

Parent-Child Interaction Therapy



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Introductions

PCIT Workshops Objectives

- Understand the unique ways in which PCIT is suited to children who have experienced maltreatment &/or adjustment difficulties
- Acquire information about PCIT and its treatment components

What is PCIT?

- Work with the parent (birth, kin, foster, adoptive) and child together
- Designed to treat children age 2 to 7 years exhibiting disruptive behaviors
- Use of coaching with a 'bug-in-the-ear' from a one-way mirror
- Consists of two phases of treatment (averaging 14 to 20 weekly sessions) focusing on relationship enhancement and behavior management

What is PCIT?

- Elements of family systems, learning theory, and traditional play therapy
- Emphasis on restructuring parent-child patterns, not modifying target behaviors
- Empirically evaluated in over 30 controlled studies
- Parents are not blamed, but are given responsibility for improving the child's behavior

Hembree-Kigin, T., & McNeil, C.B. (1995). *Parent-Child Interaction Therapy*. New York: Plenum.

Urquiza, A.J., & McNeil, C.B. (1996). Parent-child interaction therapy: An intensive dyadic intervention for physically abusive families. *Child Maltreatment*, 1(2), 132-141.

Pulse Tape

Maltreatment: Effects on children

Behavior

- Aggressive, antisocial, undercontrolled, oppositional
- Problems with peers

Emotional Regulation

- Temper tantrums
- Fearful, inhibited, overcontrolled

Cognitive Problems

- Greater percentage exhibit ADHD
- Speech and language delays

Kolko, D.J. (1992). Characteristics of child victims of physical violence: Research findings and clinical implications. *Journal of Interpersonal Violence*, 7(2), 244-276.

Why Intervene Quickly?

Developmental Progression of
Conduct Disordered Behaviors



<u>Oppositional</u>		
Argues	Temper tantrums	Bragging
Stubborn	Demands attention	Teases
Loud	Disobeys at home	Impulsive
<u>Offensive</u>		
Cruelty	Disobeys at School	Fights
Sulks	Lying/cheating	Swears
Screams	Poor peer relations	
<u>Aggressive</u>		
Destroys	Bad friends	Steals at home
Attacks	Threatens Others	
<u>Delinquent</u>		
Sets fires	Truancy	Alcohol/Drug use
Runs away	Vandalism	Steals Outside/Home

PCIT Does 3 Things

- Decreases child behavior problems
- Improves parenting skills
- Enhances the quality of the relationship between parent and child

Overview of PCIT

Phase One

Child Directed Interaction (CDI)

Relationship Enhancement

Phase Two

Parent Directed Interaction (PDI)

Be Direct (Giving Commands)

Compliance Strategies

Generalization of treatment gains

Behavioral Observations

Structured Observations of the Parent-Child Interactions

First situation -- Child leads play session (5 minutes)

Second situation -- Parent leads play session (5 minutes)

Third situation -- Child cleans-up without help (5 minutes)

PCIT Video Demonstrations

Pre- and Post-tapes

Child Directed Interaction (CDI)
Relationship Enhancement Overview

PRIDE

Praise

Reflection

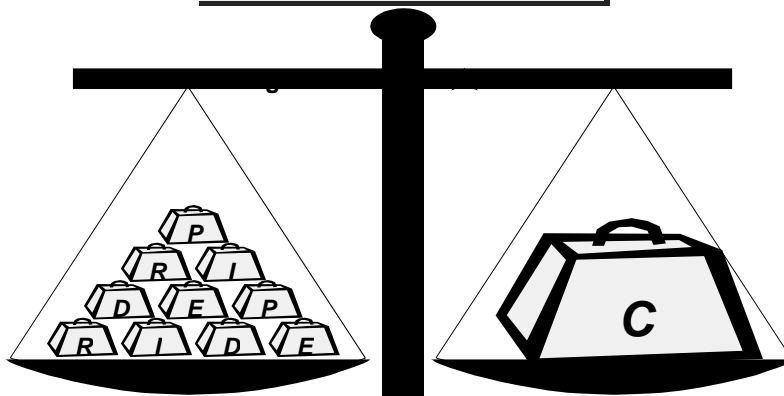
Imitation

Description

Enthusiasm

Nurturing Balanced with Structure

10 PRIDE = 1 Command



PRIDE
Physical Touch
Positive Connection

Questions
Commands
Critical Statements

Parent Directed Interaction (PDI)

Discipline Phase

Be Direct

Be Specific with commands

Every command positively stated

Developmentally appropriate

Individual commands

Respectful and polite

Essential commands only

Choices when appropriate

Tone of voice neutral

PCIT Research Findings with Children Experiencing Behavior Problems

- High consumer satisfaction with process and outcome
- Maintenance of treatment gains at six and twelve months
- Generalization to untreated siblings
- Generalization to home and school

PCIT Research Findings with Children Experiencing Behavior Problems

- Adequate skill acquisition by parents including:
 - increases in reflective listening, physical proximity, and prosocial verbalizations
 - decreases in sarcasm and criticism of the child
- More positive parental attitudes toward child
- Parent report of behavior problems to within normal limits
- Parent report of child's trauma symptoms reduce
- Parent self-reported improvements in psychopathology, personal distress, and parenting locus of control

PCIT Research Findings with Children Experiencing Behavior Problems

- Decrease in abuse risk for those with and without prior history of maltreatment
- High consumer satisfaction with process and outcome
- Maintenance of treatment gains at six and twelve months
- Generalization to untreated siblings
- Generalization to home and school

Limitations and Caveats

- Focus on child behavioral problems, parenting skill, and changing relationships, not on other aspects of family (e.g., domestic violence, substance abuse, parent mental health)
- Continued need for coordination with other treatment/support agencies
- Limited age range
- Parent and child must have regular ongoing contact
- Should not be used to determine reunification

Comments/Questions

Thank You!

