

Parent-Child Interaction Therapy

Preventing and Treating Child Maltreatment and Disruptive Behavior Disorders



Presenters



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Objectives

- ▶ Participants will identify the two major components of Parent-Child Interaction Therapy: Child Directed Interaction and Parent Directed Interaction
- ▶ Participants will discuss how teaching caregivers therapeutic play skills helps decreased behavior problems.
- ▶ Participants will discuss research examining PCIT as a preventative treatment for child maltreatment.

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 - ▶ Dr. Robin Gurwitch
 - ▶ Dr. Melanie Fernandez
 - ▶ Dr. Beverly Funderburk

Website Resource

PCIT International Association
www.pcit.org



HOME

FOR PARENTS

FOR PROFESSIONALS

TRAINING/CERTIFICATION

PCIT STORE

ABOUT

CART (0)

Parent-Child Interaction Therapy (PCIT)

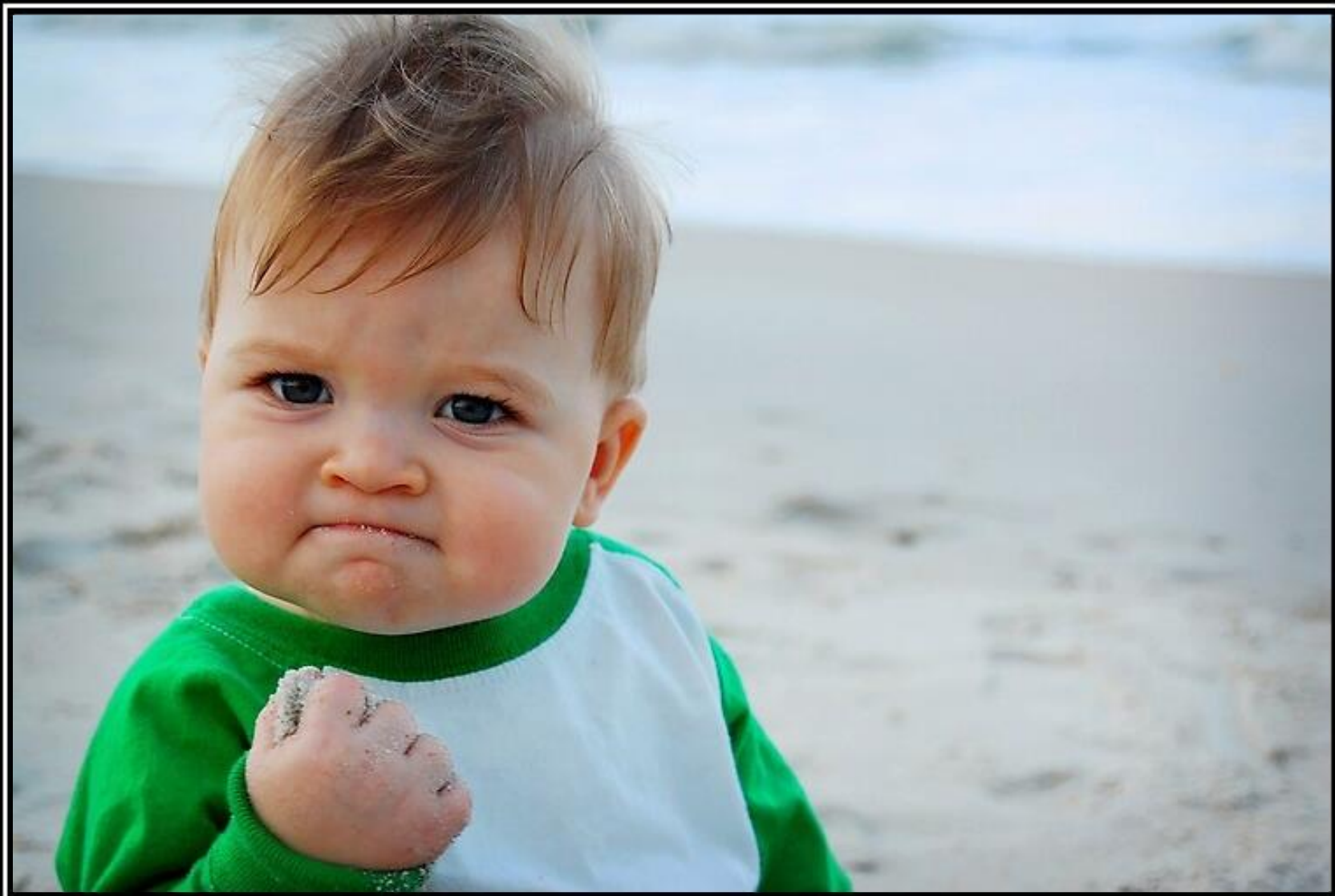
The mission of PCIT International is to foster the well-being of children and families of all cultures and nations through a well-researched, effective set of skills known as Parent-Child Interaction Therapy (PCIT). PCIT International's mission includes a commitment to build and strengthen our diverse community of expert PCIT therapists, trainers, and researchers.

Evolution of PCIT: from Lab to International Training Model

- ▶ Developed by Sheila Eyberg, Ph.D. in 1970s in Oregon.
- ▶ Training started at University of Florida in co-therapy/mentor model.
- ▶ Graduates continued to use PCIT.
- ▶ Slowly moved to training through other labs and clinical sites.
- ▶ Workshops to disseminate outside of Universities.
- ▶ Certified trainers to disseminate internationally.



PCIT is now one of the prominent evidenced-based practices (EBPs) and empirically supported treatments (ESTs) *world-wide* for young children with disruptive behavior problems.



