PCIT Adapted for Anxiety

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Financial Conflict of Interest Disclosures

PCIT International CE video

Presentation Overview

1. ***Child anxiety***
2. ***Anxiogenic parenting***
3. ***Selective Mutism (SM) as paradigm for PCIT adaptation***

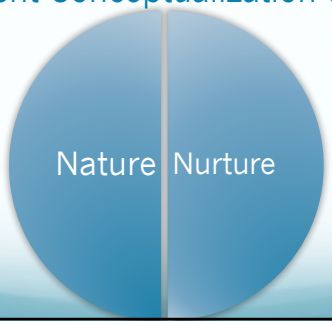
What do we know about child anxiety?

Anxiety Disorders Trajectories

- Anxiety disorders affect up to 9% of preschoolers*
- 25% adolescents suffer from anxiety disorder past year
- Early onset associated with
  - More intractable
  - Poorer outcomes over time
- Overall reduced quality of life when persisting
- Comorbidities are the rule not the exception**

*Carpenter et al. (2014) **Kendall, Brady, & Verduin (JAACAP; 2001)

Current Conceptualization of SM



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Nature:

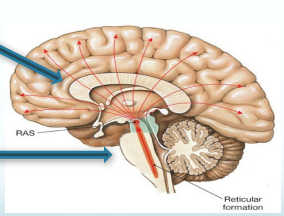
Behavioral Inhibition

Adapted from Jerome Kagan

Physiological BASIS of BEHAVIORAL Inhibition

Hypothalamus Pituitary Adrenal Axis: ↑cortisol levels

Activating System: ↓variability of pitch/vocalizations



Sympathetic Nervous System: ↑heart rate, BP, pupil dilation

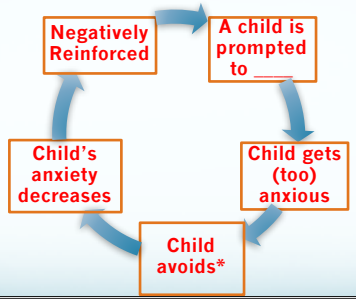
Kagan, Reznick, & Snidman (1987)AA

Nurture

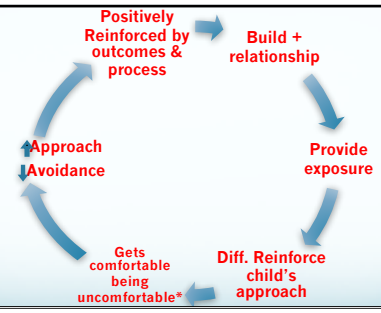
Anxiogenic Parenting Styles*

- Key in etiology and maintenance of childhood anxiety
  - Intrusive, more negative (Hudson & Rapee, 2001)
  - Less granting autonomy (Siqueland et al., 1996)
  - Less warm (Moore et al., 2004)
  - Reinforcing avoidance (Barrett et al., 1996)
  - Ambiguous threat➡ avoidance (Dadds et al., 1996)

Neither necessary nor sufficient



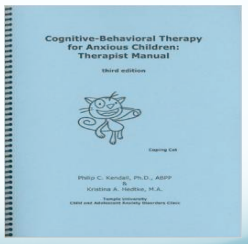
How anxious avoidance is learned



How anxious avoidance is unlearned

What do we know about treating early childhood anxiety disorders?

Kendall's Coping Cat Program*:
Ages 7-13



*Numerous replications: nrepp.samhsa.gov/nrepp.samhsa.gov/

Why do child CBT anxiety studies typically exclude children < 7 years old?

So what's a therapist to do for a young anxious child?

Extending Parent–Child Interaction Therapy for Early Childhood Internalizing Problems: New Advances for an Overlooked Population

Aubrey L. Carpenter · Anthony C. Puliafico · Steven M. S. Kurtz · Donna B. Pincus · Jonathan S. Comer

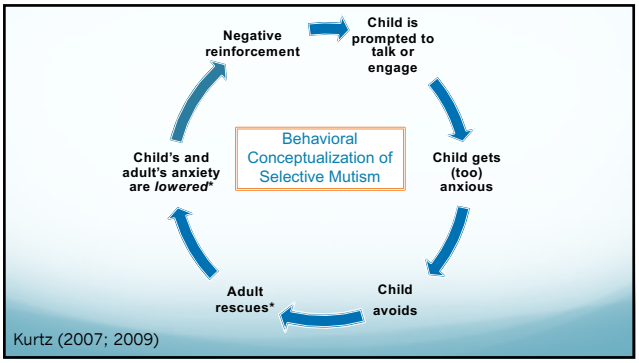
Clin Child Fam Psychol Rev (2014)

