Interventions to Help Children & Families

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Overview

- Evidence Based Treatments (EBTs)
- Specific techniques that work for certain behaviors
  - Strategies to decrease negative attention seeking behaviors (e.g., whining, asking or repeating something a million times, oppositional)
  - Core features of anxiety treatment
- Parent component to support treatment
- Integrating EBTs to include parents!
Being a parent is tough!

There is no parenting manual

Being a parent of a child with 22Q can be as rewarding as it can be challenging often times

- Multiple medical complications, learning difficulties, developmental delays, behavioral & socioemotional concerns
- Natural instinct is to protect kids

Being informed = Being empowered to advocate

We have a lot more treatments that we know work know
Evidence Based Treatment

What is it?

- Empirically supported treatment, empirically validated treatment
- Specific treatment approaches (e.g., manual/book) that specifies “ingredients” of treatment
- Evidence Based = Supported by Research

Pros:

- Reduce symptoms & improve functioning that other treatments do not show
- Work in short time span and have long lasting effects
- Important “ingredient” for behavioral health professionals and often insurances look for this; holds professionals accountable
**Evidence Based Treatments (EBT’ s)**

- **Examples of Well Established & Probably Efficacious EBT’ s:**

<table>
<thead>
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<th>Condition</th>
<th>Treatment</th>
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<tr>
<td>*Anxiety</td>
<td>Cognitive Behavioral Therapy (CBT)</td>
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<tr>
<td>Depression</td>
<td>CBT &amp; Interpersonal Therapy (adolescents)</td>
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<td>ADHD</td>
<td>Medication &amp; Behavior Therapy</td>
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<td>*Oppositional Behaviors</td>
<td>Behavior Therapy, Parent Child Interaction Therapy, Triple P, Incredible years</td>
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<td>*OCD</td>
<td>Medication &amp; CBT</td>
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Evidence Based Treatments (EBT’s)

- Examples:
  - Parent Child Interaction Therapy (PCIT; 2 to 7-years, or developmentally within this range)
  - Traditional Cognitive Behavioral Therapy (7-years and up)
  - Lateral Extensions of PCIT with CBT for younger children (appropriate for anxious children developmentally younger than 7-years)

- What are these?
  - Developmentally appropriate tools to use at home to manage acting out behaviors, tantrums, negative attention seeking, anxiety
Behavioral Treatment

- Parent Child Interaction Therapy (PCIT)
  - What is it?
    - Skill Building Program
  - What does it do?
    - Improves interactions between parent and child
    - Improve child compliance, reduce disruptive behaviors, decreases inappropriate behaviors
    - Decreases parent stress
    - Improves family functioning
    - Generalizes to other siblings and family members
Key Components of PCIT

- **Two Phases of treatment:**
  - Child Directed Interaction (CDI)
    - Let child take lead
    - PRIDE Skills
    - 5-minutes a day of homework
  - Parent Directed Interaction (PDI)
- Need to successfully pass CDI before PDI
  - Need a coach/therapist as behavior is often hard to change
CDI: PRIDE Skills

- **Praise**: Praise appropriate behaviors by labeling them specifically
- **Reflection**: Reflect child’s talk
- **Imitation**: Imitate child’s appropriate play. The more you imitate them, the more they will imitate you! Model appropriate play
- **Description**: Describe appropriate behavior, opportunity to label feelings & model appropriate coping
- **Enjoy**

*See handouts*
CDI: Additional Rules

- Actively Ignore inappropriate behavior
  - How to do this?
  - Ignore baby talk, angry behavior, clingy, whining
- AVOID Commands
- AVOID Questions
- AVOID Criticisms
- AVOID: No, Don’t, Stop, Quit, Not

*Be forewarned that behaviors increase initially
Parent Directed Interaction: PDI

- Be Direct with Commands
  - Be specific
  - State them positively
  - Make them developmentally appropriate (e.g., single)
  - Respectful & Polite
  - Essentials only
  - Neutral tone

- Provide Command ➔ Comply ➔ Praise
Parent Directed Interaction: PDI

- Effective Time Outs
  - What it looks like
    - Command ➔ Count to and show 1-5 ➔ 2 choices ➔
    - Count ➔ Time out
    - Done of ready to comply, follow with another command
    - Praise and provide positive attention
“Ingredients” of Anxiety Treatment

- Cognitive Behavioral Therapy:
  - Psychoeducation of anxiety (e.g., recognizing bodily symptoms, identify feelings, learn thoughts-feelings-behaviors association,)
  - Learn Anxiety management skills (e.g., Identifying and readjust maladaptive cognitions, learn Relaxation)
  - Gradual Exposure (Building a hierarchy of anxiety provoking situations)

- Pair Relaxation with coping thoughts in anxiety provoking situations=Practice!
  - Increase Exposure
  - Reinforcement for trying and then succeeding
“Ingredients” of Anxiety Treatment

- **Parent Role**
  - Parent attention for positive behaviors (e.g., brave behavior)
  - Giving effective commands
  - Differential reinforcement (ignore/minimize reinforcement for fearful display)
  - Shaping and Reinforcing efforts
  - Reducing accommodations (e.g., excessive reassurance)

- **Encouraging child (e.g., avoiding “avoidance”)**
  - Allowing child to re-experience anxiety provoking situation with new tools, while remaining confident and calm
Types of CBT Based Anxiety Treatment

- Anxiety Treatment through Parent Coaching; kids 3 to 8-years
  - Treatment effects stable even 1-year, no clinically diagnosed anxiety in up to 87%

- CBT for individual therapy (therapist & child) for 7-years and up
  - 60 to 70% of kids over 7-years no longer meet criteria for anxiety disorder after treatment, gains last into adolescence and adulthood
  - Metacognitive component/perspective taking
  - Language requirements
  - Sustain attention toward a goal
  - Hold previously learned concepts in mind within and between treatment
  - Problem solving
  - Exposure requires inhibition of predominant behavioral responses, plan, and delay rewards
CBT Based Anxiety Programs

- **CALM: 3-8 year olds**
  - Adaptation of PCIT to coach parents with anxiety in young children
  - Used with range of anxiety disorders in young children (separation, generalized, social, specific, selective mutism, OCD)
  - 87.5% of participants no longer demonstrated anxiety symptoms after treatment

- **Bravery Directed Interaction: 4 to 8-years**
  - Adaptation of PCIT
  - Targets separation anxiety
  - 73% of participants no longer demonstrated SAD after treatment

- **Being Brave: 4 to 7-years, adaptation of Coping Cat; 69% response rate**
CBT Based Anxiety Programs

- EBTs to use in individual treatment (primarily therapist working with child, with parent support)
  - Coping Cat: 7 to 13-years
  - CAT Project: Anxious Adolescents
  - Camp Cope A Lot 7 to 13-years
    - Computer based
    - Language component
Tech & Online programs?

- Apps for anxiety...
- Programs to use at home...
Thanks!
Resources & References

- http://www.effectivechildtherapy.com/content/evidence-based-practice-0
- http://www.workbookpublishing.com/
- www.pcit.tv