SUCCESS

Because you too can own this face of pure accomplishment

Target Population



Target Population Characteristics



- ✓ Ages 2 - 7 years
- ✓ Primary or secondary disruptive behaviors
- ✓ Receptive language @ 2yo (able to understand simple commands)
- ✓ Caregiver with IQ above 75 (equivalent to high school diploma)
- ✓ ECBI (caregiver report of behavior) Intensity Raw Score \geq 131
- ✓ Therapist fluent in family's primary language

Disruptive Behavior Disorders

- ▶ Most common referral reason
- ▶ Affect as many as 16% of children
- ▶ Associated with pervasive impairment
- ▶ Stable over time
- ▶ Very costly to society
 - ▶ Increase in asthma, diabetes, or epilepsy
- ▶ Strongest risk factor for delinquent behavior



Appropriate Referral Behaviors

Relationship Problems

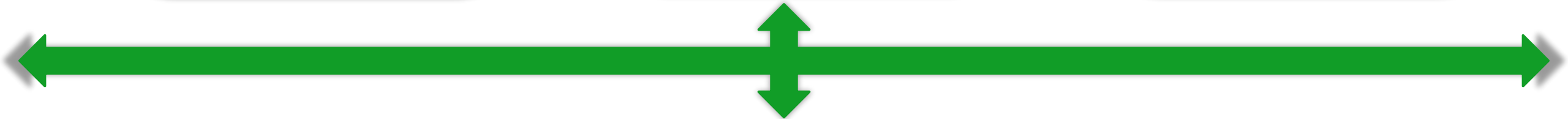
- Whining
- Noncompliance
- Bonding & Blended Families
- Post-Divorce
- Caregiver Mental Health
 - Depression
 - Anxiety

Disruptive Behaviors

- Lying
- Hyperactivity
- Verbal/Physical Aggression
- School Behavior Problems
- Angry, Spiteful, Resentful
- Defies Authority

Additional Areas of Concern

- Low-Self Esteem
- Abuse Sequela
- Self-Injurious Behaviors
- Developmental Delays
- Anxiety
- Sad Mood
- Perfectionism



Typical Referral



- ▶ Presenting Concerns:
 - ▶ Tempter tantrums
 - ▶ Doesn't listen or has difficulty following instructions
 - ▶ Aggressive behaviors
 - ▶ Preschool has difficulty managing challenging behaviors
- ▶ Caregivers seeking help to manage child's behavior problems at home and in public
- ▶ Caregivers able to attend 60-minute sessions

What makes PCIT Unique among Parent Training Programs ?



Parent-Child Interaction Therapy (PCIT)

Balances Two Factors:

1. Positive Interaction with the Child

- ▶ Increases relationship quality
- ▶ Decrease conflict

2. Consistent Limit Setting

- ▶ Consistency
- ▶ Predictability
- ▶ Follow-Through



Child Directed Interaction (CDI)

- ▶ Teaches caregiver child led play skills
- ▶ Engages caregivers in daily play skill practice
- ▶ Increases attachment and bonding



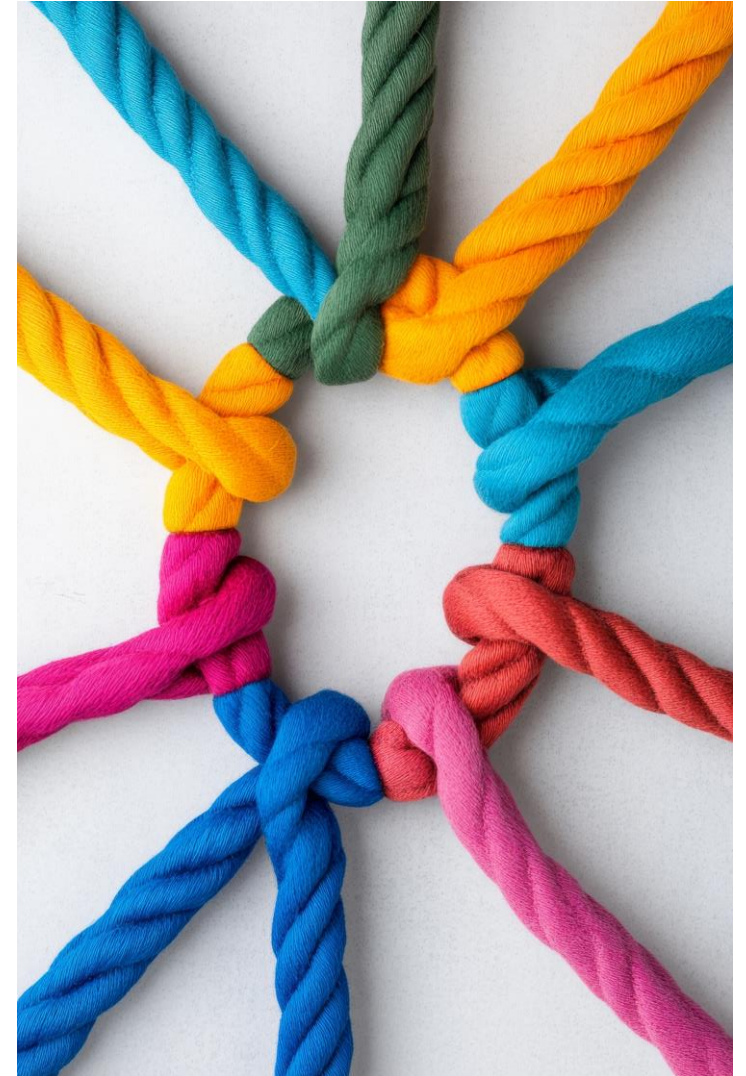
Parent-Directed Interaction (PDI)



- ▶ Teaches Effective Discipline Skills
 - ▶ Extremely structured
 - ▶ Extremely consistent
- ▶ Teaches child listening and self-regulation skills.

