What is PCIT?

- Developed by Dr. Sheila Eyberg for families of children aged 2-7 with disruptive behavior disorders
  - Combines elements of attachment and learning theories, systems theory, and behavior modification
  - Short-term – avg. 14-16 weekly sessions (not time-limited)
  - Direct coaching of parent with child
  - Empirically validated in over 150 studies
  - Gives parent responsibility, not blame

What does PCIT look like?
Balancing Two Factors…
1. Positive Interaction with the Child
   • Increase positive attention
   • Decrease negative attention
   • Addressed directly in the Child Directed Interaction (CDI)
2. Setting Appropriate Limits
   • Consistency
   • Predictability
   • Follow-Through
   • Addressed in the Parent Directed Interaction (PDI) [also in CDI]

Goals of PCIT

Child Directed Interaction
• Enhance relationship between parent and child
  – Reduce frustration/anger
  – Improve social skills
  – Improve self-esteem
  – Improve organization and attention

Features of CDI
• Special Time
• PRIDE skills
• Tactical Ignoring
• Coaching to Criteria
• #1 Rule: Follow the child’s lead
DON’T RULES

• Don’t give commands
• Don’t ask questions 😞
• Don’t criticize

• Remember: Child is in the lead

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DO RULES

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DO’s

• PRIDE Skills
  – Praise
  – Reflect
  – Imitate
  – Describe
  – Enthusiasm

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PRIDE skills in action!

What if the child doesn’t behave during one-to-one time?

Ignoring
- Avoiding all reaction
- Decreases attention-seeking behaviors
- Behavior tends to escalate before extinction begins
- Praise child immediately for appropriate behavior
- Not for aggressive/destructive behaviors
Stopping the play

- Aggressive or Destructive behaviors
  - Immediately stop the play and briefly explain to child why
  - Attempt one-to-one time again the next day

Features of the Parent Directed Interaction (PDI)

- Command training—giving good instructions
- Contingent praise or consequence (time-out)
- Gradual generalization
- Planned responses to:
  - Refusing negative consequence
  - House Rules
  - Behavior disruptions in public settings

One Family’s Experience with PCIT

Grandfather/Foster Parent of a Child with Prenatal Substance Exposure
Why refer families for PCIT?

• Evidence based treatment (it works!)
• Short term (about 16 weeks)
• Teaches parents good parenting strategies
• Collateral effects
  – parent stress and depression
  – child language and social skills
• Repair damage to parent-child relationships
  – Out-of-home care
  – Divorce
  – Deployment

Referring families for PCIT

• Children ages 3-6
• Disruptive behavior
  – Possible diagnoses: ODD, ADHD, Conduct Disorder, RAD, Bipolar, Intermittent Explosive Disorder, Disruptive Behavior Disorder NOS, Adjustment Disorder
  – Possible co-morbid disorders: separation anxiety, history of trauma, autism, intellectual disability, language delay, prenatal substance exposure
• Disruption in parent-child attachment
  – Foster care (abuse/neglect)
  – Deployment
  – Divorce

Contraindications

• Parents do not have custody and have visitation less than 3 times per week
• Parents have history of sexually abusing a child
• Child is less than 30 months of age or over 6 years old
• Child displays significant self-injurious behaviors
• Child is aloof and primarily reinforced by self-stimulatory behaviors (severe autism)
PCIT in families with a history of abuse

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
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 in providing PCIT to families with a history of abuse

- 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
Implementation of PCIT

Training in PCIT

- Basic training
  - 5-7 days of didactics, roleplays
  - Live practice with children
- Advanced training
  - 2.5 days of training in extending PCIT to more challenging cases
  - Completed after seeing some cases
- Within-Agency Trainer Training
  - Allows therapist to train other therapists at their agency using a co-therapy model
  - Must demonstrate competency in PCIT before attending this training

Agency Commitment

- Memorandum of Understanding with Agency
- Room with observation room
- Sound equipment
- Assessment toys, etc.
- Provide measures (ECBI)
- Videotape capacity
- Staff time for initial training, ongoing consultation, co-therapy in early cases
- Expect a 2-4 year commitment for successful adoption
Challenges to Maintaining a PCIT Program

- Adequate Referrals – new PCIT therapists should carry 4 or more cases for optimal learning
- Staff Turnover
  - agencies are encouraged to train at least 2 staff members in PCIT for mutual support and so the program doesn’t end if one person leaves
  - Rural agencies may have only 1 child/family therapist
- Supervisors in agency need to understand PCIT and support the theoretical basis and protocol adherence
- Staff turnover requires ongoing training – “within agency trainers”

PCIT Training Programs

- Graduate programs in clinical psychology
  - University of Florida
    - 1 week, for academics and researchers
  - University of Oklahoma (www.okpcit.org)
    - For community providers
    - 7 week-days, plus 6-months consultation
    - Also 1-year practicum placements and seminar
  - University of California-Davis
    - For community agencies
    - 1-year program

Remote Live Consultation

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