

Parent-Child Interaction Therapy: Fostering Resilience

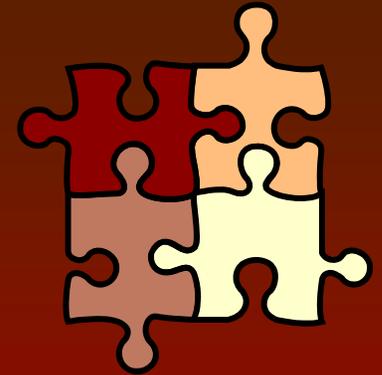
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What is PCIT?



- Behavioral treatment for severe behavior problems in young children (3-6 years old)
- Involves direct practice and coaching of skills in sessions
- Enhances the parent-child interaction
- Teaches parents effective discipline strategies

Who can benefit from PCIT?

- Families of
 - children (ages 2-7) with behavior problems
 - children with a history of trauma, abuse and/or neglect
 - diverse cultures
 - children with developmental delays
 - children with separation anxiety
 - children prenatally exposed to substances
- Biological, foster, adoptive, and step-families

What are the
benefits of PCIT?



Benefits of PCIT

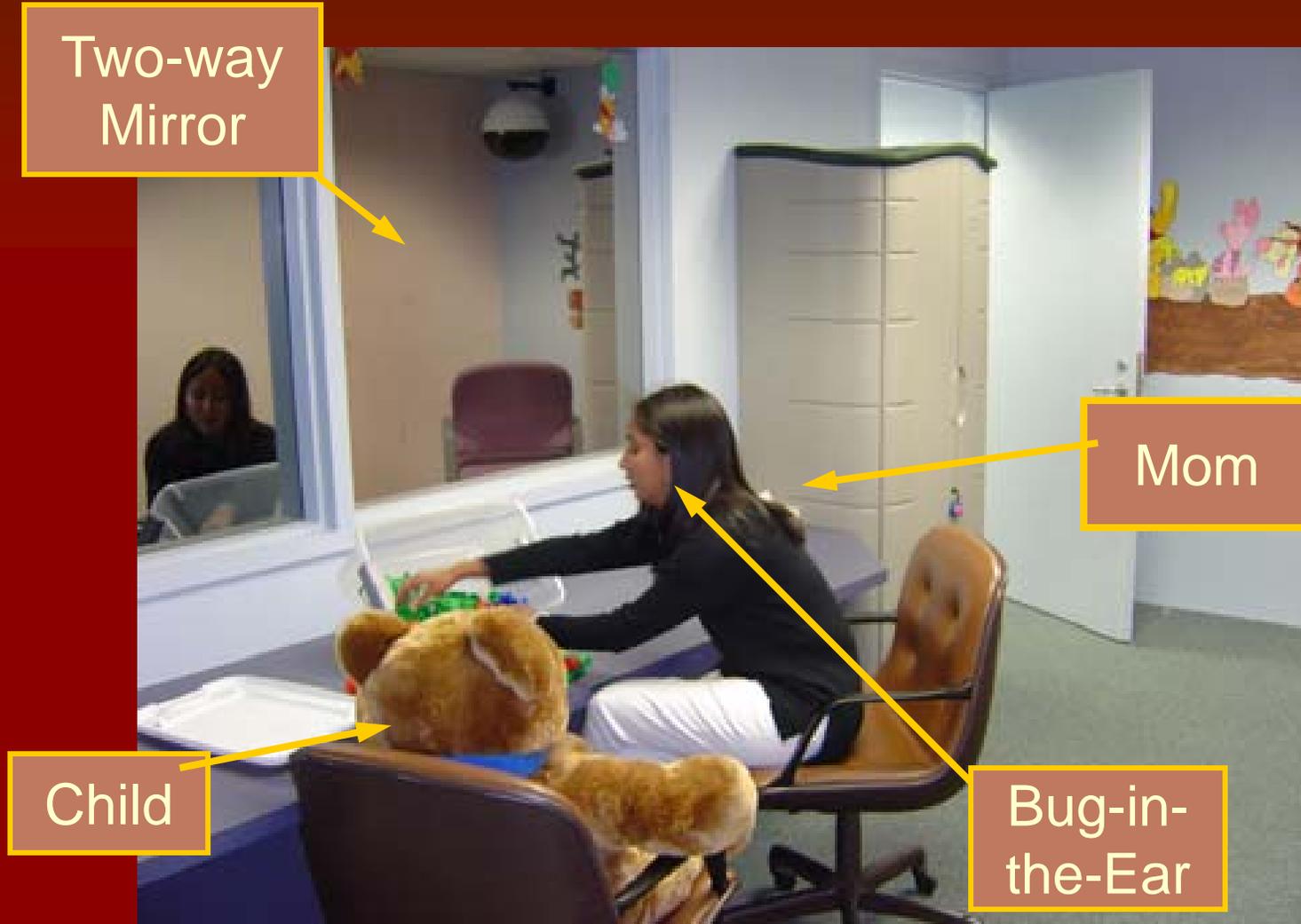
- Improvements in child behavior
 - Less disruptive behaviors
 - More compliant behavior
- Less parent stress
- More appropriate parenting behaviors
- Less maternal depression

