



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

Hyperactivity

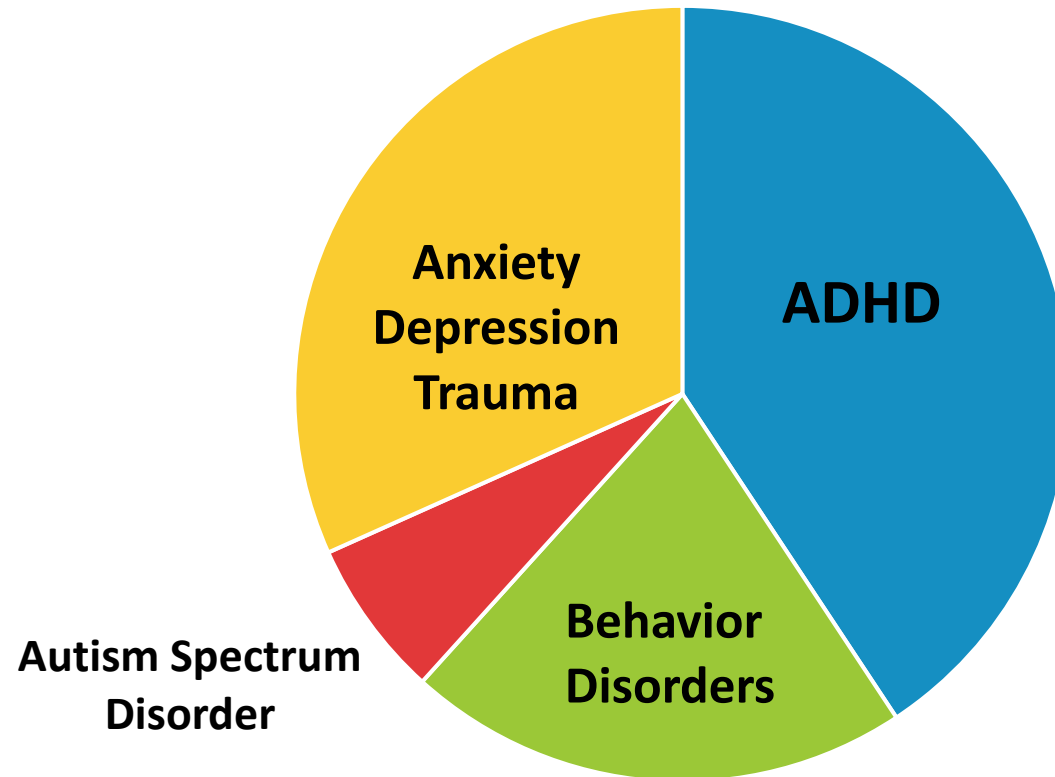


Temper Tantrums



Defiance

Breakdown of Specific Childhood Mental Health Disorders (ages 3-17)



Rough estimates based on CDC statistics; does not account for comorbidities...

Centers for Disease Control and Prevention. [Mental health surveillance among children - United States, 2005—2011](#). MMWR 2013;62(Suppl; May 16, 2013):1-35.

Original Articles

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

Sheila M. Eyberg PhD, Beverly W. Funderburk, Toni L. Hembree-Kigin, Cheryl B. McNeil, Jane G. Querido & Korey K. Hood
Journal of Clinical Child Psychology
1991, Vol. 20, No. 2, 140-151
Accepted 11 Dec 2000, Published online: 21 Oct 2008
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Pages 1-20 | Received
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References

ABSTRACT

Parent-Child children in parent-directed families with and two year follow-up. First group both observational groups.

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

Cheryl Bodiford McNeil
Department of Pediatrics
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Evaluated generalization of treatment effects from home to school setting in ten to 7-year-old children who were referred for treatment of severe conduct problems occurring both at home and in the classroom. Families received 14 weeks of parent-child interaction therapy. No direct classroom interventions were conducted. The treatment group displayed significantly greater improvements than control groups on all measures of conduct problem behavior in the classroom. Results in the areas of hyperactivity/distractibility and social behavior were supportive of generalization. Positive school generalization results contrasted with the control groups.

Original Articles

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

Beverly W. Funderburk, Sheila M. Eyberg, Katharine Newcomb, Cheryl B. McNeil, Toni Hembree-Kigin & Laura Capage
Journal of Clinical Child Psychology
1993, Vol. 22, No. 1, 42-51
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References Citations Metrics Reprints & Permissions

ABSTRACT

Follow-up study of parent-child interaction therapy for conduct disorders. School setting treatment, and program. At the 12-month observational improvement within the normal range.