Core Features of PCIT

- ▶ Active **coaching** of caregiver with their child
- ▶ Emphasis on restricting **interaction patterns**
- ▶ **Assessment**-driven treatment
- ▶ Not **time-limited**
- ▶ **Empirically** supported
- ▶ Grounded in **developmental theory**

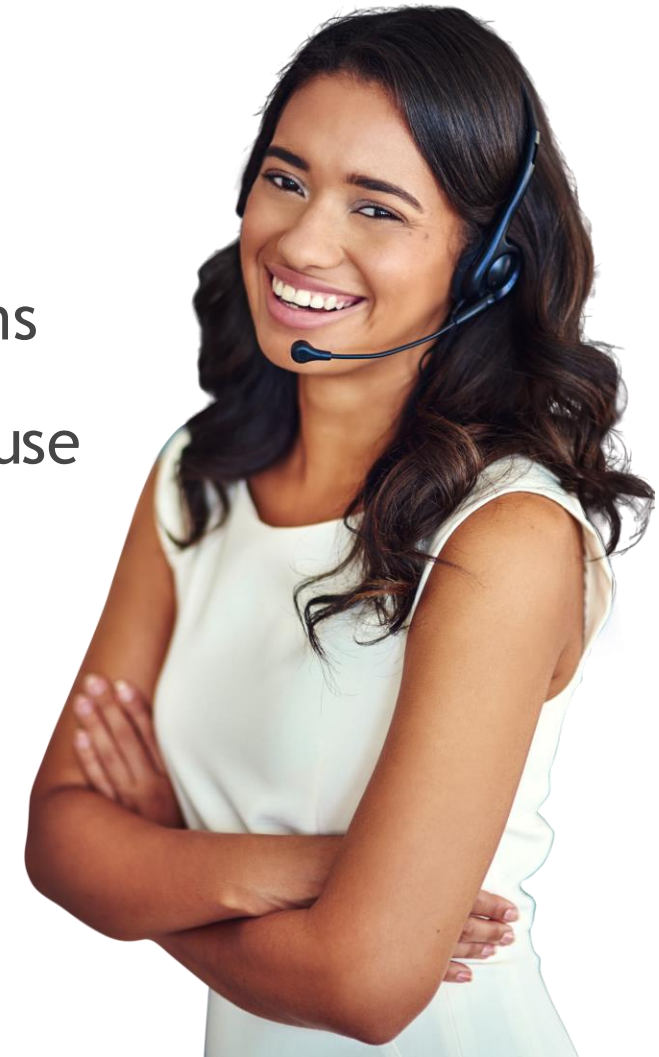


Coaching



PCIT Coaching

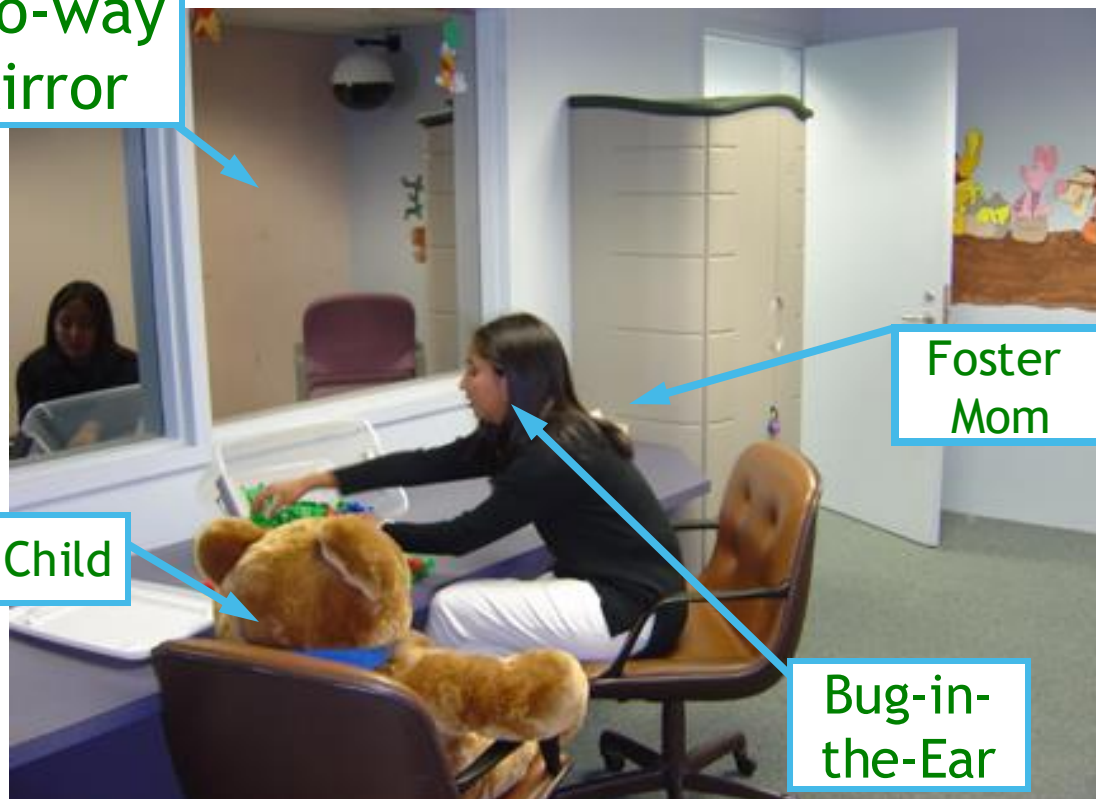
- ▶ Allows the therapist to:
 - ▶ Better understand the caregiver-child interaction
 - ▶ Change the interaction, not the specific behavior problems
 - ▶ Give caregivers specific and immediate feedback on skill use
 - ▶ Immediately correct errors
 - ▶ Praise appropriate behaviors
 - ▶ Assess readiness to move to next phase/graduation



Coaching Setup

- ▶ Active coaching of caregiver with their child
- ▶ Therapist in separate room

Two-way
Mirror



Foster
Mom

Bear-Child

Bug-in-
the-Ear

One-way
Mirror

Coach



Restructuring Interaction Patterns



Restructuring Interactions



- ▶ Emphasizing interaction patterns leads to global improvements
 - ▶ Decreased child internalizing and externalizing problems
 - ▶ Increased child compliance
 - ▶ Decreased caregiver stress
 - ▶ Increased sense of caregiver control
- ▶ Likely relates to the long-term maintenance of PCIT treatment gains

Assessment-Driven Treatment



Show Me the data!