Lateral Extensions of Parent-Child Interaction Therapy (PCIT) for Anxiety & Mood

- **PCIT-SAD** (Pincus et al., 2005; Choate et al., 2005)
  - Separation Anxiety
- **PCIT-CALM** (Comer et al., 2012; Puliafico et al., 2013)
  - Various anxiety disorders
- **Turtle Program** (Chronis-Tuscano et al., 2015)
  - Behaviorally inhibited (BI)
- **PCIT-ED** (Luby et al., 2012)
  - Early-onset depression

PCIT as a Paradigm for Treating Selective Mutism

What is selective mutism (SM) ?



Kurtz (2007; 2009)

Contaminated

Hypotheses Relating SM & ODD

- Both maintained by ***negatively reinforced interactions***
- Both lead to ***experiential avoidance***
  - By parent & child
- Both can ***only*** happen within a relationship
  - *You can't be oppositional by yourself*
  - *You can't be non-responsive by yourself*

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CAVEAT !!!

Although drawing from PCIT & DPICS, SM is *NOT* being conceptualized here as oppositionality !!!

Rather, we are adapting a technology of assessing and intervening with parent-child *interactions* which are seen as key to both the development and maintenance of SM.

Reasons to Treat SM using Parent Training

- Parent interactions are a maintaining variable
- Modal child with SM is too young for CBT*
  - RCTs for anxiety, e.g., CAMS ages 7+
- The situational specificity of the disorder requires an in situ therapist – parents are ideal

*Carpenter et al. (2014); Kurtz (2015)

Similarities of PCIT & PCIT-SM: Same Core Components

- Learning theory drives assessment & treatment
- Empower parents as agents of change
- Antecedents to set up for success
- Overlearning
- Contingency management ≠ token economy
- Increasing parental distress tolerance

Similarities of PCIT & PCIT-SM: Same Core Components

- Coding ⟹ Coaching
- Nondirective ⟹ Directive
- Systematically increase task difficulty
  - CDI ⟹ VDI
  - Private ⟹ Public
  - Responding ⟹ initiating
  - Eye contact
  - Manners

Key Differences Between PCIT & PCIT-SM

- Therapists and teachers purposely faded in as agents of change
- Parents purposely faded out
- Token economy
- Massed practice vs spaced practice – intensive treatments
- Group treatments as default adjunct
- Do not recommend indirect commands outside of sessions
- Questions are radically necessary
- More programmed generalization
- Extensive live and video modeling by therapists for parents
- Extensive use of undergraduates and graduate students who are not PCIT therapists or therapists in official training sequence

CDI (Child Directed Interactions)

- *or* -

VDI (Verbal Directed Interactions)

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Do's & Don'ts in SM-CDI

Do's	Don'ts
Labeled Praise for talking	Mind read
Reflect verbalizations	Questions
Play-by-Play Announcer (Behavioral Descriptions)	Commands to talk
Use question end-arounds	Negative Talk
Play to strengths	

Whac-a-Mole: *All* verbals attended to

Do's & Don'ts in SM-VDI

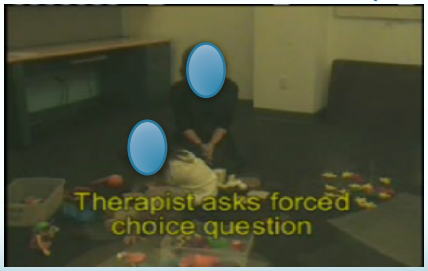
Do's	Don'ts
Labeled Praise for talking	Mind read
Reflect verbalizations	Yes/No Questions
Play-by-Play Announcer (Behavioral Descriptions)	Indirect commands to talk
Forced Choice/Open Ended Questions	Negative Talk
Direct prompts to talk	Enable
Wait 5" to respond	

SM Behavior Observation Task (SM-BOT)