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

Toni Hembree Eisenstadt
University of Alabama
Sheila Eyberg
University of Florida
Cheryl Bodiford McNeil
Department of Pediatrics
University of Oklahoma Health Sciences Center
Katharine Newcomb and Beverly Funderburk
University of Florida

Evaluated the effectiveness of Parent-Child Interaction Therapy (PCIT) for 24 mother-child dyads. Families received 14 weekly sessions of PCIT, with half receiving Child-Directed Interaction training first (CDI-First group) and half receiving Parent-Directed Interaction training first (PDI-First group). At midtreatment, the PDI training stage was more effective than the CDI stage for reducing noncompliance and disruptiveness. The groups were also compared at posttreatment to examine the impact of stage sequence. The PDI-First group was more improved on parent report of conduct problems, and mothers were more satisfied with the treatment.

PCIT's Hallmark Diagnosis - ODD

Oppositional Defiant Disorder (ODD) "NO!"

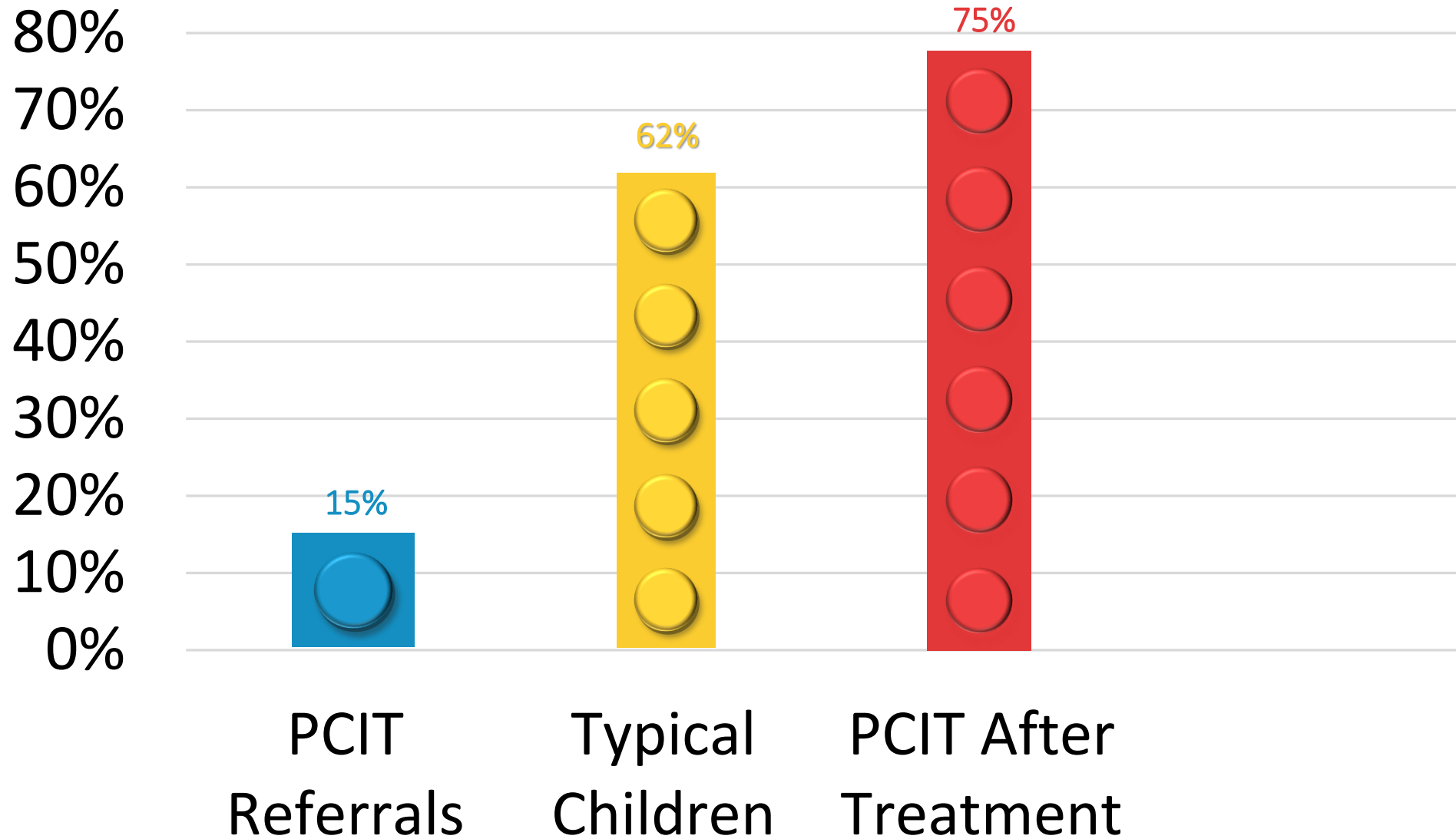
- Refuse or defy adult requests
- Lose temper easily
- Annoy others on purpose