- ▶ Data allows therapist to:
 - ▶ Guide treatment goals
 - ▶ Monitor progress
 - ▶ Determine proficiency!
- ▶ Mastery Criteria = objective, measurable change
 - ▶ Weekly coding of caregiver skills
 - ▶ CDI Mastery = proxy for attachment
 - ▶ PDI Mastery = proxy for consistency
- ▶ Weekly caregiver report to determine intensity of behavior
- ▶ Caregiver confidence in independently managing child behavior



Length of Treatment



Not Time-Limited



- ▶ Treatment continues until the family meets graduation criteria
- ▶ Average treatment 12-16 weeks, but could be shorter/longer

Scientific Support

Treatment Outcome Research & Controlled Trials

- ▶ Significant reductions in noncompliance and behavior problems
- ▶ Generalization to home and school
- ▶ Generalization to untreated siblings
- ▶ Changes in caregivers' interactional style
- ▶ Caregivers report less personal distress and more confidence in their ability to control their child's behavior

The PCIT Evidence Base: Randomized Controlled Trials

1998	Florida	Disruptive Behavior Disorders (DBD) Schuhmann, Foote, Eyberg, Boggs, & Algina
2003	Australia	Disruptive Behavior Disorders Nixon, Sweeney, Erickson, & Touyz
2004	Oklahoma	Physically Abusive Parents Chaffin, Silovsky, Funderburk, et al.
2006	Puerto Rico	Attention-Deficit/Hyperactivity Disorder Matos, Torres, Santiago et al.
2007	Florida	Comorbid Intellectual Disability and DBD Bagner & Eyberg
2010	California	Mexican-American Children with DBD McCabe & Yeh
2010	Rhode Island	Toddlers Born Premature with DBD Bagner, Sheinkopf, Vohr, & Lester
2010	Oklahoma	Abusive and Neglectful Parents Chaffin, Funderburk, et al.
2015	Florida	Autism Spectrum Disorders Ginn, Clionsky, Eyberg, Warner-Metzger & Abner
2015	Wisconsin	Integrating PCIT into Foster Care Mersky, J. P., Topitzes, J., Janczewski, C. E., & McNeil, C. B.
In progress	California	PCIT for Culturally Diverse Families (MY PCIT) McCabe, Yeh, & Zerr

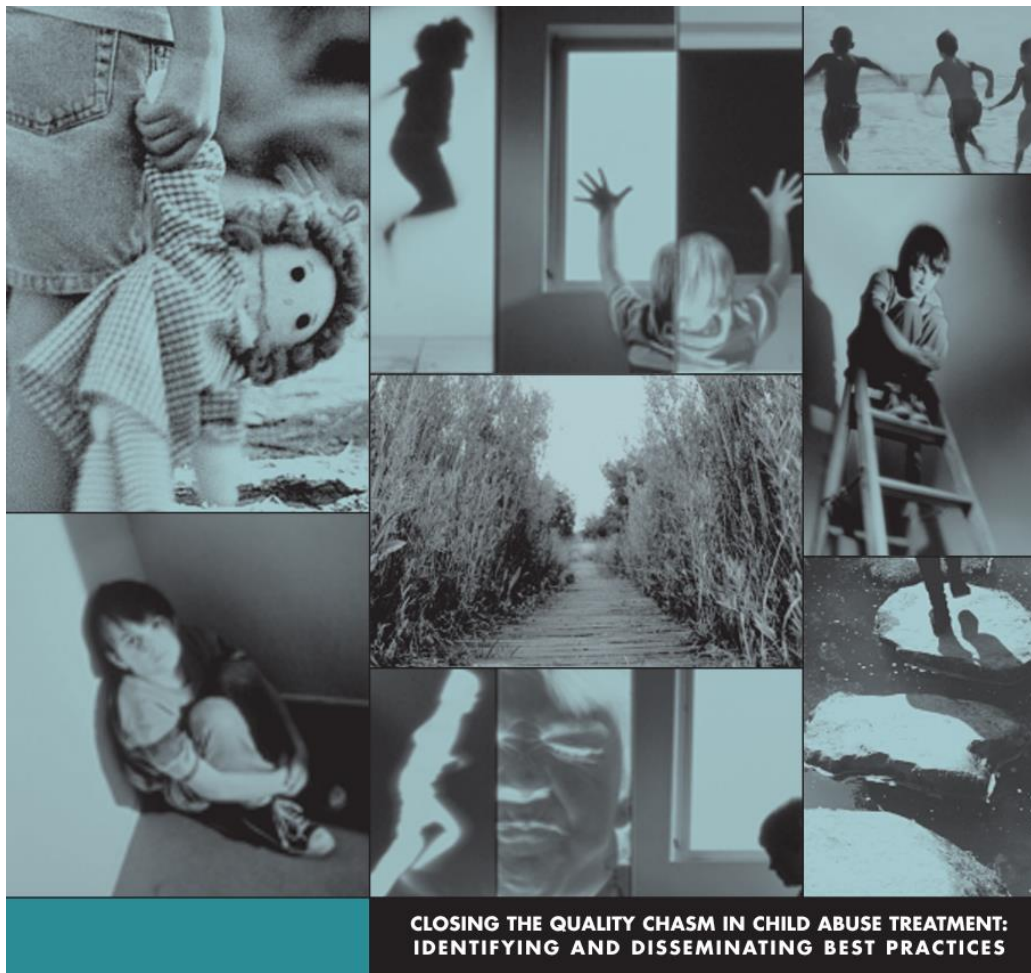
Public Law 115-123
DIVISION E—HEALTH AND HUMAN SERVICES EXTENDERS
TITLE VII—FAMILY FIRST PREVENTION
SERVICES ACT