- Analogous to DPICS Baseline
- 5 phases observed (A-B-A-B-C design)
  - A1: Parent-Child
  - B1: Parent-Child + Stranger
  - A2: Parent-Child
  - B2: Parent-Child + Stranger
  - C: Faux Testing Probe
- 2' warm-up each phase with relationship enhancement skills by stranger per PCIT
- Stranger asks 1 FC at end of their phases

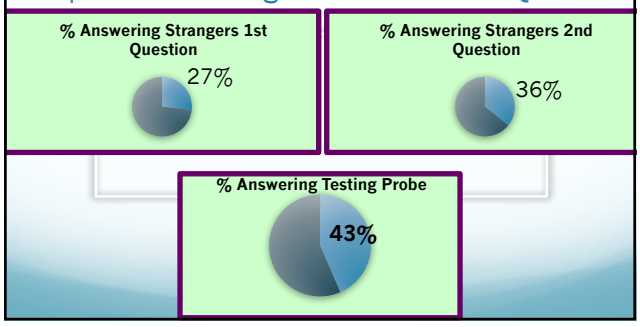
Kurtz (2007, 2013, 2014)

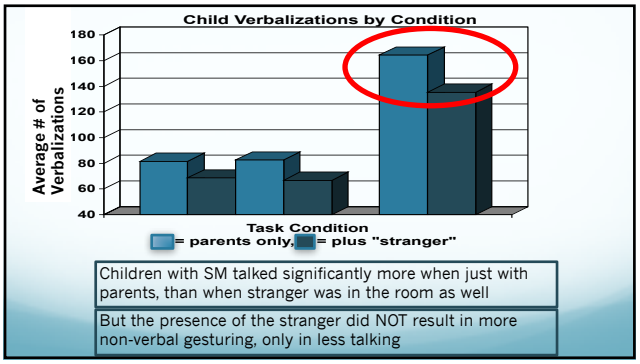
SM-BOT Baseline Composite



Kurtz (2007)

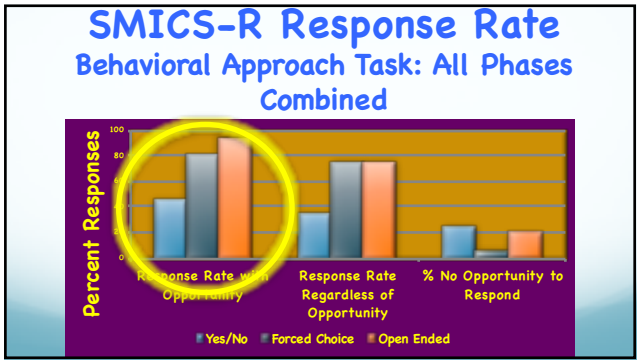
Response to Stranger Forced Choice Question





Children with SM talked significantly more when just with parents, than when stranger was in the room as well

But the presence of the stranger did NOT result in more non-verbal gesturing, only in less talking



CRITERION	PCIT	PCIT-SM
PRIDE Do Skills	10/10/10	10/10
PRIDE Don't Behaviors	≤ 3	≤ 3
Effective CDI Sequences	n/a	80%
Effective PDI Sequences	75%, 75%	80%

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CODE	PCIT DPICS-4	PCIT-SM SMICS-R
No Opportunity	To comply	To respond
Reflection	RF	RF + RF/ACK
Labeled Praises	All	LP-V ≠ LP-NV
Questions	Never	CDI: Never VDI: Required
Commands	DC-V = DC-NV	DC-V ≠ DC-NV

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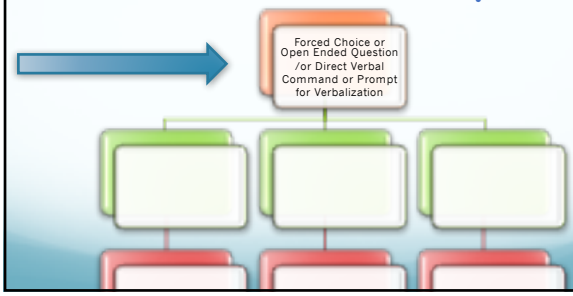
SM-PCIT: CDI Mastery