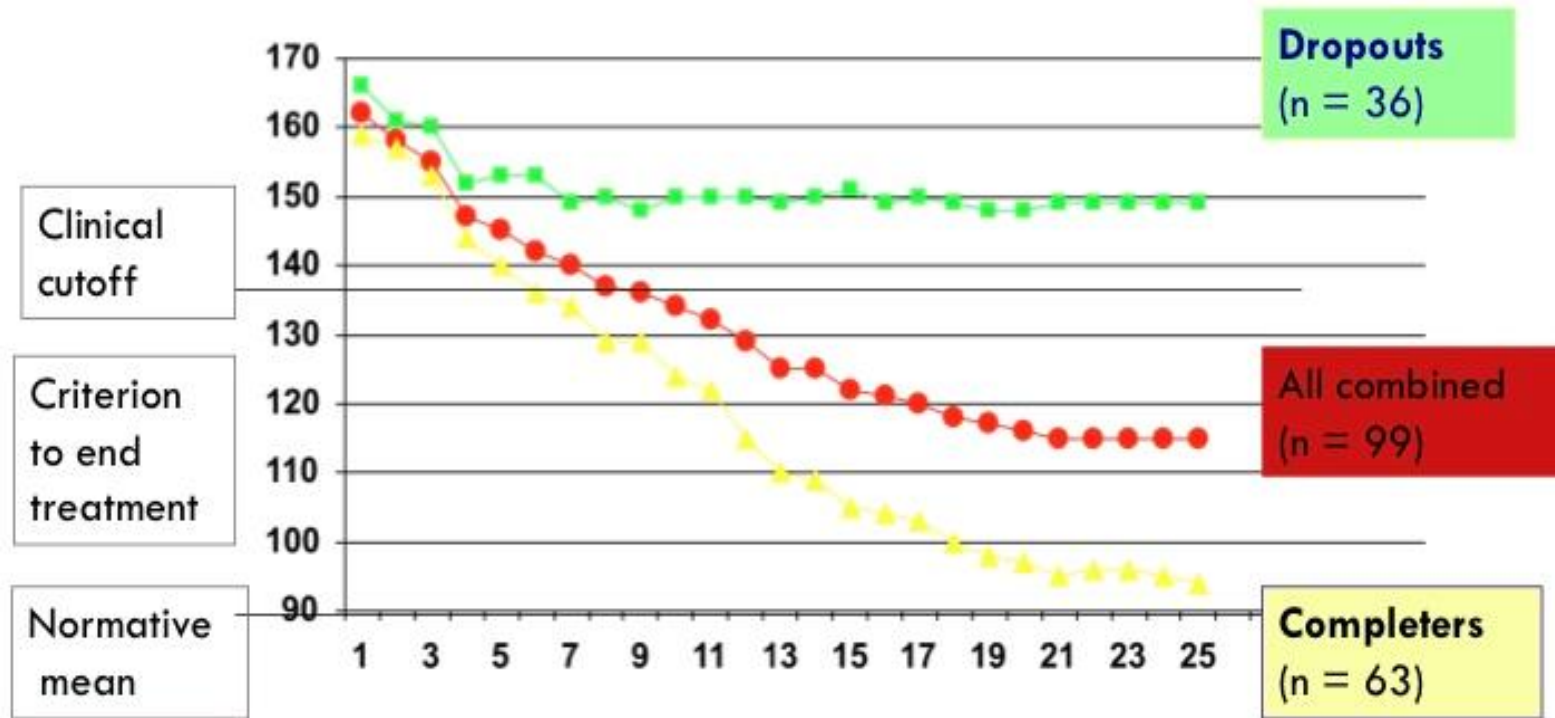
Cheryl's Water Bottle Assessment of ODD



Child Compliance with PCIT and TCIT



Eyberg Child Behavior Inventory Weekly Intensity Score



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



Bobbie's infamous career as a lunch money extortionist could be traced back to his earliest days.

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

Control high ----- low	Authoritarian Low Warmth, High Control 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.	Authoritative High Warmth, High Control 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.
	Neglectful/Rejecting Low warmth, Low Control 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	Permissive High Warmth, Low Control Make few demands and use reason Children tend to rank lower in self reliance and self control
	low-----	Warmth-----high



Defining Features of PCIT

"If you're aiming at nothing, you're certainly going to hit it."