1

1 of 4 Mental
Health models
initially cleared by
the Administration
for Children &
Families for the
Family First
Clearinghouse



Rated by the
California
Evidence-Based
Clearinghouse
(CEBC) as
Well-Supported



SUPPORTED

**Kauffman Best
Practices Project**

**&
National Child Traumatic
Stress Network (NCTSN)**

EST for Children with Abusive Trauma Sequelae

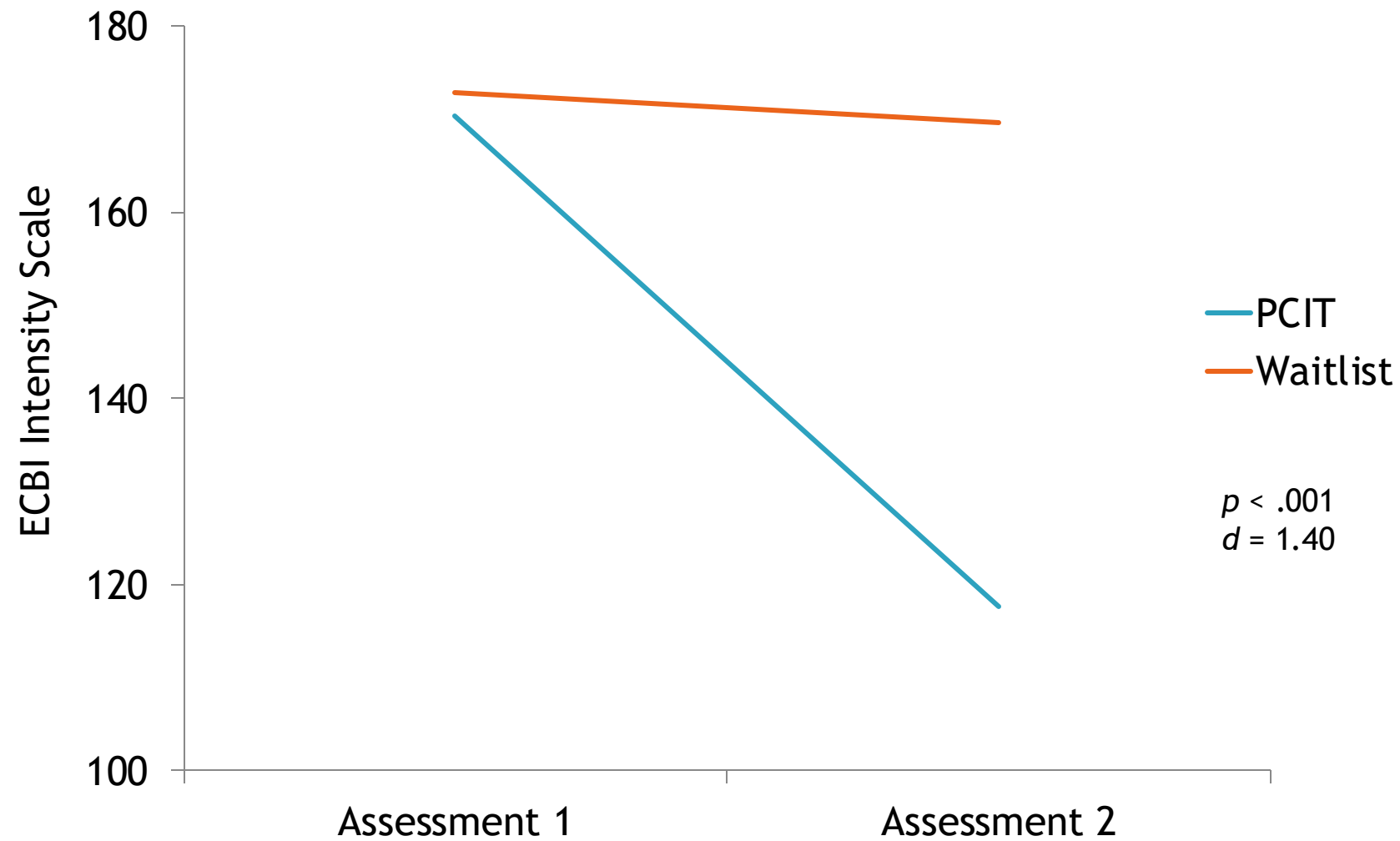
- ▶ Named one of 2 “well-supported and efficacious treatments for child abuse”
 - ▶ US Department of Justice - Office for Victims of Crimes



Evidence for EST

- ▶ 3-6yo with DBDs, USA or Australian children without severe mental impairment and their parents without cognitive delays
 - ▶ Schuhmann et al. 1998 (USA)
 - ▶ Nixon et al. 2003 (Australia)
- ▶ Both compared PCIT to WL controls
- ▶ Treatment group reported less parental stress, interacted more positively with child, and reported improved child behavior

Efficacy of PCIT



(Schuhmann et al., 1998)

