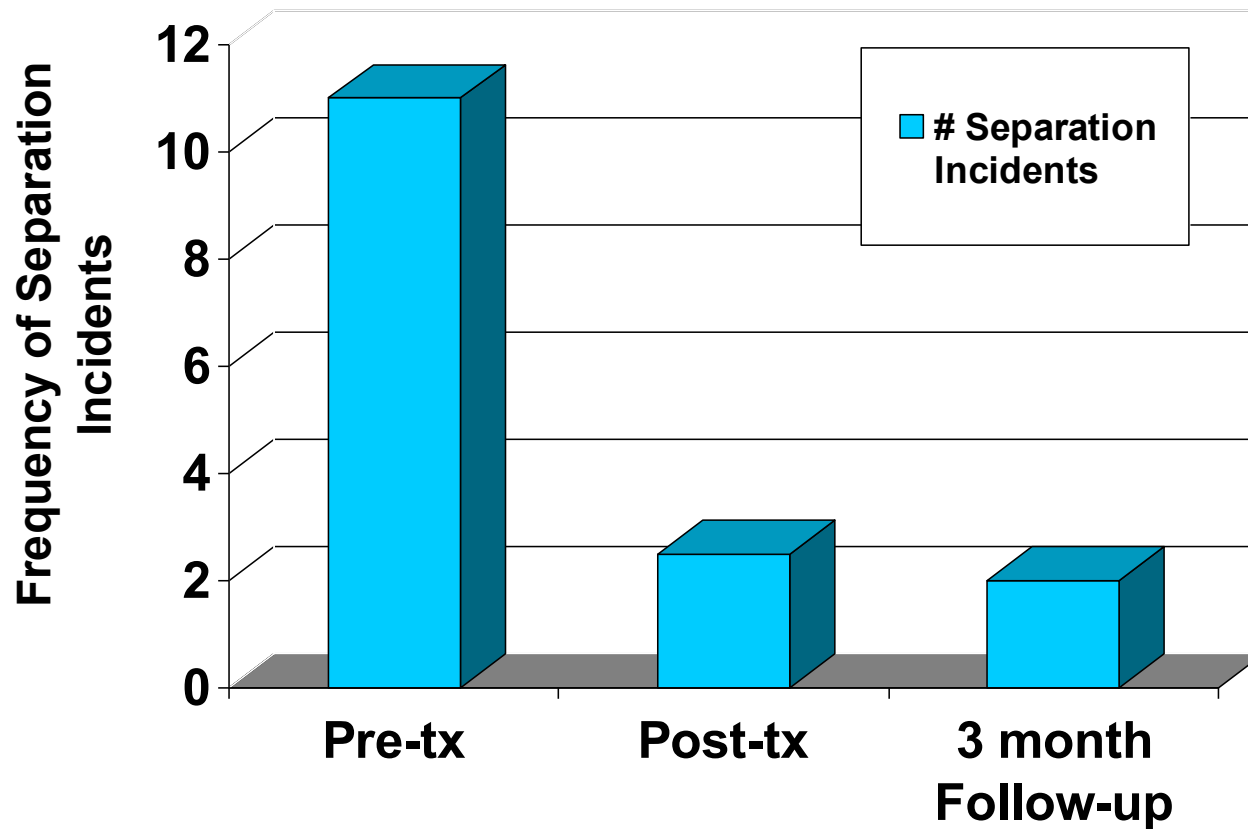
Child: $F(2,7)=8.20$, $p < .05$, effect size .7

