Parent-Child Interaction Therapy

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PART ONE

What is Parent-Child Interaction Therapy (PCIT)?
In preschoolers, disruptive behavior disorders are like a pot of soup - difficult to distinguish the ingredients.
Breakdown of Specific Childhood Mental Health Disorders (ages 3-17)

Rough estimates based on CDC statistics; does not account for comorbidities...
Parent-Child Interaction Therapy with Behavior Problem Children: Maintenance of Treatment Effects in the School Setting


Parent-Child Interaction Therapy with Behavior Problem Children: Generalization of Treatment Effects to the School Setting


Parent–Child Interaction Therapy With Behavior Problem Children: Relative Effectiveness of Two Stages and Overall Treatment Outcome

Tony Hendrickson, Cheryl B. McNeil, University of Alabama

Shelia Eyberg, University of Florida

Katherine Newcomb and Beverly Fundenbark, University of Florida

Beverly W. Fundenbark, Shelia N. Eyberg, Katherine Newcomb, Cheryl B. McNeil, Toni Hendrickson, and Laura J. Spagno

Parent-Child Interaction Therapy with Behavior Problem Children: One and Two Year Maintenance of Treatment Effects in the Family

Cheryl B. McNeil, Beverly W. Fundenbark, Shelia N. Eyberg, Katherine Newcomb, Cheryl B. McNeil, Toni Hendrickson, and Laura J. Spagno
PCIT’s Hallmark Diagnosis - ODD

Oppositional Defiant Disorder (ODD) “NO!”

- Refuse or defy adult requests
- Lose temper easily
- Annoy others on purpose
Cheryl’s Water Bottle Assessment of ODD
Child Compliance with PCIT and TCIT

- PCIT Referrals: 15%
- Typical Children: 62%
- PCIT After Treatment: 75%
Eyberg Child Behavior Inventory
Weekly Intensity Score

- Clinical cutoff
- Criterion to end treatment
- Normative mean

Dropouts (n = 36)
All combined (n = 99)
Completers (n = 63)

Credit: Sheila Eyberg, Ph.D. PCIT International
Early Onset Conduct Disorder

Conduct Disorder (CD) “Against the rules”

- Steal things
- Destroy things
- Start fights / hurt others
Attention-Deficit/Hyperactivity Disorder (ADHD)

- Difficulty staying seated
- Difficulty playing quietly
- Difficulty awaiting turn
Defining Features of PCIT

- Parent and child together
Defining Features of PCIT

Coaching
Sunfield Autism Center Video
Theoretically grounded

- Coercion Theory – Patterson (Escalation Through Negative Reinforcement)
- Social Learning Theory – Bandura (Modeling)
- Humanistic Theory – Axline (Play Therapy)
- Behavioral Theory – Skinner (Reinforcement & Punishment)
- Attachment Theory – Bowlby (Sensitive Parenting = Secure Attachment)
- Parenting Styles – Baumrind (Authoritative = Positive Outcomes)
## Baumrind’s Parenting Styles

<table>
<thead>
<tr>
<th>Style</th>
<th>Warmth</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authoritarian</strong></td>
<td>Low Warmth, High Control</td>
<td>Use power and forceful measures to set absolute standards. Children usually rank lower on peer affiliation, and are more likely to display hostility when under pressure.</td>
</tr>
<tr>
<td><strong>Authoritative</strong></td>
<td>High Warmth, High Control</td>
<td>Use both power and reason, encourage verbal give and take. Children tend to be well socialized, independent, and have high self reliance and self control.</td>
</tr>
<tr>
<td><strong>Neglectful/Rejecting</strong></td>
<td>Low Warmth, Low Control</td>
<td>Children tend to be low in self-reliance, have a greater instance of problem behaviors, and increased frequency of delinquency and drug use in adolescence.</td>
</tr>
<tr>
<td><strong>Permissive</strong></td>
<td>High Warmth, Low Control</td>
<td>Make few demands and use reason. Children tend to rank lower in self reliance and self control.</td>
</tr>
</tbody>
</table>

![Yin Yang Diagram]

- **Warmth**
- **Control**
Defining Features of PCIT

- **Short-term, but NOT time-limited**
- 14 – 16 sessions on average
- Assessment-driven (mastery criteria)

"If you're aiming at nothing, you're certainly going to hit it."
Not Time-Limited

Termination Criteria

- Parent-child observations
  - Parent mastery of interaction skills
- Parent ratings of disruptive behavior
  - Child behavior within $\frac{1}{2}$ SD of normative mean
- Parent self-confidence in parenting
  - Parents feel able to handle problems on their own

Termination = Success
Defining Features of PCIT

- Designed for young children
  - 2-7 years

Thank you Corey Lieneman for this picture of her family and for helping with this slide show!!
Defining Features of PCIT
“Specialized Parenting”