For More Information on PCIT
Training

<http://www.pcittraining.tv/>

PCIT Should not be used to Determine Reunification

During the last half-decade, there has been increasing research describing the value of Parent-Child Interaction Therapy (PCIT) in addressing problems presented by families in the child welfare system. From this research, it is clear that PCIT has several benefits in reducing child behavioral problems and enhancing parenting skills (Borrego, Timmer, Urquiza, & Follette, 2004; Timmer, et al., 2006; Timmer, Urquiza, & Zebell, 2006; Timmer, Urquiza, Zebell, & McGrath, 2005). Also, Chaffin et al. (2004) reported that physically abusive parents receiving PCIT were significantly less likely to have a re-report of abuse than parents who did not receive PCIT. As a result, it should not be surprising that after more than two decades describing the benefits of PCIT for helping parents with defiant/disruptive children, there are clear institutional recommendations that highlight the value of PCIT (Chadwick Center for Children and Families, 2004; National Child Traumatic Stress Network, 2008; Washington State Institute for Public Policy, 2004).

Unfortunately, many therapists who work with clients in the child welfare system are receiving referrals from both social workers and the court - that asks (directly or indirectly) for PCIT to be used to determine if the parent is able to care for their child. That is, the PCIT therapist is put in a position to recommend reunification (if the parent does well in PCIT) or non-reunification (if the parent does not do well in PCIT). On the surface, this may seem like a reasonable request. That is, PCIT is a parenting intervention and parenting is an essential element needed in caring for a child. In order for a parent to be able to safely and adequately care for their child, it is vital that parents possess some minimal or foundational child management skills. PCIT can be an effective means to correct, develop, and enhance a parent's ability to manage their child's problem behavior, and/or reduce their child's defiant/oppositional behavior. Finally, PCIT may enhance the *quality* of the parent-child relationship. Given these valuable benefits that can be derived from successful participation in PCIT, a parent who does not appear to benefit from PCIT may be perceived as not being able to acquire and maintain essential parenting skills.

So why is it problematic for a PCIT therapist to make a reunification recommendation?

One of the concerns about relying on PCIT therapists to make a recommendation about reunification is that there are often many reasons why a child is placed in foster care – and many factors that need to be in place for a parent to safely and adequately care for their child. Parenting skills (or more specifically, child guidance skills which lead to child compliance) are only one subset of the many elements of a reunification plan that a parent would need to complete in order to reunify with their child. The parent's reunification plan may also include many elements which are not addressed by PCIT (e.g., domestic violence treatment, substance abuse treatment, mental health treatment services).

Additionally, conducting PCIT as part of an effort to determine if a parent can reunify with a child may also be detrimental to the child. For example, the CAARE Center has in the past provided PCIT to many parents in reunification – often before the decision had been made to reunify the parent and child. In some cases, we would start PCIT and the case would progress well, with parents acquiring skills, the child's disruptive behavior problems becoming less severe, and improvements in the quality of the parent-child relationship. However, occasionally a decision is made by the court to cease reunification efforts because of problems unrelated to

PCIT (e.g., a relapse in drug abuse, continued co-habitation with the perpetrator, chronic environmental instability). The product of these situations is that we worked to help the young child feel better about their parent, to enjoy their parent more, and to feel emotionally more connected to their parent – only to have the relationship end because of the parent’s problems in another area. As a result of this problem, we decided to *start* PCIT with reunifying parents *only* if a decision had been made to do a trial placement and if the placement date was not more than 8 – 10 weeks away.

An additional problem with conducting PCIT with parents in reunification is that it would be difficult to have the parent be able to complete their homework (5 minutes of Relationship Enhancement practice every day) unless the parent and child have regular or daily contact. Parents involved in reunification often have limited visitation (1-2 hours per week) that would hinder their ability to complete their homework – an important and necessary part of PCIT. Not being able to complete their homework would prevent them from gaining important skills and, perhaps, disadvantage them in fulfilling their reunification plan.

Finally, part of the problem with putting a PCIT therapist in the situation where they have to make a recommendation regarding reunification is that this recommendation may interfere with the therapist’s ability to develop a trusting and effective working relationship with the parent. In order to make treatment gains, it is important for a therapist to develop open communication and clear treatment objectives. Parents need to provide accurate information about the problems they are having with PCIT or with their child (there is concern that a parent may under-report problems if they perceive that open disclosure would hinder their ability to get their child back). A better therapeutic perspective would be for the therapist to join with the reunifying parent to help them acquire better parenting skills, manage the behavioral problems their child is exhibiting, and eventually work towards getting their child returned to their care. From the onset of treatment, it is helpful for the therapist to emphasize a ‘partnership’ with the parent to meet the objectives of treatment - while advocating for the child to live in a safe, nurturing environment. This ‘partnership’ may be impaired if the parent understands that the therapist will be making a reunification recommendation.

In summary, PCIT can be a valuable intervention for helping parents in the child welfare system. Also, PCIT can directly address some of the problems within many parent-child relationships (e.g., limited parenting skills, disruptive child behavior problems). While it is not recommended to put the PCIT therapist in the untenable situation of making a recommendation regarding reunification/non-reunification, PCIT therapists can play an important role in joining with parents in helping them acquire the skills to safely care for their child when reunification does occur.

References

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