

# INTRODUCTION TO PARENT- CHILD INTERACTION THERAPY (PCIT)

Lauren Holleb, Ph.D.

# About Dr. Lauren Holleb

- -Associate Professor of Psychology at Husson University (will be moving to the University of Maine at Augusta in August)
- -Ph.D. in Developmental and Clinical Psychology
- Licensed Psychologist in Maine
- Expertise in treatment of internalizing and externalizing disorders in young children through adolescents, peer relationships, and school consultation.
- Feel free to reach out to me with any questions about PCIT at [lauren.holleb@maine.edu](mailto:lauren.holleb@maine.edu)

# What is PCIT?

- An empirically supported treatment originally designed for young children (2-7 years) with disruptive behavior disorders and their caregivers

## Goals of PCIT:

- Improve parent/caregiver-child relationships
- Improve children's minding and listening
- Increase children's abilities to manage frustration and anger
- Increase children's appropriate social skills
- Improve children's attention skills
- Build children's self-esteem
- Decrease parental/caregiver stress

# Defining Features of PCIT

- Parent and child together
- Theoretically grounded
- Emphasis on restructuring interaction patterns
- Not time-limited
- Assessment-driven
- Scientifically based
- Clinically validated
- Empirically supported



# Parent and Child Together

- Focus on changing behaviors of both parent and child
- Therapist tailors treatment based on observation of parent-child interactions during treatment
- Parent errors in application corrected on-the-spot
- Parents can be confident therapist understands their child
- Therapists can assess when parents ready to move to next step in treatment
- Allows accurate determination of treatment completion

# Theoretically Grounded

- Based on Developmental Theory
  - Baumrind's Parenting Styles
    - Authoritarian (high demandingness, low warmth)
    - Permissive (high warmth, low demandingness)
    - Authoritative (high warmth, high demandingness)
- Nurture and firm limits both necessary for healthy adolescent outcomes
- PCIT draws from both attachment and social learning theory to achieve authoritative parenting

# Not Time-Limited

- Termination criteria
  - Parent-child observations
    - parent mastery of interaction skills
    - Child compliance  $\geq 75\%$
  - 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
- Average drop out rate of 12.33%



# Emphasis on Restructuring Interaction Patterns

- Assessment sessions
- Teaching sessions
  - Describing
  - Modeling
  - Role-playing
- Coaching sessions
  - Parent wears a Bug-in-the-Ear receiver while playing with child in playroom
  - Therapist observes and codes parent and child behaviors at start of session
  - Therapist coaches specific skills from observation room using microphone
  - Spouses take turns being coached with child and observing spouse's coaching





# Child Directed Interaction (CDI)

- **Parents follow child's lead**
  - Play therapy skills
  - Nonverbal communication of affect
  - Differential attention



# Format of CDI

- Teaching Session (caregivers only)
- Coaching Sessions
  - Until mastery is met (@4-6 sessions on average)
- Caregivers complete daily homework
  - Special Time homework sheets
  - Return Homework sheets before each session
- Code before each coaching session
- Coach every session (follow protocol)



# Special Time

- When?
  - 5 minutes everyday
  - Consistent time each day
  - Practice, play, and therapy
- Where?
  - Minimal distractions
  - Table and chairs
- What?
  - Choice of toys



# More about CDI...



DON'T RULES

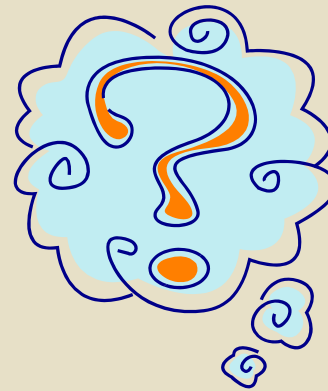
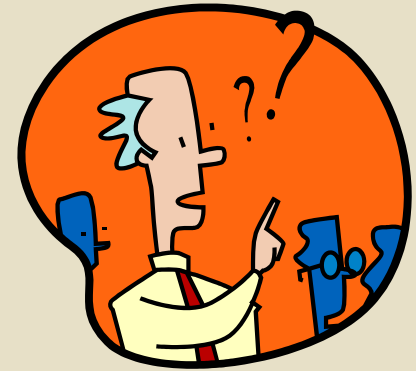
# DON'T Give Commands



- Directs the play
- If the child doesn't obey, the play becomes not fun
- Examples:
  - “Give me the red one.”
  - “Let's put these away”