Parents are not blamed
but are given
responsibility for
improving the child’s
behavior
Defining Features of PCIT

Empirically evaluated in hundreds of studies

- Strong skill acquisition
- More positive attitudes towards child
- Parent report of behavior problems to within normal limits
- High consumer satisfaction
- Maintenance of treatment gains at 2 year follow-up
- Generalization to untreated siblings
- Generalization to the home
- Generalization to the school
- Effective for a variety of preschool problems (e.g., separation anxiety, trauma, autism spectrum)

Interpretation of Effect Sizes

- **Small**: 0.1 - 0.2
- **Medium**: 0.3 - 0.5
- **Large**: 0.6 - 0.8
- **.9 and above – WOW!**

- Salk Vaccine for Polio
- Aspirin for Heart Attack
- Stimulants for ADHD
- Depression Meds Like Prozac
PCIT Effect Sizes versus Comparison Groups

- $d = 0.61$ to $1.45$ Parental Reports of Negative Child Behavior
- $d = 1.21$ to $1.57$ School Behavior (teacher reports, observations of positive classroom behavior)
- $d = 0.76$ to $5.67$ Parent Behavior and Functioning

Steps of PCIT

**Step 1**: Pre-treatment Assessment of Child & Family Functioning (1 to 2 sessions)

**Step 2**: Teaching Child Directed Interaction Skills (1 session)

**Step 3**: Coaching Child Directed Interaction Skills (3 to 4 sessions)

**Step 4**: Teaching Parent Directed Interaction Skills (1 session)

**Step 5**: Coaching Parent Directed Interaction Skills (4 to 6 sessions)

**Step 6**: Post-treatment Assessment of Child & Family Functioning (1 to 2 sessions)

**Step 7**: Boosters (as needed)
Time Spent in Typical Coaching Session

One Caregiver

- Coaching: larger portion
- Review/Assign Homework
- Check-In/Review Homework/ECBI
- Coding

Two Caregivers

- Review/Assign Homework
- Check-In/Review Homework/ECBI
- Coaching Caregiver #1
- Coaching Caregiver #2
- Coding
Child-Directed Interaction
(5 minutes per day of special playtime)

DO
- Praise
- Reflect
- Imitate
- Describe
- Enjoyment/Enthusiasm

DON’T
- Give
- Commands
- Ask
- Questions
- Criticize

IGNORE annoying, obnoxious behavior

STOP THE PLAY for dangerous or destructive behavior
### Child-Directed Interaction
- Parents follow
- Play therapy skills
- Differential Reinforcement of Positive Behaviors
- Nurturance and Active Listening

### Parent-Directed Interaction
- Parents lead
- Limit-setting
- Consistency
- Follow Through
- Compliance Training

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**Two Phases of PCIT**

**CDI and PDI**
Parent-Directed Interaction: The Discipline Component
Why PCIT for ASD?
Why PCIT for ASD?

- PCIT has the strongest technology currently available for transferring skills to a parent
- Research (approx. 14 studies) provide evidence for PCIT’s effects with ASD
- Makes social attention more reinforcing
Video:
Case Study Preference Assessment Child Behavioral Observations

Preference Assessment: Pre-Treatment
Session 1
Theory: Compliance is the Gateway to Learning

Compliance is the gateway to education, social communication
Average kids are 62% compliant on DPICS
ASD children improve from 30-40% compliant to 80-90% after PCIT
Think about how parenting would be different for a child who complies at a rate higher than typical kids
Children with ASD respond well to the rules and predictability of PDI
Examining the Efficacy of Parent–Child Interaction Therapy with Children on the Autism Spectrum

Joshua J. Masse, Cheryl B. McNeil, Stephanie Wagner & Lauren B. Quetsch
Open-Trial Pilot of Parent-Child Interaction Therapy for Children With Autism Spectrum Disorder
Zlomke, Jeter, & Murphy (2017)

- 17 Children with ASD
- Average of 19 Sessions
- Compliance improved 46% (from 41% to 87%)
West Virginia State Opioid Response Grant

OPIOID CRISIS IN WEST VIRGINIA

ONE OF FIVE STATES WITH LARGEST RATE INCREASE IN SYNTHETIC OPIOID DEATHS

ONE OF FOUR STATES WITH LARGEST RATE INCREASE IN HEROIN DEATHS

17% INCREASE IN OVERDOSE DEATH RATE 41.5 PER HUNDRED THOUSAND PEOPLE FROM 2014-2015

NATIONAL AVERAGE OVERDOSE DEATHS INVOLVING OPIOIDS: 
10 per 100,000

WEST VIRGINIA AVERAGE OVERDOSE DEATHS INVOLVING OPIOIDS:
41.5 per 100,000

All stats from the Centers for Disease Control and Prevention
Learn more at usupulse.blogspot.com

http://www.pcit.org/


Thank You for Participating!

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