Short-term, but **NOT** time-limited

14 – 16 sessions on average

Assessment-driven (mastery criteria)



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)

Lieneman, C. C., Brabson, L. A., Highlander, A., Wallace, N. M., & McNeil, C. B. (2017). Parent-Child Interaction Therapy: current perspectives. *Psychology research and behavior management, 10*, 239-256. doi:10.2147/PRBM.S91200

Interpretation of Effect Sizes

Salk
Vaccine
for Polio

.1-.2
Small



Aspirin for
Heart
Attack

.3-.5 -- Medium



.6-.8 -- Large






Stimulants
for ADHD

Depression
Meds Like
Prozac

.9 and
above –
WOW!



PCIT Effect Sizes versus Comparison Groups

-  $d = .61$ to 1.45 Parental Reports of Negative Child Behavior
-  $d = 1.21$ to 1.57 School Behavior (teacher reports, observations of positive classroom behavior)
-  $d = .76$ to 5.67 Parent Behavior and Functioning

Thomas, R. & Zimmer-Gembeck (2007). Behavioral Outcomes of Parent-Child Interaction Therapy and Triple P—Positive Parenting Program: A Review and Meta-Analysis. *Journal of Abnormal Child Psychology*



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)

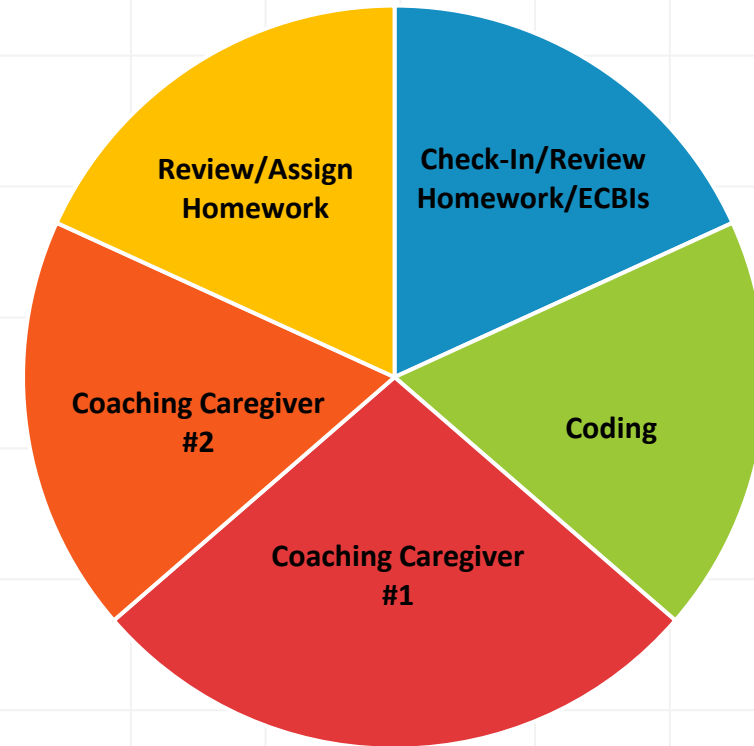
Step 7: Boosters (as needed)

Time Spent in Typical Coaching Session

One Caregiver



Two Caregivers



Child-Directed Interaction

(5 minutes per day of special playtime)