What does PCIT involve?

- 12-14 weekly therapy sessions (average)
- 2 phases of treatment
- Teaching sessions (1 per phase)
- Coaching sessions (3 or more per phase)
- Homework
- Mastery
- Generalization
- Graduation



Coaching



Coaching



In-Session Coaching

- Therapist can:
 - Guide parents in first use of the new skills
 - Application (what to say)
 - Timing (when to say it)
 - See exactly how child responds
 - Correct parent errors on-the-spot
 - Assess when parents ready to use the skills on their own

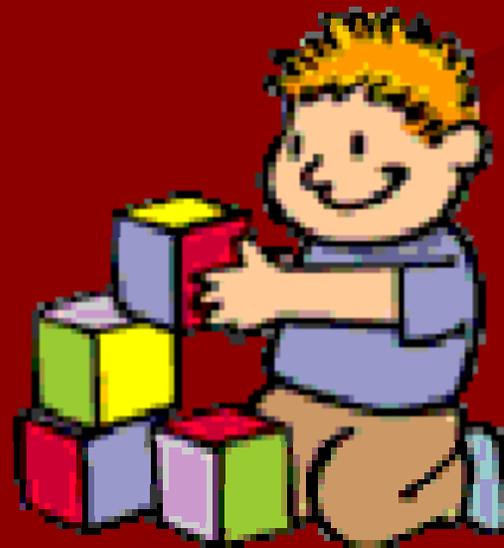


In-Session Coaching

- Therapist can
 - Provide immediate feedback on skill acquisition
 - Provide direct instruction in handling difficult behavior
 - Prevent miscommunication about skill application
 - Reframe misattributions of child behavior
 - Support and reassure parent
 - Teach anger-management *in vivo*



Child Directed Interaction (CDI)



Goals of CDI

- Strengthen parent-child relationship
- Improve children's willingness to accept limits
- Improve children's self-esteem
- Increase parent confidence
- Teach children prosocial behavior
- Improve children's speech and language
- Decrease negative behaviors



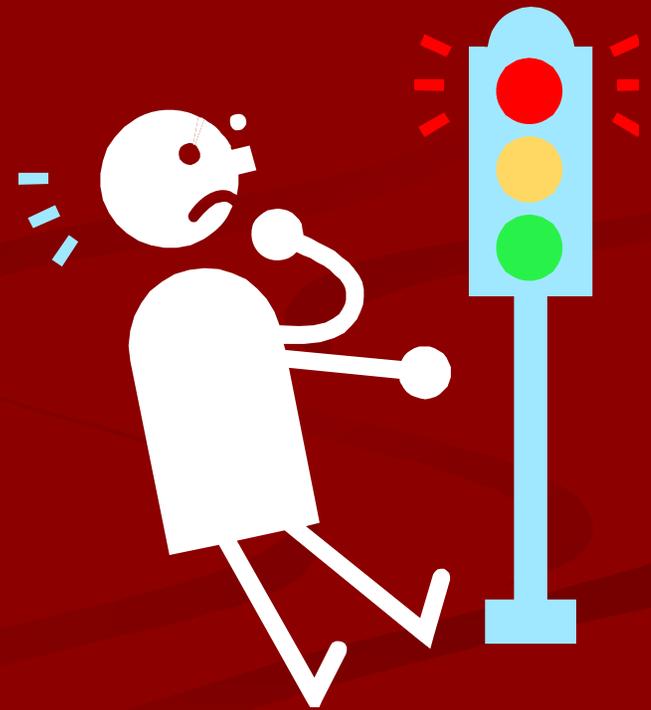
CDI Skills

- Parents are taught to:
 - Follow the child's lead
 - Praise
 - Reflect
 - Imitate
 - Describe
 - Enthusiasm



