PCIT Adapted for Anxiety

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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

Nature Nurture
**Nature:**

Behavioral Inhibition

1 IN 6

Adapted from Jerome Kagan

**Physiological BASIS of BEHAVIORAL Inhibition**


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**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

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**How anxious avoidance is learned**

Negatively Reinforced

A child is prompted to

Child’s anxiety decreases

Child gets (too) anxious

Child avoids*

How anxious avoidance is unlearned

Positively Reinforced by outcomes & process

Build + relationship

Approach Avoidance

Provide exposure

Gets comfortable being uncomfortable*

Diff. Reinforce child’s approach
What do we know about treating early childhood anxiety disorders?

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

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

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

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


Aubrey L. Carpenter · Anthony C. Poliaffe · Steven M. S. Kurtz · Donna B. Pierson · Jonathan S. Cemer

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)?

- Child is prompted to talk or engage
- Child gets anxious
- Child avoids
- Adult rescues
- Child's and adult's anxiety are lowered

Behavioral Conceptualization of Selective Mutism

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
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

CDI (Child Directed Interactions) - or - VDI (Verbal Directed Interactions)
**Do's & Don'ts in SM-CDI**

<table>
<thead>
<tr>
<th>Do's</th>
<th>Don'ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labeled Praise for talking</td>
<td>Mind read</td>
</tr>
<tr>
<td>Reflect verbalizations</td>
<td>Questions</td>
</tr>
<tr>
<td>Play-by-Play Announcer (Behavioral Descriptions)</td>
<td>Commands to talk</td>
</tr>
<tr>
<td>Use question end-abouts</td>
<td>Negative Talk</td>
</tr>
<tr>
<td>Play to strengths</td>
<td></td>
</tr>
</tbody>
</table>

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

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**Do's & Don'ts in SM-VDI**

<table>
<thead>
<tr>
<th>Do's</th>
<th>Don'ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labeled Praise for talking</td>
<td>Mind read</td>
</tr>
<tr>
<td>Reflect verbalizations</td>
<td>Yes/No Questions</td>
</tr>
<tr>
<td>Play-by-Play Announcer (Behavioral Descriptions)</td>
<td>Indirect commands to talk</td>
</tr>
<tr>
<td>Forced Choice/Open Ended Questions</td>
<td>Negative Talk</td>
</tr>
<tr>
<td>Direct prompts to talk</td>
<td>Enable</td>
</tr>
<tr>
<td>Wait 5&quot; to respond</td>
<td></td>
</tr>
</tbody>
</table>

**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


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**SM-BOT Baseline Composite**

Therapist asks forced choice question

Kurtz (2007)

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**Response to Stranger Forced Choice Question**

- % Answering Strangers 1st Question: 27%
- % Answering Strangers 2nd Question: 36%
- % Answering Testing Probe: 43%
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.

### SMICS-R Response Rate

**Behavioral Approach Task: All Phases Combined**

<table>
<thead>
<tr>
<th>CRITERION</th>
<th>PCIT</th>
<th>PCIT-SM</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIDE Do Skills</td>
<td>10/10/10</td>
<td>10/10</td>
</tr>
<tr>
<td>PRIDE Don't Behaviors</td>
<td>≤ 3</td>
<td>≤ 3</td>
</tr>
<tr>
<td>Effective CDI Sequences</td>
<td>n/a</td>
<td>80%</td>
</tr>
<tr>
<td>Effective PDI Sequences</td>
<td>75%, 75%</td>
<td>80%</td>
</tr>
<tr>
<td>CODE</td>
<td>PCIT DPICS-4</td>
<td>PCIT-SM SMICS-R</td>
</tr>
<tr>
<td>---------</td>
<td>--------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>No Opportunity</td>
<td>To comply</td>
<td>To respond</td>
</tr>
<tr>
<td>Reflection</td>
<td>RF</td>
<td>RF + RF/ACK</td>
</tr>
<tr>
<td>Labeled Praises</td>
<td>All</td>
<td>LP-V ≠ LP-NV</td>
</tr>
<tr>
<td>Questions</td>
<td>Never</td>
<td>CDI: Never</td>
</tr>
<tr>
<td>Commands</td>
<td>DC-V = DC-NV</td>
<td>DC-V ≠ DC-NV</td>
</tr>
</tbody>
</table>

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)

**Effective SM-VDI Sequence**

- Forced Choice or Open Ended Question or Direct Verbal Command or Prompt for Verbalization

- Reflection +/- Labeled Praise
- Wait 5 seconds
- Reformatted or Repeated Question
- No response/ nonverbal
- Verbal Response

- Acknowledge Gesture and Praise for Verbal

- No response/ nonverbal
- Verbal Response

- Wait 5 seconds and “Plan B”
- Reflection +/- Labeled Praise

**Effective SM-VDI Sequence**

- Verbal Response
- No Response
- Nonverbal Response

- Forced Choice or Open Ended Question or Direct Command for Verbalization

- Verbal Response
- Nonverbal Response
- Reflection +/- Labeled Praise

- Wait 5 seconds
- Reformatted or Repeated Question
- No response/ nonverbal
- Verbal Response

- Acknowledge Gesture and Praise for Verbal

- No response/ nonverbal
- Verbal Response

- Wait 5 seconds and “Plan B”
- Reflection +/- Labeled Praise
SM-PCIT

CDI - SM

Kurtz (2014)

Child’s Response to Therapist Questions

Kurtz (2014)

Child’s Response to Therapist Commands to Verbalize

Mele & Kurtz (2014)

Contingent Responses to Child’s Speech

Mele & Kurtz (2014)

Fade In Time Lapse

Fade faux teacher in and fade parent out

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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

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First teacher fade-in
Generalization to school playground
Generalization to school playground (Twins: both have SM)
First teacher fade-in