DO

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

IGNORE annoying, obnoxious behavior

STOP THE PLAY for dangerous or destructive behavior



DON'T

- Give
- Commands
- Ask
- Questions
- Criticize

Two Phases of PCIT




CDI and PDI





Child-Directed
Interaction

Parent-Directed
Interaction

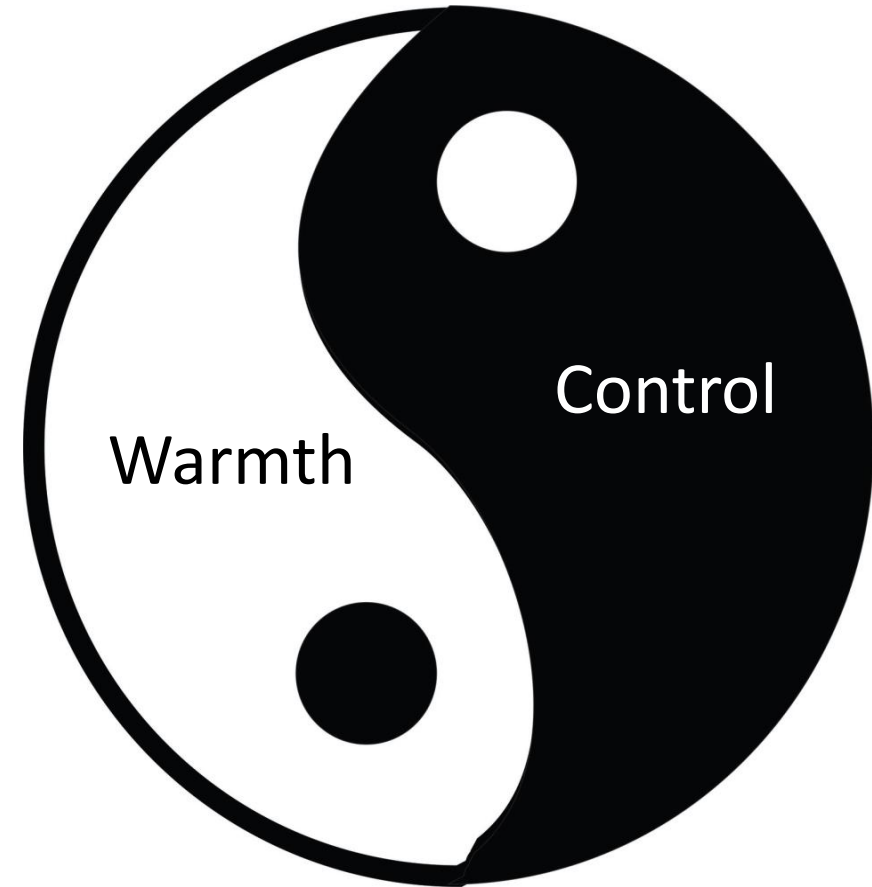
 Parents follow

 Parents lead

-  Play therapy skills
-  Differential Reinforcement of Positive Behaviors
-  Nurturance and Active Listening

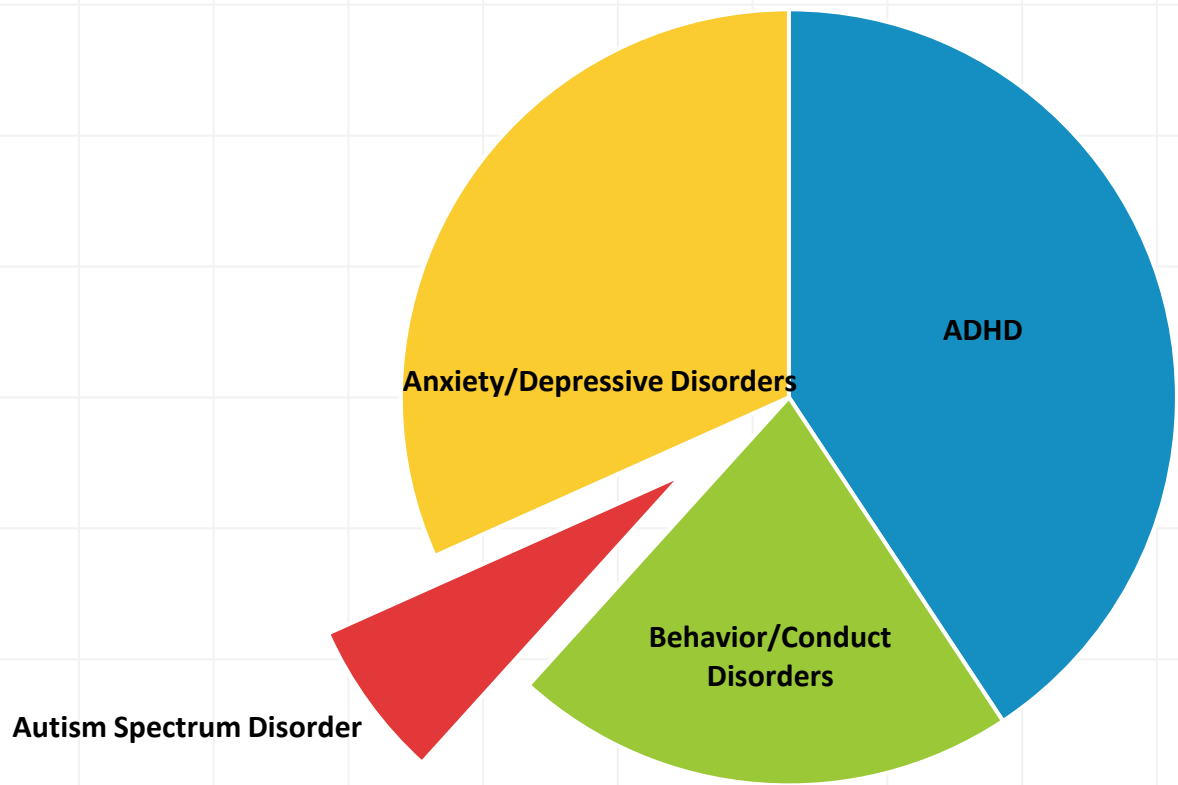
-  Limit-setting
-  Consistency
-  Follow Through
-  Compliance Training