Parent: $F(2,8)=29.00$, $p < .001$, effect size .88

Changes in Children's Diagnostic Status

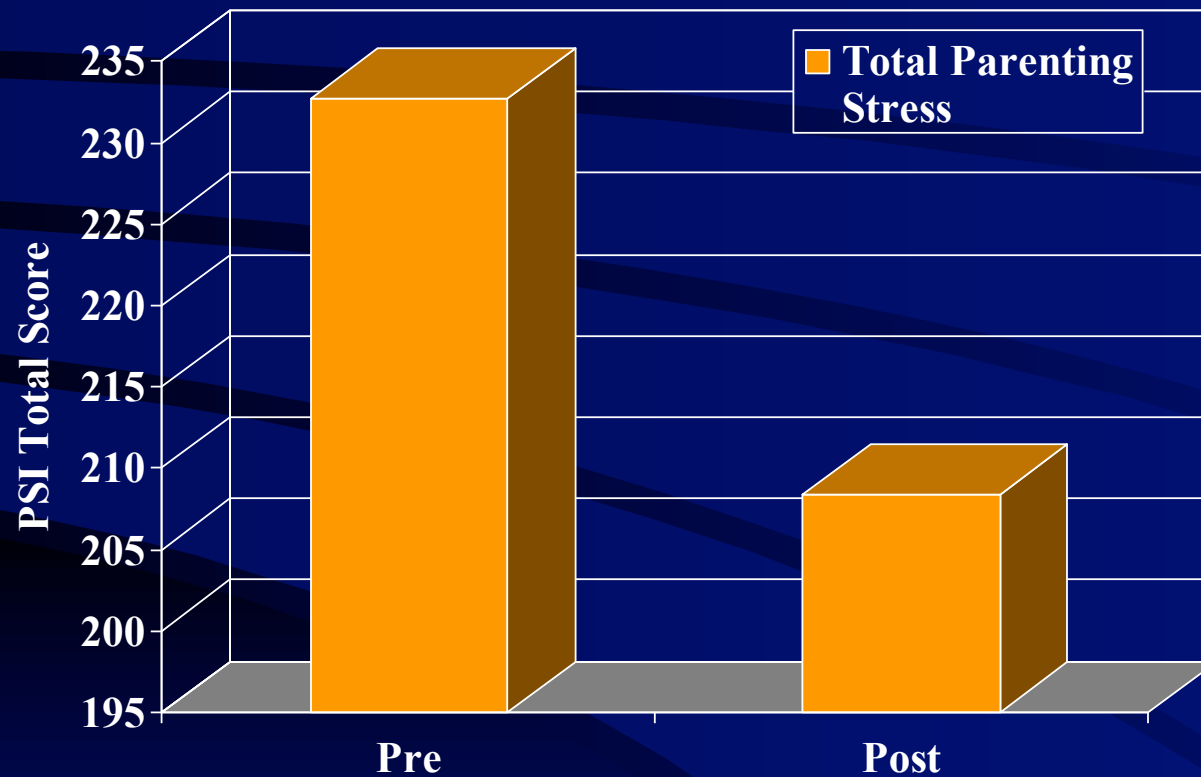
- At post-treatment, 73% of children no longer met criteria for a clinical diagnosis of separation anxiety disorder. (maintained at 3 month follow up)
- No participants in the WL group were diagnosis free by post-WL.

Mean number of Weekly Separation Incidents at Pre and Post Treatment and Follow-up