CDI Skills

- Parents are taught to avoid:
 - Leading the play
 - Commands
 - Questions
 - Criticism



Child Directed Interaction

- **IGNORE** annoying, obnoxious behavior
- **STOP THE PLAY** for dangerous or destructive behavior



CDI Mastery Criteria

- 10 Labeled Praises
- 10 Behavioral Descriptions
- 10 Reflections
- Less than 3 total of Questions, Commands, and Criticisms
- In one 5-minute observation



Parent Directed Interaction (PDI)



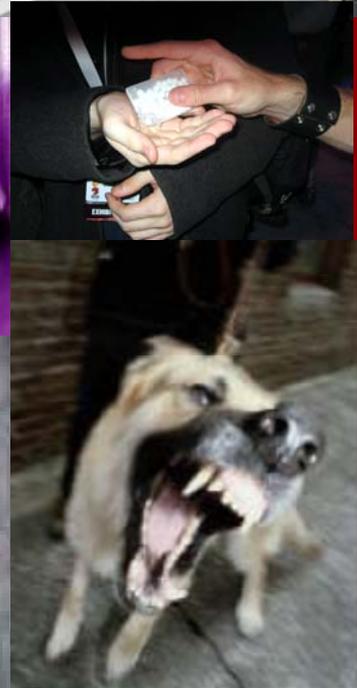
Goals of PDI

- Improve parents' ability to:
 - Set appropriate limits
 - Implement contingency management
 - Be consistent and predictable in their discipline
 - Problem-solve in discipline situations
 - Use good reasoning skills
- Improve children's compliance
- Decrease negative child behaviors

Elements of PDI

- Command training
- Contingent consequences for compliance and non-compliance
- Gradual generalization from clinic minding exercises to “real life” discipline
- Planned responses to
 - Refusal to stay in timeout
 - Behavior disruptions in public settings
 - Other child behavior problems

Childhood Trauma



Traumas that can touch our lives

- Accidents
- Child Abuse and Neglect
- Community violence
- Dog Bites
- Domestic Violence
- Hostage Situations
- Medical Illness
- Murder
- Natural Disasters
- Parent/Caregiver Death
- School Shootings
- Sexual Abuse and Rape
- Substance abuse
- Terrorism and other man-made disasters
- War



Early Ideas About Trauma and Children

- Children's reactions were mild
- Children's reactions were transient
- No interventions were needed



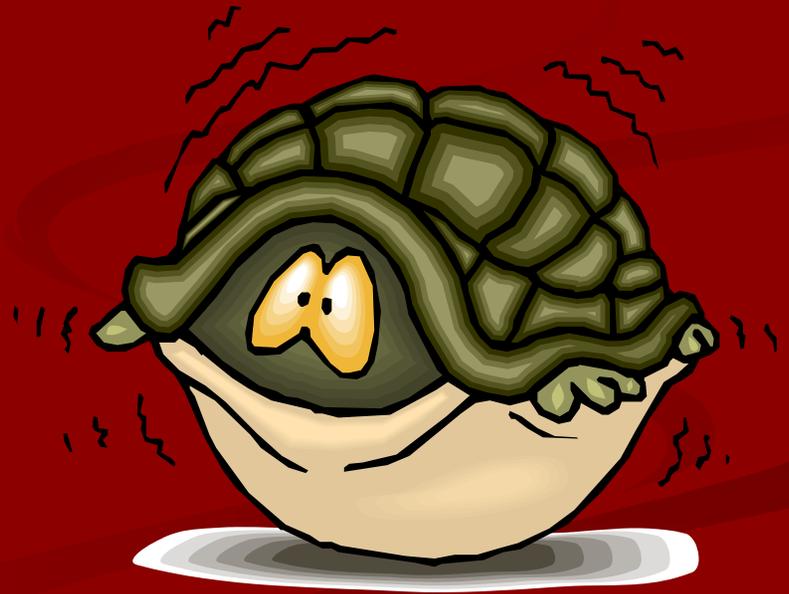
Possible Trauma Reactions Among Children

