


Parent Child Interaction Therapy- PCIT



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Learning Objectives

- What is PCIT?
- Appropriate clients/families
- Overview of PCIT services
- PCIT in office/during Covid-19



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PCIT- Background

- Developed in the 1970's by Dr. Shelia Eyberg
- Pulled together information from several different theoretical orientations
- Manualized model was created which has been well researched to show success for years following graduation from treatment
- Has expanded Nationally and Internationally

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Background cont.

Countries offering PCIT

- | | |
|-------------|---------------|
| • Australia | • Japan |
| • Canada | • Lebanon |
| • Cyprus | • Netherlands |
| • Denmark | • New Zealand |
| • France | • Norway |
| • Germany | • Singapore |
| • Hong Kong | • South Korea |
| • Indonesia | • Switzerland |
| • Jamaica | • Taiwan |

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Background cont.

Pulls from

- Attachment Theory (Bowlby)
- Play Therapy
- Behavior Modification (Operant Conditioning- Skinner)
- Parenting Styles (Baumrind)
- Social Learning Theory (Skinner)
- Coercive Cycle- (Patterson)

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Outcomes for the Child

- Skills generalized to other settings
 - School
 - Daycare
- Increase
 - Security and attachment to caregiver
 - Attention span
 - Self esteem
 - Positive social skills

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Outcomes for the Child

- Decrease
 - Non-compliance
 - Activity levels
 - Behavioral concerns
 - Negative attention seeking behaviors

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Outcomes for the Caregiver

- Increase
 - Child listening to what they say
 - Consistency among caregivers
 - Respect for house rules
 - Improved behaviors in public
 - Caregiver feels calmer and more confident while using discipline

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Outcomes for the Caregiver

- Decrease
 - frequency, severity and length of aggressive behaviors
 - Frequency of destructive behaviors
 - Defiance
 - Parental stress

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Outcomes for the Caregiver

- Changes in parents' interactional style
- Parents report less personal distress and more confidence in their ability to control their child's behavior
- Generalization to siblings

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PCIT- Core Features

- Direct Coaching with the parent & child
- Restructuring parent/child interactions
- Assessment driven

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PCIT- Core Features cont.

- Sensitivity to developmental concerns
- Intervening early
- Targeting a range of behaviors
 - patterns of interaction rather than discrete behaviors
- Positive, non-judgmental philosophy

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Treatment

- Length of treatment
 - Typically 12-15 weeks
- Siblings referrals
 - Identify the target child
- Comorbid diagnoses

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<https://www.youtube.com/watch?v=Jy8mz4gu2oQ>

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Appropriate Referral

- Child:
 - Between the ages of 2-7
 - Mental health diagnosis
 - Often specifically related to disruptive behaviors but not required
 - Receptive language above 2 years old

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Appropriate Referral cont.

- Caregiver:
 - At least 1 caregiver available for all sessions
 - Strongly encourage 2 caregivers if possible
 - IQ above 75
 - Therapist fluent in families native language

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Potential Barriers

- Caregiver:
 - Custody concerns
 - Visitation at least 3 times per week
 - Temporary caregivers
 - Temporary foster placements
 - New significant others
 - Siblings
 - Physical impairment
 - Active substance use
 - Sexual perpetration concerns

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Reasons for PCIT referral

Presenting Concerns- Child

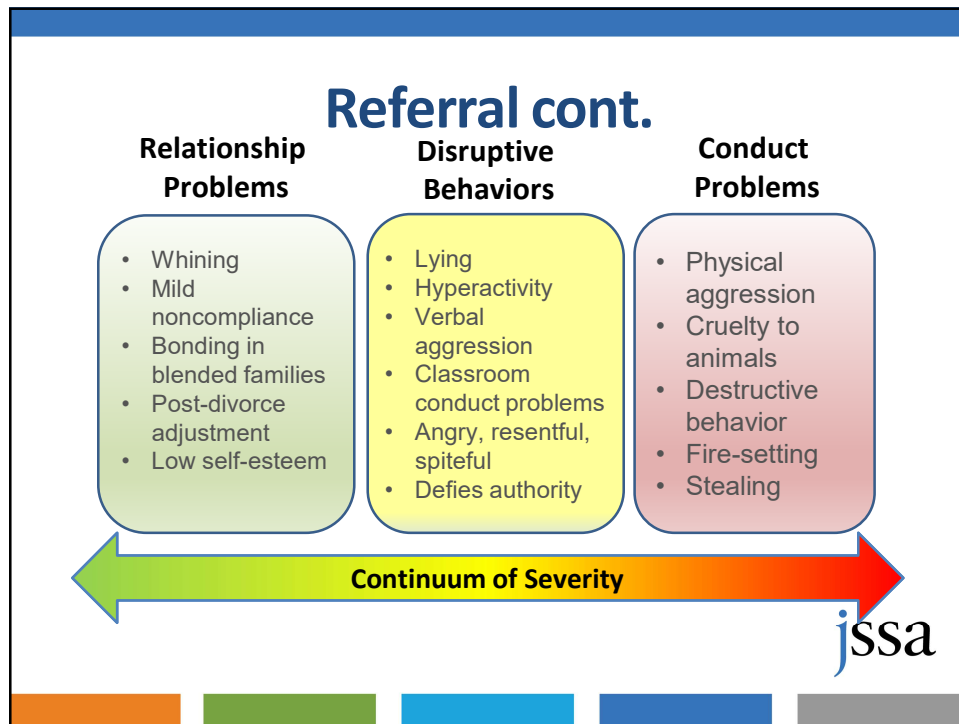
- Temper tantrums/disruptive behaviors
- Doesn't listen or has difficulty following instructions
- Aggressive behaviors
- Preschool having difficulty managing behaviors