Parent-Directed Interaction: The Discipline Component






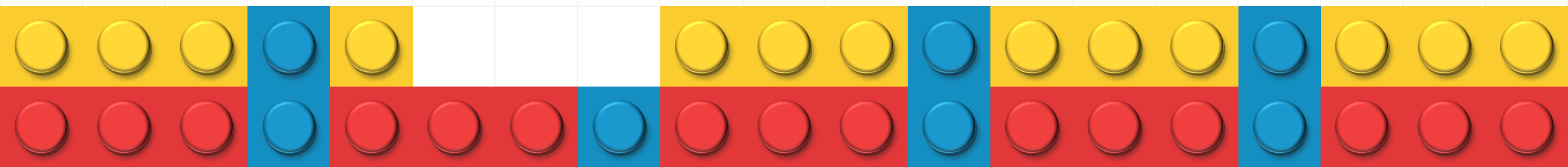
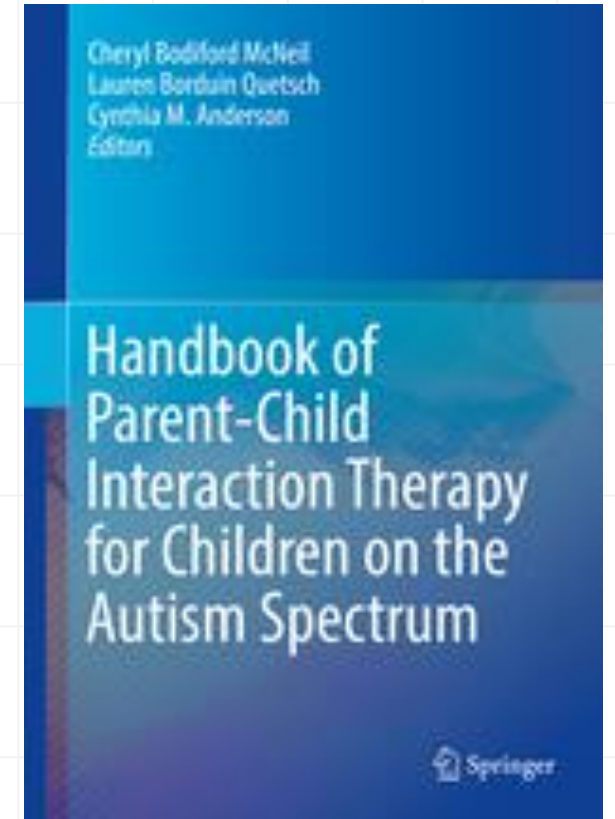


Why PCIT for ASD?