Maintenance of Gains



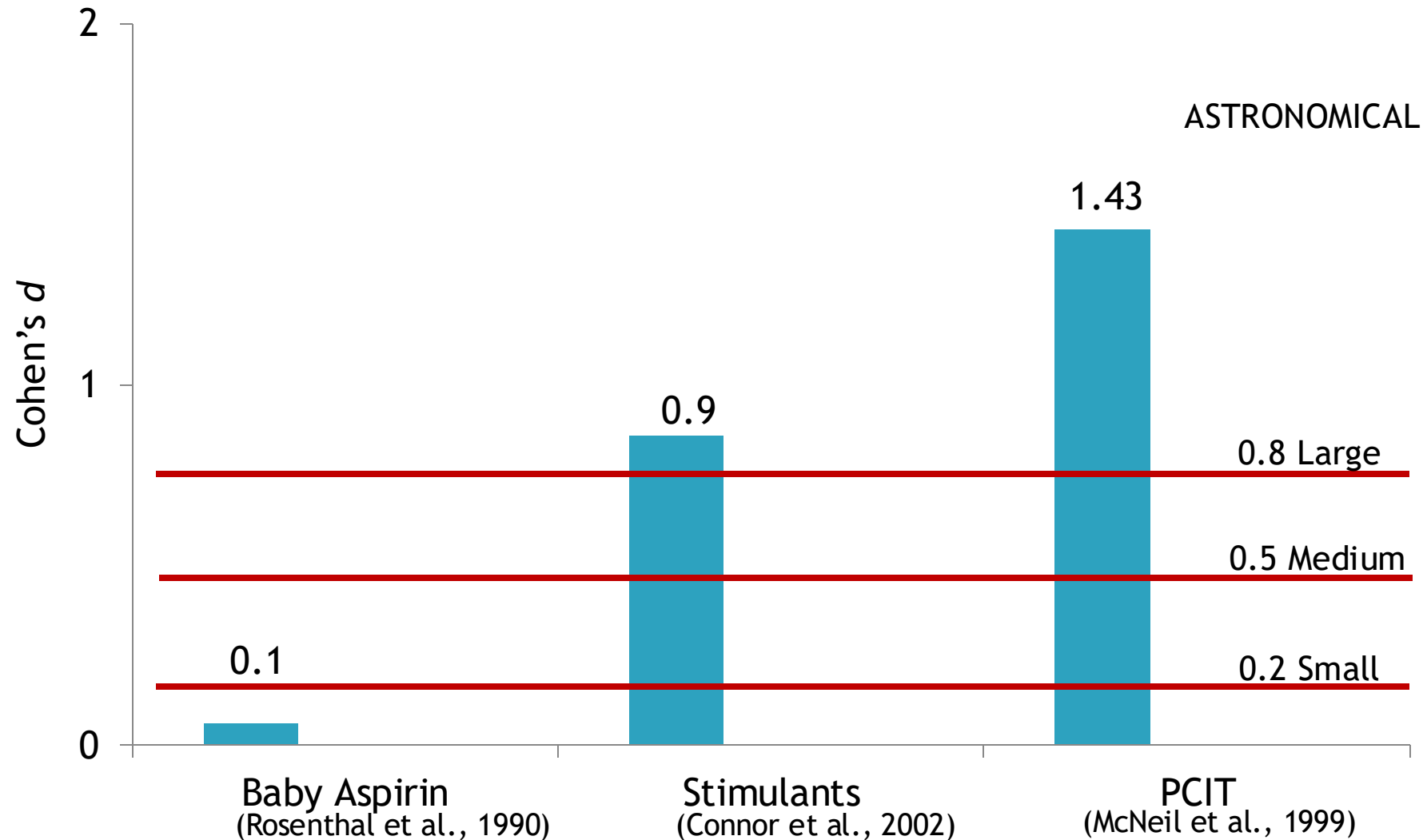
- ▶ 1 & 2 year follow-up found tx gains maintained for standard and abbreviated PCIT by measure of parent reports and independent observations (Nixon, et al., 2004)
- ▶ 2-year follow-up revealed treatment completers reported fewer behavioral problems than treatment non-completers (Boggs, et al., 2004)

Gains that Keep Going...

- ▶ 6-year follow-up found treatment gains maintained according to mothers' reports
 - ▶ (Hood & Eyberg, 2003)



PCIT Effect Size



PCIT International $d = 1.65$

(Graduated from PCIT)

Lieneman et al. (2019)

Oregon PCIT $d = 0.70$

(≥ 4 sessions, left treatment early)

Lieneman et al. (2019)

Stimulant Medication*

$d = 0.67$

Mészáros et al. (2009)

CBT* $d = 0.66$

Arnberg et al. (2014)

Incredible Years*

$d = 0.50$

Menting et al. (2013)

Triple P*

$d = 0.35-0.57$

Nowak et al.
(2008)

Child-Centered Play Therapy

$d = 0.34$

Ray et al. (2015)

PCIT International
Effect Sizes $N = 1,437$

Oregon Families
($N = 914$ attended
 ≥ 4 sessions)

*OHA & WVU
Analytics Teams
(2019)*

What does an effect size mean?

$d = .20+$ = Small effect

$d = .50+$ = Medium effect

$d = .80+$ = Large effect

* meta-analysis, worldwide

OHA= Oregon Health Authority, Child and Family Behavioral
Health, WVU= West Virginia University, Department of
Psychology University of Arkansas for Medical Sciences

Slide adapted from :

**Oregon
Health
Authority**



Stories



Disruptive Behavior Disorders & Developmental Delays

- ▶ PCIT has been shown to be effective for children with:
 - ▶ Comorbid DBD and ID (Bagner & Eyberg, 2007)
 - ▶ Developmental Disabilities (McDiarmid & Bagner, 2005)
 - ▶ No modification
 - ▶ Receptive language must still be greater than/equal to 2 years old
 - ▶ Autism Spectrum Disorders (Masse, McNeil, Wagner, Chorney, 2007; Solomon, Ono, Timmer, & Goodlin-Jones, 2008; Abner, Bonney, Dugger, Lingerfelt, & Michalk, 2008; Allen, 2013)

