Parent-Child Interaction Therapy (PCIT):
Effective treatment, effective training

APSAC’s 21st Annual Colloquium
June 25, 2013
OBJECTIVES

Goals for presentation participants:

• Obtain a basic understanding of PCIT
  • Relationship Enhancement- CDI
  • Discipline- PDI

• Understand what makes PCIT work
  • Improving parenting skills- increasing warmth, teaching behavior management
  • Decreasing behavior problems- parent positive attention to appropriate behaviors
  • Improving the quality of the parent-child relationship

• Hear about research developments
  • PCIT and child maltreatment
  • Culture and PCIT

• PCIT for Traumatized Children Web Course
• Models of PCIT Training
Where did PCIT come from?

PCIT was first developed in the early 1970s at Oregon Health Sciences University by Dr. Sheila Eyberg. She was influenced by:

- **Diana Baumrind**
  - Concept of authoritative parenting
- **Constance Hanf - Mother of Positive Parenting**
  - Maternal use of differential social attention
  - Ignoring ‘uncooperative’ behavior
  - Direct commands
  - Praise for compliance
  - Time-out for non-compliance
  - ‘COACHING’

Dr. Eyberg added ASSESSMENT to this model, blending it into the fabric of the protocol:

- Eyberg Child Behavior Inventory
- DPICS coding
What is PCIT?

Embed Pulse Video here
What is PCIT?

PCIT is a dyadic Intervention treating children 2 to 7 years old with disruptive behaviors and caregivers who have (at least) regular contact with children.

- Therapists coach the parents while playing with their children, using an FM receiver (2 way mirror/ video feed)
  - Adaptations in home settings
  - Adaptations in low-tech settings
- Course of treatment- 14 – 20 weeks
  - CDI – Enhance the parent-child relationship, teaching parents to attend to appropriate child behavior
  - PDI – Teach parent effective behavior management techniques
- Assessment driven
  - Assessment informs didactic, coaching strategies
- Process of treatment- from “hear” to “do”
  - Intake assessment → didactic teaching → coaching → skills mastery
Child Directed Interaction (CDI)

PRIDE Skills

Praise
Reflection
Imitation
Description
Enthusiasm
Parent Directed Interaction (PDI)

**BE DIRECT**

- Be Specific with commands
- Every command positively stated
- Developmentally appropriate
- Individual commands
- Respectful and polite
- Essential commands only
- Choices when appropriate
- Tone of voice neutral
Typical PCIT Room
Typical Observation Room
PCIT Treatment & Observation Room
What makes PCIT work?

Research tells us…
In a meta-analysis of parenting programs (Kaminski et al., 2008), what works is:

- Increasing positive parent-child interactions and emotional communication skills
- Teaching parents to use time-out
- Encouraging consistency

PCIT Process

- Emotional Availability research
- Automatic attributions and parental meta-cognition
What does PCIT coaching look like?

Embed Nancy Master video here
OVERVIEW

PCIT FINDINGS

IMPROVED SKILL ACQUISITION

• More parent reflective listening, physical proximity, and prosocial verbalizations
• Less sarcasm and criticism
• Positive attitudes

IMPROVED PARENT FUNCTIONING

• Less parental stress
• Fewer psychological symptoms
• Greater sense of control
• High satisfaction with treatment

IMPROVED CHILD FUNCTIONING

• Fewer child behavior problems, reduced to normal limits
• Improved child responsiveness to parent

GENERALIZATION OF EFFECTS

• Long-lasting effects—demonstrated up to 6 years
• Generalized to untreated siblings, home, and school
PCIT & Violent Families

Reducing Child Maltreatment

Improved Family & Community Functioning

- Decrease risk
- Improve school performance
- Increase positive peer interactions
- Improve personal relationship skills
  - Sharing, taking turns
  - Emotional regulation

Improved Skill Acquisition

- Decrease child abuse potential
- Decrease child mental health problems
- Decrease parental stress

- Increase parents’ skills
- Manage child behavior problems
- Improve quality of dyadic interaction
CULTURE

Research established the acceptability, efficacy, and effectiveness with several cultural groups

Latinos
PCIT has been found efficacious in Spanish speaking and English speaking Latinos living in the San Diego area. PCIT also has been found efficacious for Puerto Rican Latinos.

Chinese
PCIT has been translated into Chinese. A randomized trial found it to be efficacious among Hong Kong Chinese.

African Americans
PCIT has been found efficacious among African American families

Native Americans & Hmong
PCIT has been found to be acceptable to Native American and Hmong families with few adjustments

Good practice emphasizes family strengths
Natural is better and more likely to generalize. Therapists should be respectful of differences and provide parent voices and choices.
Why would an empirically supported treatment for disruptive behaviors reduce trauma symptoms in young children?