# DON'T Ask Questions

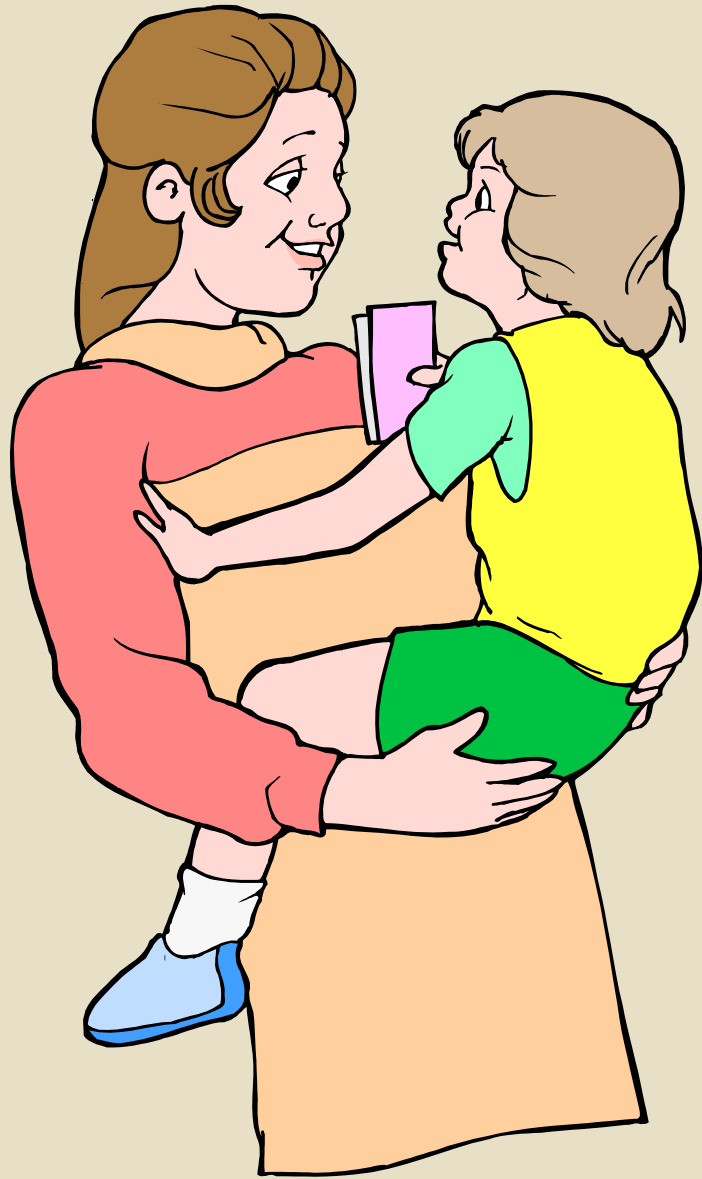
- Often hidden commands
- Take over the lead of the conversation
- Suggest disapproval
- Suggest parent isn't listening
- Examples
  - “What color is that?”
  - “Is that what you wanted?”



# DON'T Be Critical

- Points out mistakes
- Lowers self-esteem
- Creates an unpleasant interaction
- Examples
  - “That doesn’t go there
  - “Stop hitting the table.”



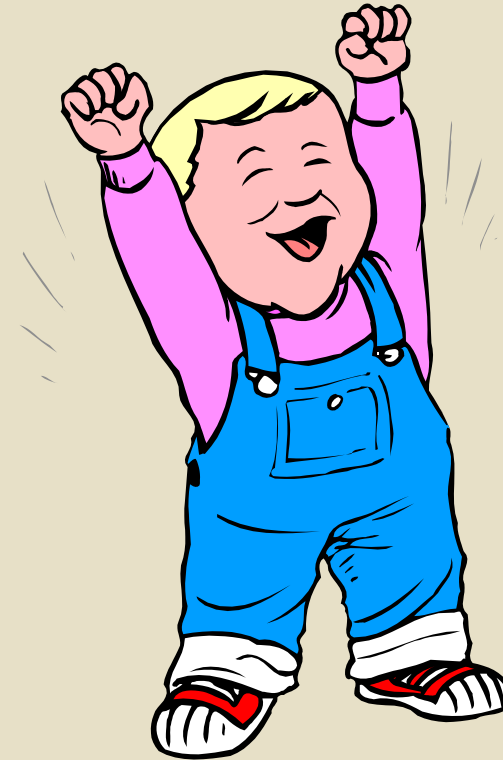


DO RULES



# Labeled Praise

- Increases behaviors that are praised
- Increases self-esteem
- Adds warmth to relationship
- Makes parent and child feel good
- Examples
  - “Thank you for sitting quietly”
  - “Good job making that piece fit”