- Worries and Fears
- Changes in Behavior
- Physiological Responses
- Focus on Event



WORRIES AND FEARS

- Increased worries and fears about safety of self and others
- Increased worries and fears about security
- Worries about on-going situation
- Worries and fears about re-occurrence of the event



CHANGES IN BEHAVIOR

- Changes in school performance
- Decreased concentration
- Decreased attention
- Changes in sleep
- Changes in appetite
- Changes in mood (swings)
- Changes in activities
- Increased irritability
- Increased anger outbursts or temper tantrums
- Increased withdrawal
- Increased hate talk/play



Impact of DV-Exposure on Children's Behaviors



Common child behavioral responses:

- Posttraumatic stress symptomatology
- Identification with the batterer (e.g., aggression toward victimized parent, peers, and/or animals)
- Role-reversal with NOC (e.g., takes on parenting of siblings, becomes parent's confidante/protector)
- Development of unhealthy interpersonal relationships

PHYSIOLOGICAL RESPONSES

- Increased sensitivity to sound
- Increased startle response
- Increased somatic complaints
 - Headaches
 - Stomachaches
 - Fatigue
 - Vague aches and pains



FOCUS ON EVENT

- Repeated questions about event
- Repeated discussion or story-telling about the event
- Increased interest in media coverage (TV, print, internet)
- Trauma Reminders
- Loss Reminders



Factors That Can Make A Difference

- Level of exposure
 - Media
- Separation from parents
- Age and level of understanding
- Gender
- Disruption of routine
- Parental adjustment
- Premorbid functioning
- Family functioning and stressors
- Social and community supports



PCIT for families with a history of trauma

Advantages

- ✓ Provides parents with therapeutic tools for interacting with their children
- ✓ Strengthens the parent-child bond
- ✓ Fosters feelings of safety and security
- ✓ Bolsters and reinforces NOC's role as responsible and caring caregiver
- ✓ Teaches NOC methods for non-violent behavior management
- ✓ Can reduce behavior problems for better assessment and treatment of trauma symptoms
- ✓ Designed for use with young children

PCIT for families with a history of trauma

Potential Disadvantages

- ✓ Limited ability to directly address PTSD symptoms, coping skills training, problem-solving, safety planning, etc.
- ✓ Little research conducted specific to families with trauma histories
- ✓ Questions related to appropriateness of technique for offending caregivers

PCIT in families with a history of abuse



Physical Abuse → Behavior Problems

- Identification with the parent
- Modeling parental behavior
- Inadequate nurturance reduces empathy and increases aggression
- Lack of limits leads to problems accepting structure

Behavior Problems → Physical Abuse

- High activity level leads to exhausted parents who give up on supervision
- Normal parenting techniques unsuccessful in managing behavior
- Hyperactive behavior results in high degrees of parental stress

Physically Abusive Parents

- Report high levels of child behavior problems
- Less awareness of child positive behaviors—few positive interactions
- Inappropriate expectations for child
- High endorsement of corporal punishment
- Difficulty discriminating levels of misbehavior