<table>
<thead>
<tr>
<th>TRAUMA SYMPTOMS</th>
<th>BEHAVIORAL DISTURBANCE</th>
<th>AFFECTIVE DYSREGULATION</th>
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<td>• Nightmares</td>
<td>• Noncompliance</td>
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• Nightmares
• Anxiety

BEHAVIORAL DISTURBANCE

• Noncompliance
• Aggression

AFFECTIVE DYSREGULATION

• Temper tantrums
• Crying/whining
OUTCOMES

Client outcomes: Pre- and post-PCIT mean CBCL scale scores by trauma group

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<thead>
<tr>
<th>Trauma Group</th>
<th>Pre-tx Score</th>
<th>Post-tx Score</th>
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</thead>
<tbody>
<tr>
<td>Non-trauma</td>
<td>47.8</td>
<td>42.3</td>
<td>51.2</td>
<td>44.6</td>
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<tr>
<td>Internalizing</td>
<td>64</td>
<td>53.3</td>
<td></td>
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</tr>
<tr>
<td>Trauma</td>
<td>70.8</td>
<td>58.2</td>
<td></td>
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OUTCOMES

Client outcomes: Pre- and post-PCIT mean PSI scale scores by trauma group

- **Parent Distress**
  - Non-trauma: Pre-tx 22.8, Post-tx 19.9
  - Trauma: Pre-tx 23.2, Post-tx 25.8

- **Parent-Child Dysfunction**
  - Non-trauma: Pre-tx 20.8, Post-tx 18.4
  - Trauma: Pre-tx 27, Post-tx 22.5

- **Difficult Child**
  - Non-trauma: Pre-tx 26.7, Post-tx 22
  - Trauma: Pre-tx 40.5, Post-tx 30.3
OUTCOMES

Client outcomes: Pre- and post-PCIT mean TSCYC scale scores by trauma group
TRAINING

UC Davis PCIT Training Center history

• Established in 1999 to train 13 California agencies in PCIT.
• Attain a competency level among trainees that will enable agency therapists to provide PCIT services.
• Train designated agency therapists (ToTs) to provide agency supervision of PCIT services and train future staff (2nd generation+) in PCIT service delivery.
• Children who receive PCIT services from the trainee agency will demonstrate significant behavioral improvements and symptom reduction after completion of PCIT.
• Currently we have trained 110+ community mental health agencies throughout California and other states/countries
TRAINING

UC Davis PCIT Training Center vision

• To improve the quality of mental health services to children and families.

• Increase the number of trained and qualified mental health providers in rural and urban areas with the expertise to comprehensively respond to the special needs of children and families through the delivery of PCIT services.

• Bridge the gap between effective research and effective practice.

• Expand the depth and breadth of scientific knowledge in mental health, child maltreatment, and PCIT.
California Counties with PCIT

Humboldt-2  Shasta  Tehama
Glenn    Butte    Lake-2
Yolo-2   Yuba     Nevada-2
Placer   Marin-2  Solano
Sacramento-5  Amador  San Joaquin-3
Sonoma  San Mateo  Alameda
Santa Clara  Fresno  Merced-3
Mammoth Lakes  San Benito  Ventura-2
                             Santa Barbara
                             Kern
                             Riverside-9
                             San Diego-5
                             Missouri
                             Maryland
                             Alaska
                             Hong Kong-2
                             Australia-2
                             Oregon-2
                             Washington
                             Hawaii-2
OUTCOMES

UC Davis PCIT trained agencies’ client outcomes

Eyberg Child Behavior Inventory- Intensity Scale: Mean T-Scores from Pre-, Mid-, & Post-Tx Assessments

Data represent scores from 269 Clients and 10 Agencies
OUTCOMES

UC Davis PCIT trained agencies’ client outcomes

Eyberg Child Behavior Inventory- Problem Scale: Mean T-Scores from Pre-, Mid-, & Post-Tx Assessments

Data represent scores from 269 Clients and 10 Agencies
UC Davis PCIT trained agencies’ client outcomes

Parenting Stress Index- Total Stress: Mean Percentile Scores from Pre-, Mid-, & Post-Tx Assessments

Data represent scores from 269 Clients and 10 Agencies
TRAINING MODEL

First 5 LA – LACDMH – UC Davis Collaboration

PROGRAM DEVELOPMENT

- Consultation to give training overview, discuss equipment
- Help select trainees
- Evaluate agency referral process to support PCIT

FUNDAMENTAL SKILL ACQUISITION

- Completion of Web Course, passing quiz with 80% correct
- 11 Modules, 10 hours of on-line training, with video examples
- Practice coding using web course

SKILL BUILDING

- Day long visit from trainer at your agency to review and practice basic skills necessary to begin providing PCIT

COACHING

- Trainer will guide trainees through the course of treatment, coaching them either on site or via videoconferencing.
- 11 day long coaching sessions (88 hrs) plus 6 consultation sessions (1 hr each) via telemedicine.
REMOTE TRAINING

PCIT Training through videoconference

Challenge:
Putting telemedicine equipment into existing audio-visual system.
CONTACT US

Website:  pcit.ucdavis.edu
Web Course:  pcit.ucdavis.edu/pcit-web-course

www.facebook.com/UCDPCIT  PCIT LinkedIn Group
THANK YOU!

Thanks for your interest in UC Davis PCIT Training.