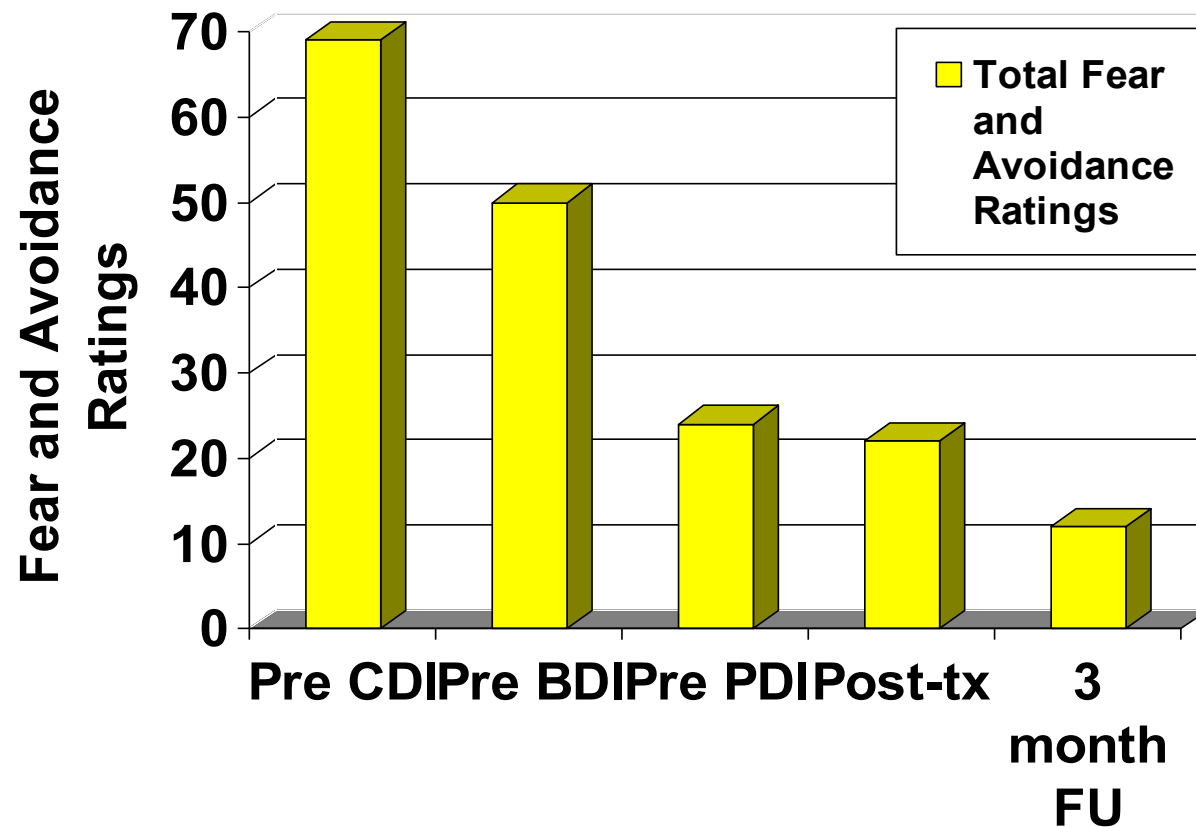


Improvements in Total Parenting Stress

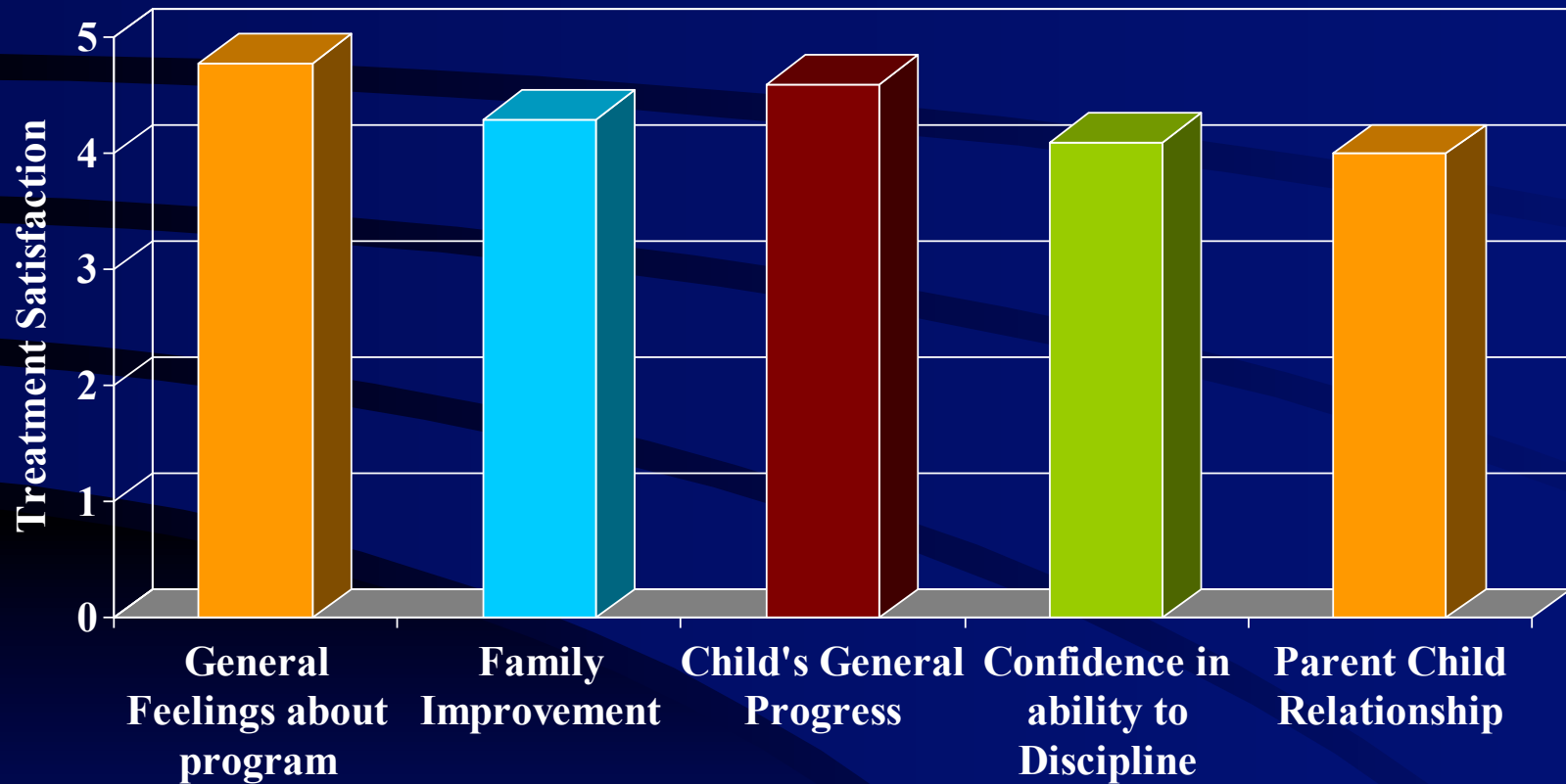
Parenting Stress Index Total Score



Total Fear and Avoidance Ratings at Each Assessment Point



Treatment Satisfaction (Therapy Attitude Inventory)



Summary and Conclusions

- 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 when anxiety disorder is primary
- First RCT of modified PCIT for Separation Anxiety Disorder

Future Directions



Next steps:

- Incorporating greater live coaching component to Bravery Directed Interaction
- Testing modified PCIT for other anxiety disorders in addition to SAD
- Increasing diversity of sample
- Investigating mechanisms of change

A Clinically Significant Outcome