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

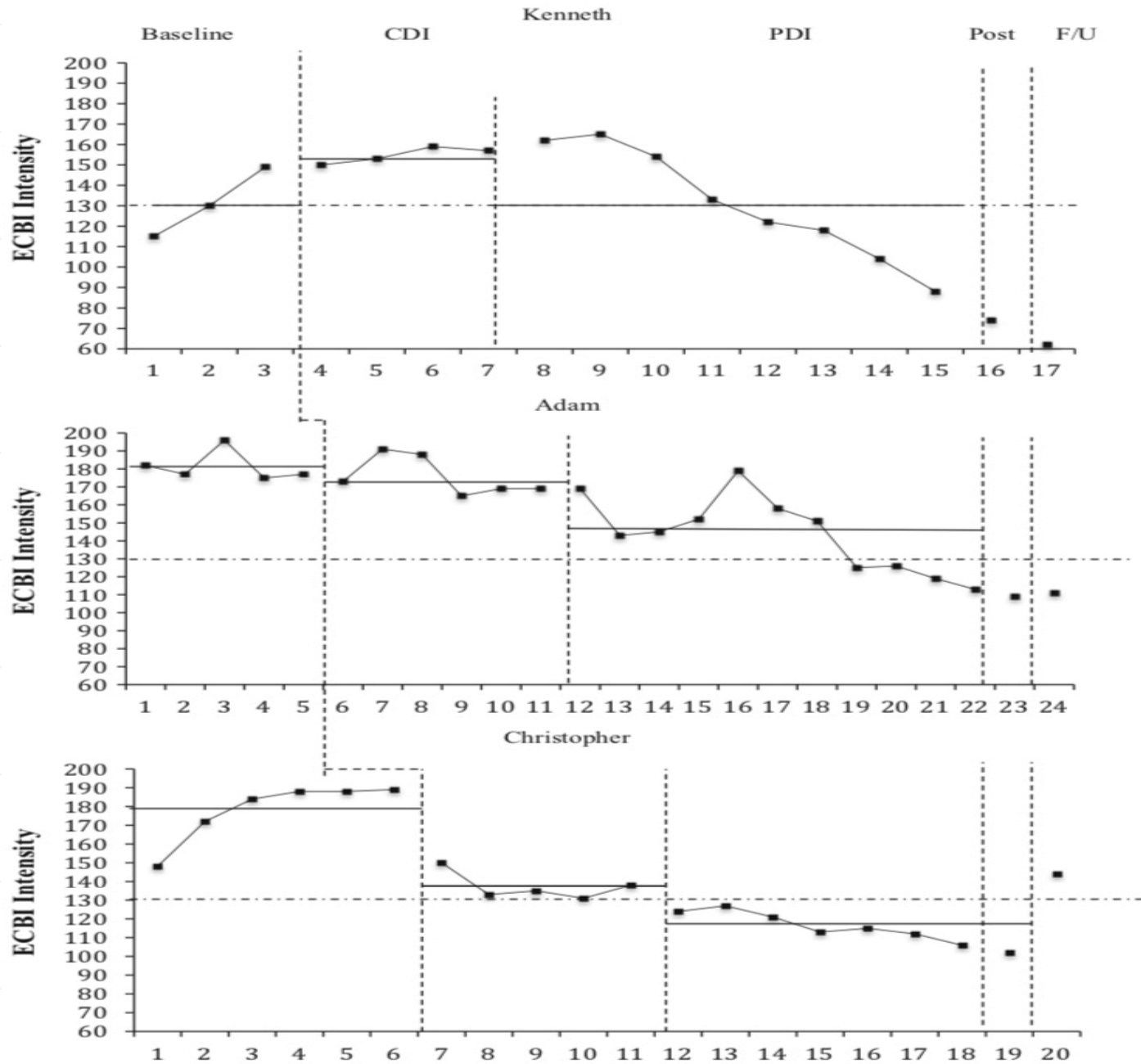
Compliance is the gateway to education, social communication

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



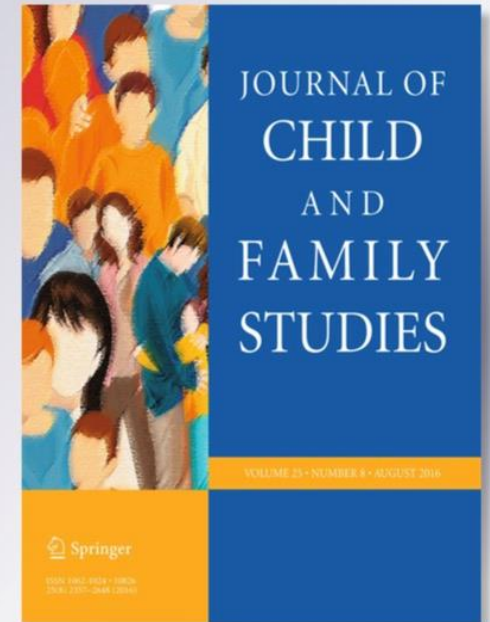
Examining the Efficacy of Parent–Child Interaction Therapy with Children on the Autism Spectrum

Joshua J. Masse, Cheryl B. McNeil, Stephanie Wagner & Lauren B. Quetsch

Journal of Child and Family Studies

ISSN 1062-1024
Volume 25
Number 8

J Child Fam Stud (2016) 25:2508–2525
DOI 10.1007/s10826-016-0424-7



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

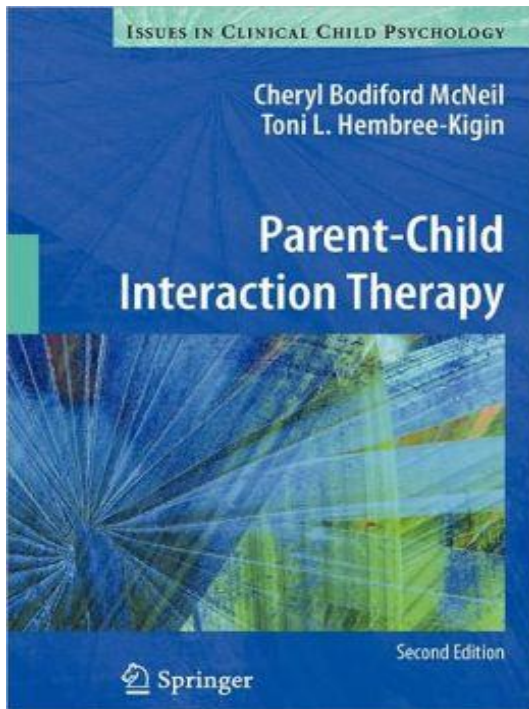
NATIONAL AVERAGE
OVERDOSE DEATHS INVOLVING OPIOIDS:
10 per 100,000