Rationale for Applying PCIT to Physical Abuse

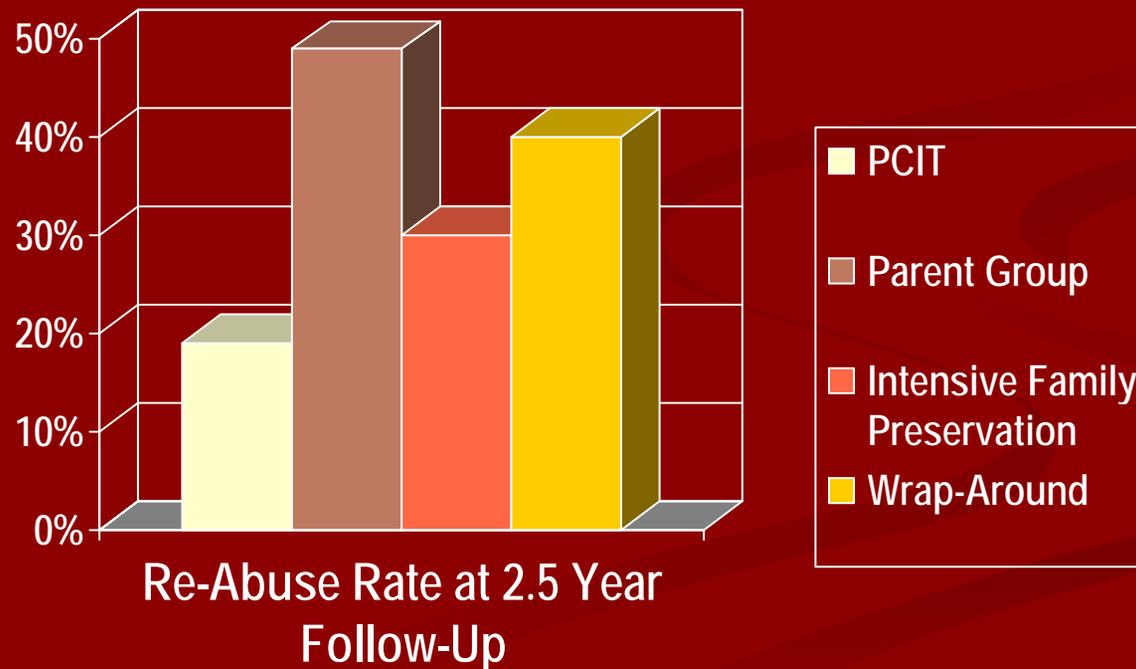
- Physical abuse usually occurs in the context of discipline.
- Physically abusive parents perceive their children as behaviorally disordered.
- Parent skills taught in PCIT are consistent with the intermediate goals for physical abuse treatment (ultimate goal is to stop abusive behavior)

Pre-treatment Scores

- Average 2 prior physical abuse reports
 - 39% had severely beaten a child
- Average 2 prior neglect reports
- Diagnostic Interview (DIS)
 - 32% drug or alcohol
 - 39% probably antisocial personality
- Beck Depression Inventory II
 - 22% moderate or higher depression score (>19)
- **No differences between groups on demographic or test scores**

PCIT with Abusive Parents

- With abusive parents, some models work better than others. A good model can even work better than more intensive services (Chaffin, et al., 2003)



Study Conclusions

- PCIT is effective in reducing future child physical abuse reports relative to standard services
- PCIT outcomes can be obtained by therapists with a wide range of prior experience and training, if adequately trained in PCIT.
- PCIT is more expensive, but the cost to avert a single re-report is not unreasonable (\$300-\$1300)

Challenges

- Children may not be in the parent's home
 - Limited opportunity to practice skills outside of session
 - Don't want to discipline during session/visits
- Treatment tends to last longer
- Treatment is often mandated
- Parents may abuse drugs/alcohol

PCIT in families of children with prenatal substance exposure (PSE)



Caregivers of Children with PSE

- May be biological, foster, or adoptive
- Perceptions of the child are negative
- Parenting satisfaction is lower than those w/o substance exposure
- Higher levels of parenting stress
- Increased risk for attachment problems as many unrewarding child behaviors are associated with prenatal substance exposure

Rationale for Applying PCIT to families of children with PSE

- Increased risk for behavioral difficulties as secondary disabilities
- Increased risk for parenting stress
- Increased risk for failed foster care placement

OR

- Increased risk for substance abuse relapse



Rationale for Applying PCIT to families of children with PSE

- Parents perceive children as behaviorally disordered solely due to drug/alcohol exposure
- They are more receptive to an approach offering effective behavior management
- Needs of caretakers with children considered “at risk” are consistent with the skill training focus of PCIT



