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

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KEYWORDS

• Anxiety • Parent-child interaction therapy • Parent training • Preschool

KEY POINTS

- As many as 9% of preschoolers suffer from an anxiety disorder, with symptom presentations roughly consistent with anxiety presentations found in older children.
- Early intervention for preschoolers diagnosed with anxiety disorder is critical, given the considerable academic, social, family, and functional impairments associated with these disorders in childhood.
- Accumulating evidence preliminarily supports the clinical utility of treatment adaptation approaches–the developmentally lateral extension of methods for other disorders, as well as the downward extension of methods for the same disorders in older children–to the treatment of early child anxiety.
- Initial research supports the adaptation of Parent-Child Interaction Therapy, a treatment designed to target oppositional and non-compliant behavior in young children, to treat anxiety in young children.

INTRODUCTION

As many as 9% of preschoolers suffer from an anxiety disorder,[1–2] with research showing that preschool anxiety symptom presentations are roughly consistent with

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anxiety presentations found in older children.[3–4] Early intervention is critical, given the considerable academic, social, family, and functional impairments associated with child anxiety disorders.[5–8] Whereas methods for effectively treating anxiety disorders in children over the age of 7 are well-established,[9–11] our understanding of efficacious treatment options for very young children with anxiety disorders is limited. Supported treatments for children over the age of 7 are cognitive-behavioral in nature and help children to recognize bodily anxiety symptoms, identify and adjust maladaptive cognitions in anxiety-provoking situations, and develop a repertoire of coping strategies. After learning this new set of skills, treatment shifts to an exposure-based format, providing children with systematic opportunities to practice newly acquired skills in increasingly anxiety-provoking situations. Roughly 60% of children over the age of 7 treated with cognitive behavior therapy (CBT) no longer meet diagnostic criteria for an anxiety disorder at posttreatment.[12–15] Treatment gains are typically sustained into adolescence and young adulthood.[16]

A small handful of research groups have recently begun to show support for the use of developmentally sensitive downward extensions of treatments found to work with older youth in controlled trials with preschoolers diagnosed with anxiety disorders.[17–21] These treatments share a focus on parental involvement in treatment, directly targeting parenting practices believed to maintain child anxiety, parental anxiety management, and a high emphasis on the role of parental modeling.

The historically limited focus on treating anxiety disorders in very young children is likely due in part to the fact that supported anxiety treatments for older children rely heavily on strategies and tasks that are beyond the developmental capacities of younger children. Clinical tasks focusing on recognizing bodily anxiety symptoms and identifying and adjusting maladaptive thoughts require sophisticated metacognitive and receptive and expressive language abilities that are not present at earlier developmental stages.[22] Treatment activities in which children reflect on how others might construe feared situations differently require perspective-taking abilities that do not fully emerge until later childhood.[22–23] In addition, the limited organizational skills and restricted attention characteristic of early childhood constrain the ability to assign young children homework tasks,[24] which is a key component of CBT for older children.

The authors outline the treatment programs they have developed that modify parent-child interaction therapy, or PCIT[25–26]—a well-established treatment for early disruptive behavior disorders for the treatment of anxiety disorders presenting in children below age 8, including

- Oppositional defiant disorder
- Conduct disorder
- Attention-deficit/hyperactivity disorder.

Modifying PCIT for the treatment of early child anxiety disorders largely constitutes a developmentally lateral extension of methods and a format found to work with other diagnostic conditions in the same patient age group, rather than a downward extension of methods and formats found to work with older patients affected by the same diagnostic conditions. Accumulating evidence preliminarily supports the clinical utility of both treatment adaptation approaches—in other words, the developmentally lateral extension of methods for other disorders, as well as the downward extension of methods for the same disorders in older children—to the treatment of early child anxiety.[17–21,27–30]

The authors begin with a brief overview of traditional PCIT, followed by an outline of the first modification of PCIT for an anxiety disorder (ie, PCIT for separation anxiety