VS

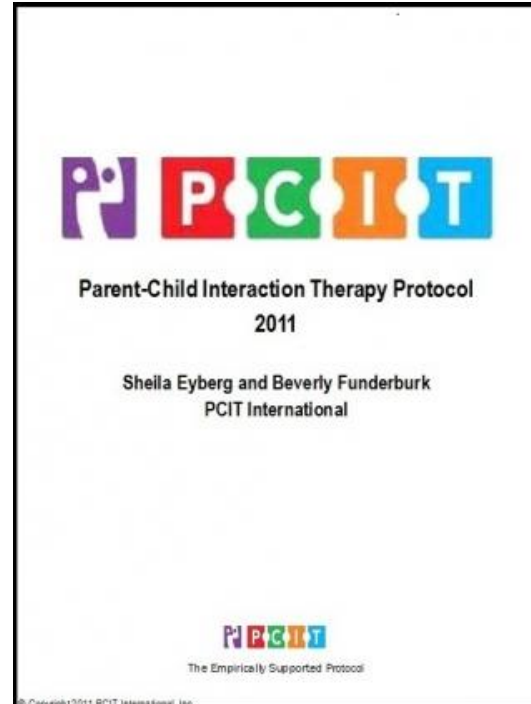
WEST VIRGINIA AVERAGE
OVERDOSE DEATHS INVOLVING OPIOIDS:
41.5 per 100,000

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

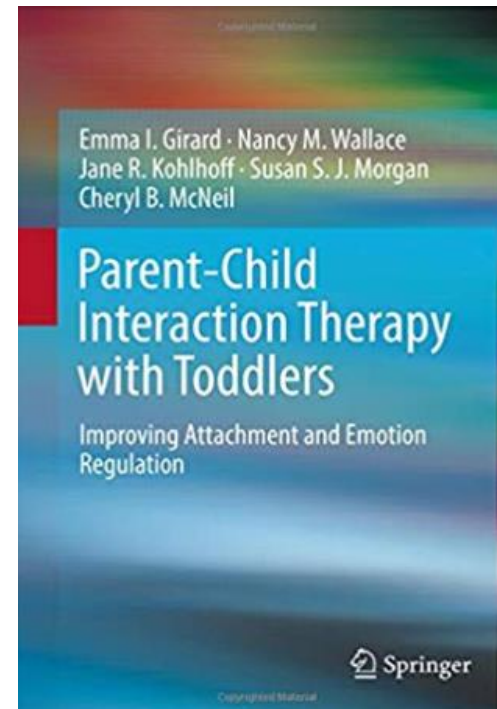
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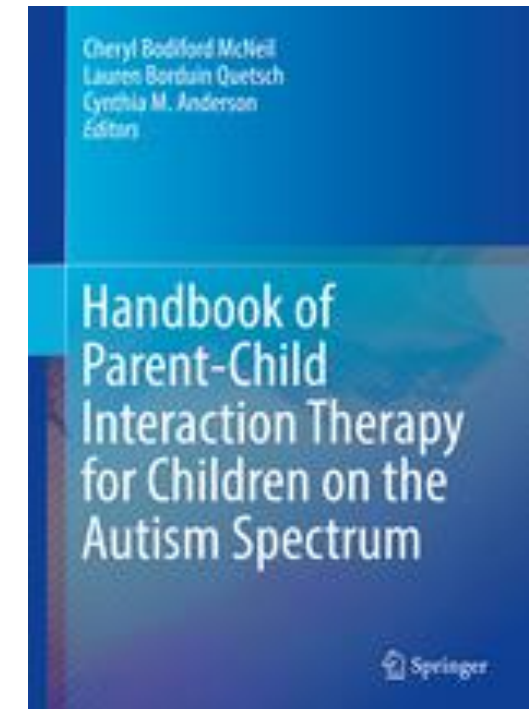
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<http://www.pcit.org/>



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McNeil, C. B., Quetsch, L. B., & Anderson, C. (Eds.) (in press). *Handbook of Parent-Child Interaction Therapy for children on the autism spectrum*. New York, NY: Springer.



Thank You for Participating!

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