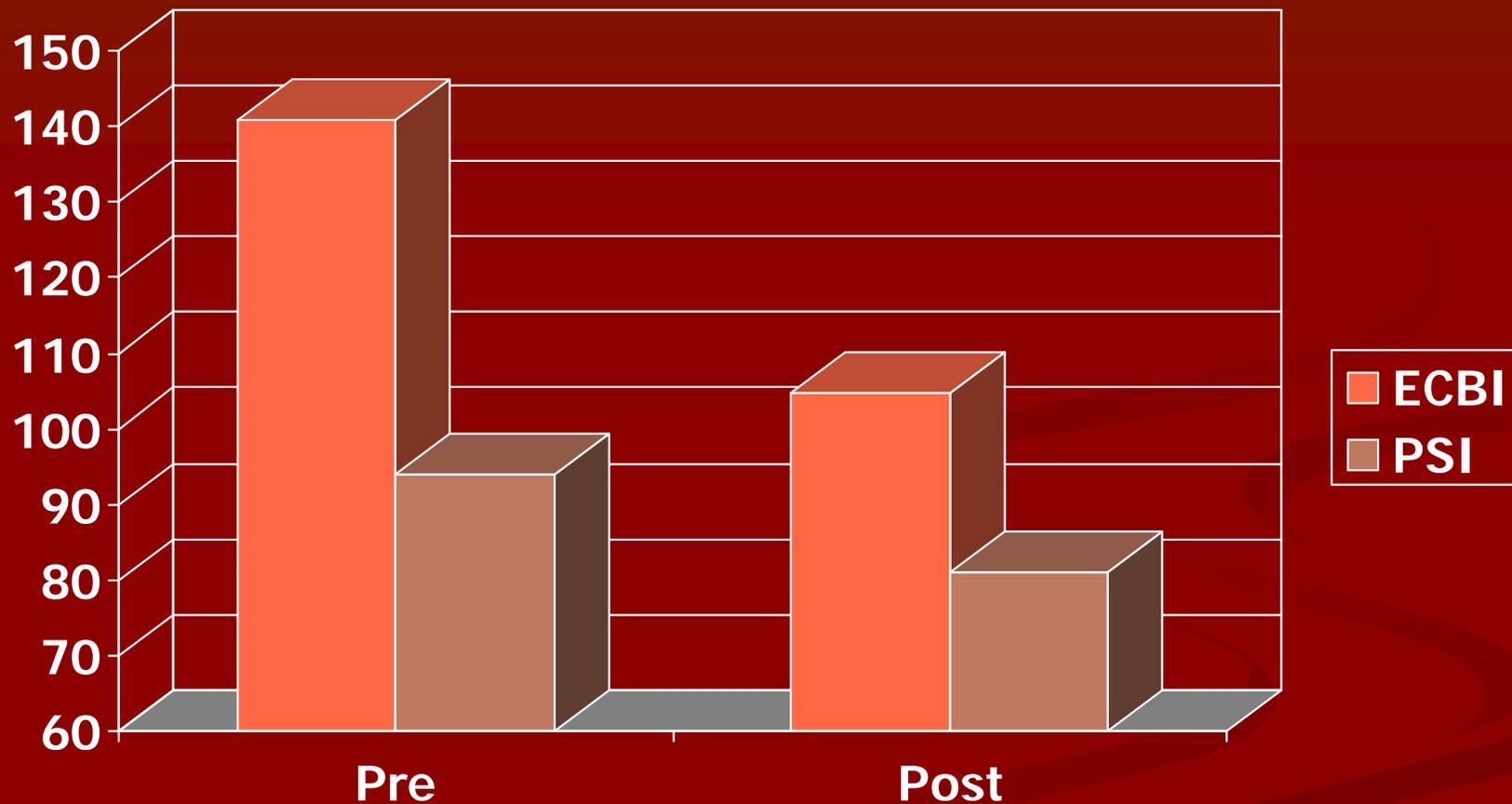
Population

- Children (n=38)
 - Diagnosed with FAS/ARND or other substance exposure
 - Functioning at a minimum of 30 months of age in cognitive development
 - Between 2½ and 7 years of age
- Parent/Caregiver
 - >65 IQ based on KBIT

Rationale for Group Format

- Too many referrals, too few therapists
- Attrition
- Time efficiency
- Cost efficiency
- Vicarious learning opportunities
- Increased generalization opportunities
- Feedback and praise from others
- Support group for caregivers

Results of Group PCIT (n=38)



For more information

- www.okpcit.org
 - Includes updated listing of therapists/sites providing PCIT in Oklahoma