Presenting Concerns- Caregiver

- Child won't listen to them
- Suspended/expelled from school/daycare
- Conflict between parents/caregivers

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Typical Diagnoses

- Adjustment Disorder
- ADHD
- Depression
- Anxiety
- PTSD
- ODD
- Autism Spectrum Disorder



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Phases of treatment

Intake/Assessment



CDI- Child Directed Interaction



PDI- Parent Directed Interaction



Graduation

- Masters skills
- ECBI scores in normal range
- Caregiver feels confident

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Treatment cont.

Homework 5 minutes per day

- Really important for caregivers to practice skills daily to learn
- They must have access to their child to practice the skills minimum 3 days a week

Use the ECBI (Eyberg Child Behavioral Inventory) to track parents report on child's behaviors

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Child Directed Interaction

CDI Skills- Attachment Building

PRIDE

- P- Praise
- R- Reflect
- I- Imitate
- D-Describe
- E- Enjoy



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Child Directed Cont.

Don't skills

- Questions
- Commands
- Negative Talk



Ignoring the negative and praising the positive opposite

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Parent Directed Interaction

PDI Skills- Effective Commands

- Direct vs Indirect
- Specific
- Positively stated- what to do vs not do
- Developmentally Appropriate
- One at a time
- Neutral tone of voice
- Explanation given before command or after compliance
- Only when necessary

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PDI cont.

- Teach the parents how to follow through to help child be better at listening the first time
- Use time out to manage non-compliance
- Start with using easy commands and gradually work to harder commands
- Work at child and parents pace to ensure confidence



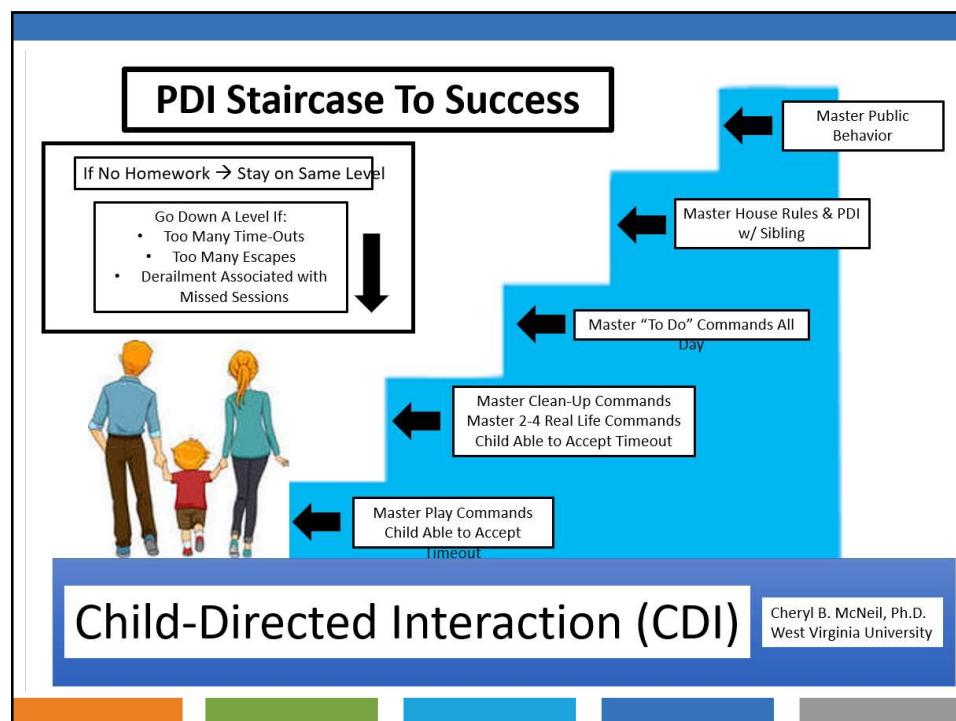
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PDI cont.

- Time out is a result of child not following directions
- Focus on 5 seconds of quiet to end time out
- Ends with them following through with the original command to teach child to follow directions the first time
- Focus on supporting parent in following through until the end rather than giving in

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Office Set up

Set up in office:

- Caregiver and Child in one room
- One- way mirror
- Ear buds
- Select toys
- Data tracking sheets

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PCIT during Covid-19

- Computer screen
- Phone/telehealth platform
- Services still able to take place organically
- Troubleshoot in the home
- Easier to address “real life behaviors”
- Lower drop out



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After treatment

Continued improvement following graduation

Often don't need other treatment

Can be referred for more specific treatment such as TF-CBT if needed

Booster sessions

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Questions



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Resources

McNeil, C. B., Hembree-Kigin, T. L., & Anhalt, K. (2011). *Parent-Child Interaction Therapy (Issues in Clinical Child Psychology)* (2nd ed. 2010 ed.). Springer.

www.PCIT.org



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