Additional Applications

- ▶ Separation Anxiety Disorder (Pincus, Eyberg, & Choate, 2005) (Bravery-Directed Interaction)
- ▶ Depression (Luby)
- ▶ Military Families (Gurwitch)
- ▶ Possibilities for Telehealth (Comer, et. al)
- ▶ Foster Parents (Timmer, et al., 2005, 2006)
- ▶ Teacher-Child Interaction Therapy (TCIT) (Budd)
- ▶ Group PCIT (Funderburk, Gurwitch; Eyberg, Boggs; Niec)
- ▶ With Motivational Interviewing (Chaffin, et al, 2010)

Web Accessible Citations

- ▶ www.pcit.org/literature
- ▶ www.chadwickcenter.org/kauffman.htm
- ▶ www.nctsnet.org/

PCIT and Responsivity Factors

- ▶ Families from differing backgrounds
 - ▶ Mexican-American (McCabe et al., 2009, 2011)
 - ▶ Puerto Rican (Matos et al., 2006, 2009)
 - ▶ Australian (Nixon, 2003)
 - ▶ Dutch (Abrahamse et al., 2012)
 - ▶ Chinese (Leung, 2009)
 - ▶ Norwegians, Germans, Russians, Japanese...



Yes, but...

Can PCIT reduce child maltreatment?



Play is associated with higher caregiver self-efficacy



- ▶ Insecurely attached caregivers are more likely to raise insecurely attached children. (Bahmani, et al. 2023)
- ▶ Caregivers with insecure attachment are more likely to abuse and neglect their children. (Lo et al, 2019)



Evidence



- ▶ Engaging in effective play with children who have experienced trauma can decrease externalizing behaviors and increase attachment (Griffin & Parson, 2023)
- ▶ High **play** quality is associated with father-child **attachment**. (Tueful and Anhert, 2022)
- ▶ Mental health issues are a known risk factor for child maltreatment and most primary and secondary prevention programs improve parental and child mental health. (Waid, Cho, & Marsalis, 2022)

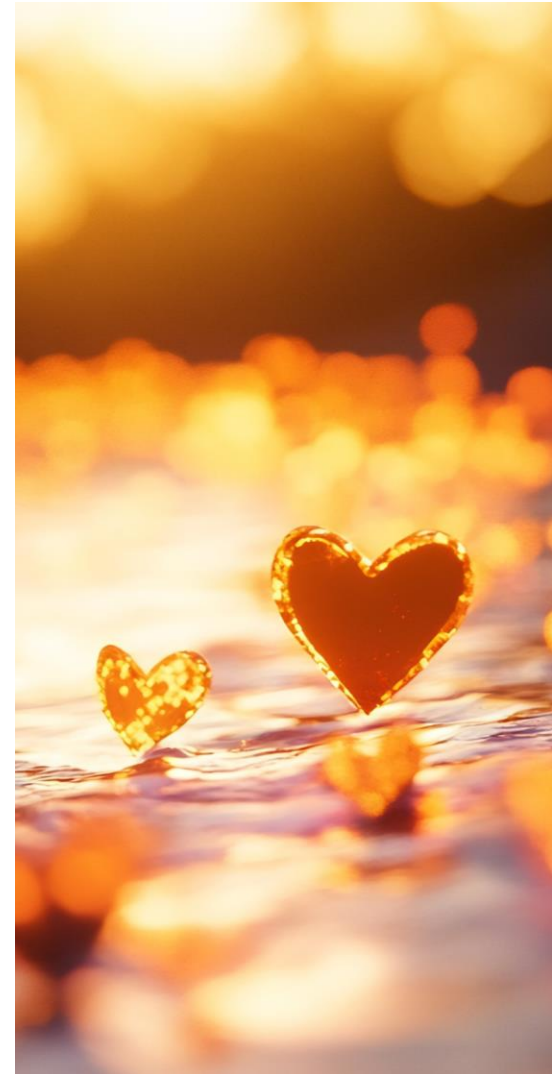
Impact of Early Intervention

- ▶ At age three, **children** in Early Head Start
 - ▶ Were more attentive and engaged in **play** with their caregivers
 - ▶ Had higher scores on cognitive development assessments compared to controls
- ▶ These outcomes were similarly associated with long-term reductions in the likelihood of child maltreatment by successfully decreasing family conflict and stress and supportive positive, emotionally responsive parenting. (Green et. al, 2020)



Oxytocin

- ▶ When caregivers play with their child, the hormone, oxytocin, is released.
- ▶ Oxytocin is associated with
 - ▶ Trust
 - ▶ Relationship building
- ▶ Oxytocin also counteracts the effects of stress, reducing blood pressure, anxiety, and fear (Dewar, 2019).



Trauma Population



- ▶ Abusive parents completing PCIT had a 19% re-report for physical abuse compared with 49% of parents assigned to a standard community group (Chaffin, et al., 2004)
- ▶ Compared to community-based parenting group, PCIT showed fewer drop-outs

PCIT as a Preventive for Child Abuse

- ▶ In a randomized controlled trial, the effectiveness of Parent–Child Interaction Therapy (PCIT) and correlates of maltreatment outcomes were examined.
 - ▶ After 12 weeks and compared to waitlist, PCIT mothers were observed to:
 - ▶ Have improved parent–child interactions
 - ▶ Reported better child behavior
 - ▶ Decreased stress
 - ▶ PCIT completers were less likely to be notified to child welfare than noncompleters
 - ▶ Reductions in child abuse potential and improvements d.
- (Thomas & Zimmer-Gembeck, 2011)