Typical VDI Reinforcement Paradigm

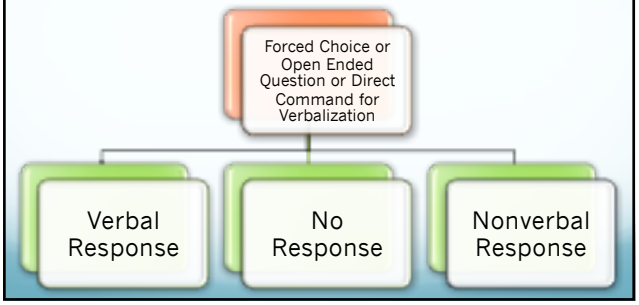
- Valid prompts*: (Forced Choice or Open Ended + wait 5")
- Brave Talking
- LP +/- RF or RF +/- LP
- Check mark or sticker (Immediately)
- Trade points for prizes (determined ahead of time)

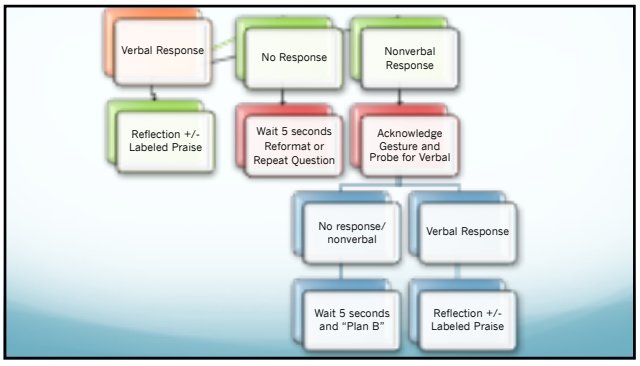
SM-PCIT: VDI Mastery

Effective SM-VDI Sequence



Effective SM-VDI Sequence



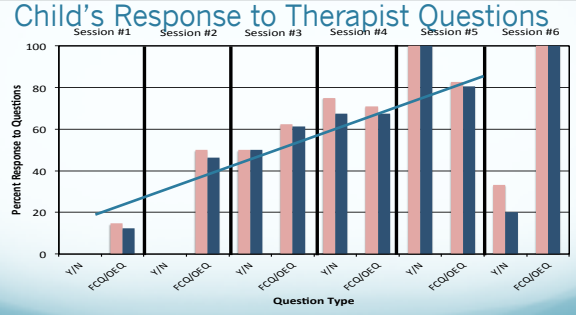


SM-PCIT

CDI - SM

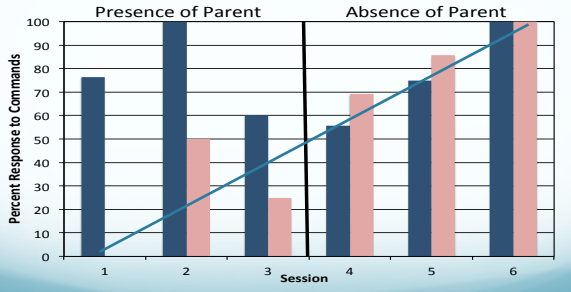
Kurtz (2014)

Child's Response to Therapist Questions



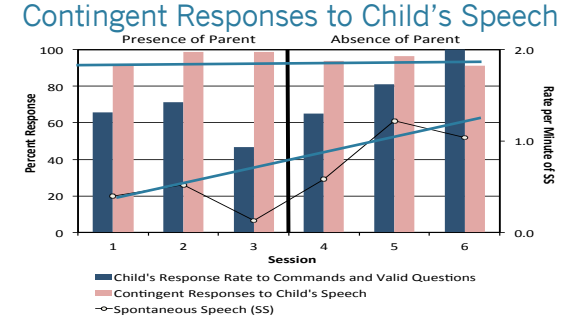
Mele & Kurtz (2014)

Child's Response to Therapist Commands to Verbalize



Mele & Kurtz (2014)

Contingent Responses to Child's Speech



Fade In Time Lapse

Fade faux teacher in and fade parent out

First teacher fade-in

Generalization to school playground

Generalization to school playground (Twins: both have SM)

First teacher fade-in

SM University

www.selectivemutismlearning.org

Free online learning course to increase knowledge and skills in PCIT-SM
- -SM 101 video
- CDI and VDI segments
  - video exemplars of correct and incorrect
  - quizzes for self-study

Research on the web course
- Experts: accurate and important information
- Newbies: User friendly* and skills increased

Contact Information

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www.kpcpc.com

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