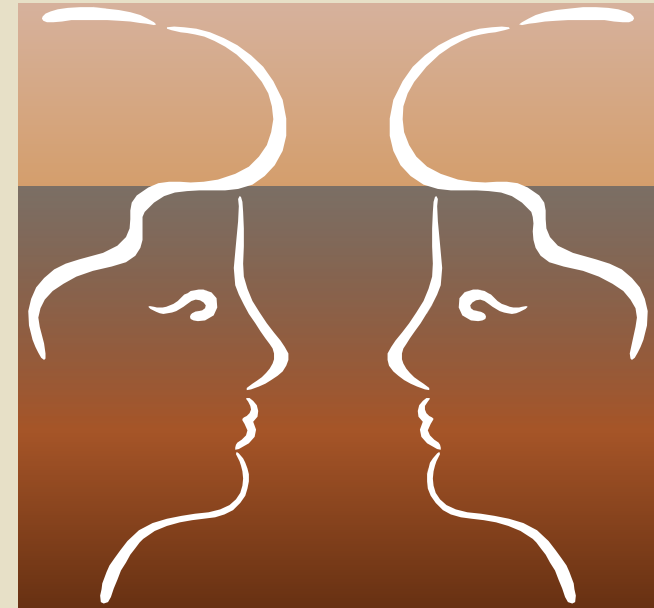
# Reflection

- Allows child to lead conversation
- Shows parent is really listening
- Shows acceptance
- Improves/increases child speech
- Children love it!
- Example
  - C: “I’m making a super-tall tower.”
  - P: “It is super-tall.”



# Imitate

- Lets the child lead
- Demonstrates approval
- Shows parent is involved
- Teaches appropriate social skills



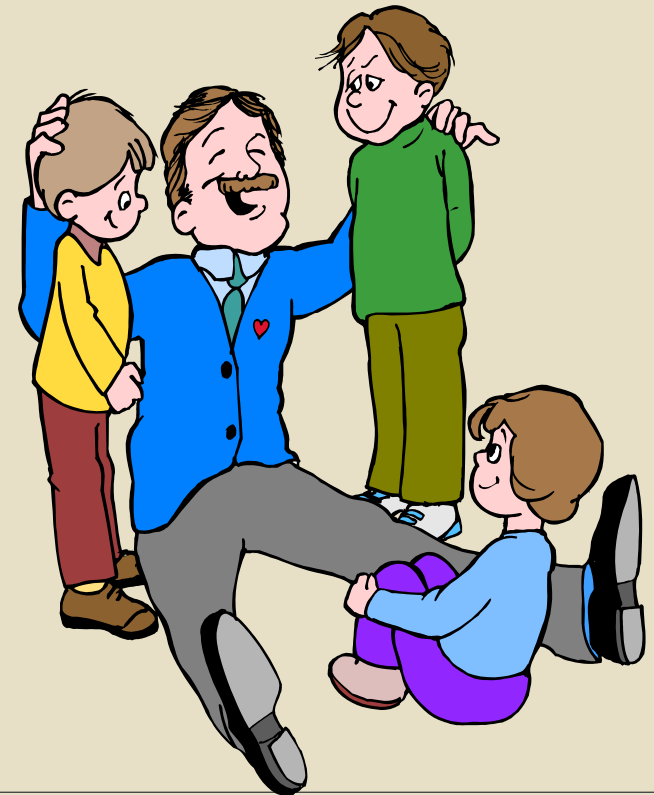
# Describe

- Lets the child lead
- Shows that parents are interested and paying attention
- Models speech and teaches vocabulary/concepts
- Holds child's attention
- Examples
  - “You're making a tower.”
  - “You're rolling out the play-doh.”



# Enjoy!

- Expresses parent's pleasure in spending time with child
- Increases warmth in play



# CDI in Action



# Parent Directed Interaction (PDI)

- **Parents lead**

- Consistency
- Predictability
- Follow-through

# Elements of PDI

- Command training
- Contingent praise or timeout
- Planned responses to refusal to stay in timeout
- Gradual generalization from clinic minding exercises to “real life” discipline
- Gradual generalization from clinic to home



# What is Time Out?

- Brief time *AWAY FROM* attention and stimulation
- PDI closes all the loopholes that have previously made Time Out ineffective

# PCIT Effectiveness

- Statistically and clinically significant improvements in child disruptive behaviors and noncompliance
- Treatment effects that generalize to home, daycare, preschool, early elementary classroom settings, and untreated siblings
- Significant improvements in parent reported activity and stress levels, child internalizing problems, and self-esteem
- High degree of participant satisfaction
- Clinically significant improvements maintained at one and two-year follow-up evaluations