Discussion Burst

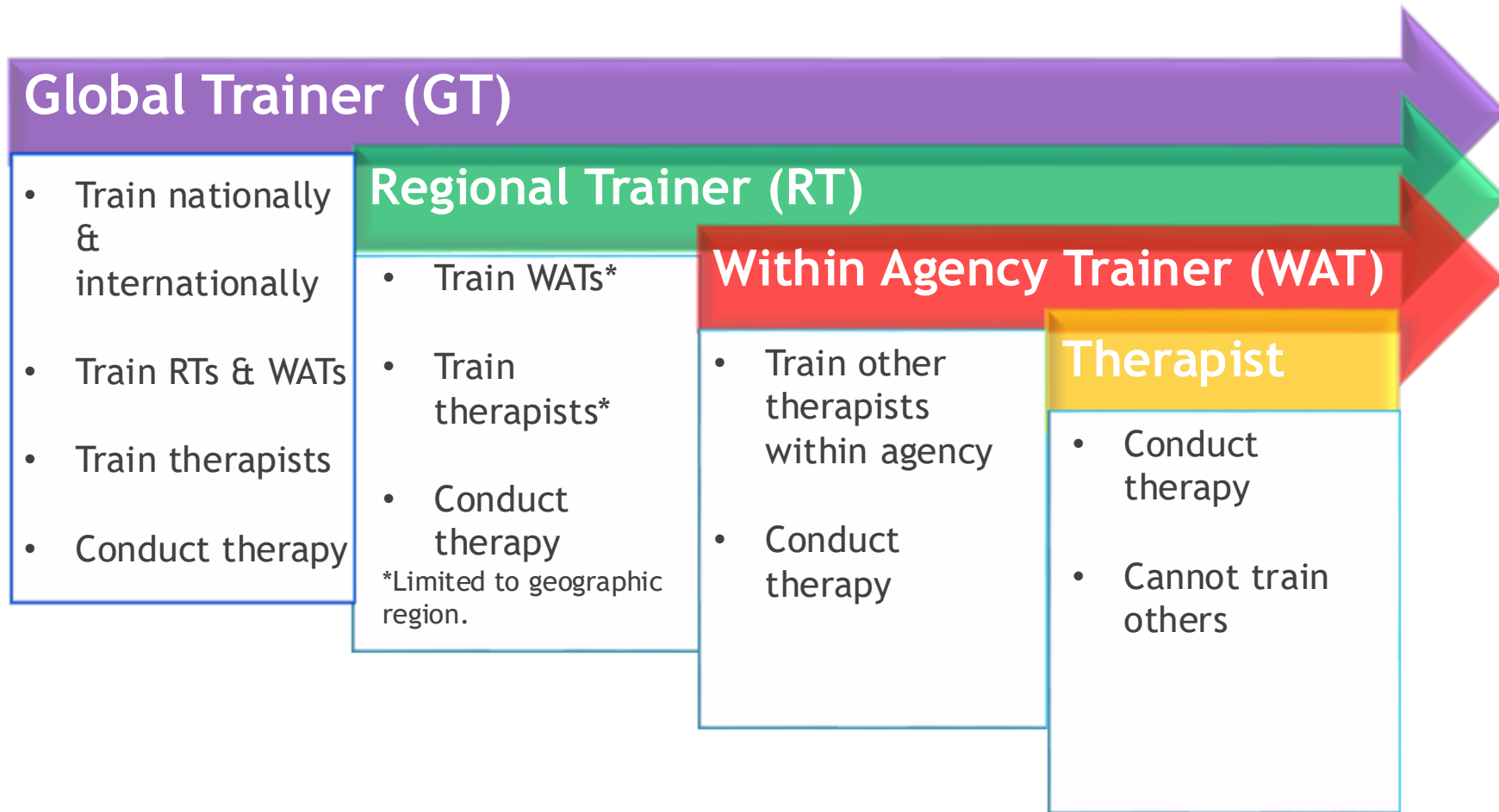
- ▶ How can child-led play build attachment between parents and children?
- ▶ How does increased attachment prevent child maltreatment?
- ▶ Why do so many prevention interventions neglect play as an avenue for prevention?



PCIT Training and Therapists



Levels of Training



PCIT Dissemination



Over 300 Therapists trained since 2011

- 125 in the past two years

25 Agency Trainers trained

Hundreds of families served

Utilization of Agency trainers

- Increases likelihood of certification criteria
- Advocate for future therapists
- Connection to Training Team
- Maintains relationships with Agencies

PCIT in Tennessee



PCIT Toddler

- ▶ **Centerstone**

- ▶ Clarksville, Charleston, Hohenwald (in-home)
- ▶ Ask for PCIT-Toddler - Leah 931-205-3390

- ▶ **Frontier Health**

- ▶ Johnson City, Kingsport, Greeneville, Bristol, Rogersville
- ▶ Email kcook@frontier.org for warm-handoff



- ▶ **Helen Ross McNabb**

- ▶ Knoxville, Newport
- ▶ Call 1-800-255-9711 and ask for PCIT-Toddler at intake

- ▶ **Alliance Healthcare**

- ▶ Memphis
- ▶ Call or Email Jenny Bearden
 - ▶ Office: (901) 369-1400, ext. 1214
 - ▶ Email: jbearden@alliance-hs.org

PCIT-Trauma Directed Interaction (TDI)

▶ Frontier Health

- ❖ Johnson City, Elizabethton

- ❖ Email kcook@frontier.org for warm-handoff

Omni Family of Services

- ❖ Chattanooga, LaFollette, Nashville

McNabb Center

- ❖ Knoxville

- ❖ Call 1-800-255-9711 and ask for PCIT-Toddler at intake

Questions?



Citations

- ▶ Batzer, S., Berg, T., Godinet, M. T., Stotzer, R. L. (2018). Efficacy or chaos? Parent-child interaction therapy in maltreating populations; A review of research. *Trauma, Violence, & Abuse* 19(1), 3-19.
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- ▶ Whitacre, K. B., Foley, K., Jackson, C., Curtis, R., & McNeil, C. B. (2020). A comparison of Child Abuse Potential Inventory and Parenting Stress Index with families in the Parent-Child Interaction Therapy and treatment as usual groups. *Child & Family Behavior Therapy*, 42(3), 169-185.