

Parent-Child Interaction Therapy

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Audience Introductions



Pulse Tape



PCIT Workshops Objectives

- Understand the development and maintenance of interpersonal dynamics which occur within physically abusive family systems.
- Have a broader and richer understanding of the transactional nature of violence between parents and children.
- Understand the unique ways in which PCIT is suited to alter physically abusive parent-child relationships.
- Acquire information about PCIT and its treatment components.
- Develop basic skills in PCIT.



Video

(Harley)

Structured Observations of Parent-Child Interactions

First situation -- Child leads play session (5 minutes)

Second situation-- Parent leads play session (5 minutes)

Third situation -- Child cleans-up without help (5 minutes)



Developmental Progression of Conduct Disordered Behaviors

Oppositional

Argues	Temper tantrums	Bragging
Stubborn	Demands attention	Teases
Loud	Disobeys at home	Impulsive

Offensive

Cruelty	Disobeys at School	Fights
Sulks	Lying/cheating	Swears
Screams	Poor peer relations	

Aggressive

Destroys	Bad friends	Steals at home
Attacks	Threatens Others	

Delinquent

Sets fires	Truancy	Alcohol/Drug use
Runs away	Vandalism	Steals Outside/Home



Relationship Between Physical Abuse and Conduct Problems

Physical Abuse ↔ Behavior Problems

- Modeling aggressive/violent parent behavior.
- Inadequate nurturing reduces empathy & 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 are unsuccessful in managing problem behavior.
- Hyperactive behavior results in high degrees of parental stress.



Parent-Child Interaction Therapy and Child Maltreatment

Parent Factors

- Has negative perceptions of the child
- Sees child as intentionally disruptive or disobedient
- Child's positive and negative behaviors misperceived
- Focuses on negative behaviors; ignores positive behaviors
- Use more physical punishment as a means of control
- More punitive strategies, fewer reasoning strategies
- Rely heavily on power-assertion techniques
- Less emotional interaction

Milner, J.S., & Chilamkurti, C. (1991). Physical child abuse perpetrator characteristics: A review of the literature. *Journal of Interpersonal Violence*, 6(3), 345-366.



Parent-Child Interaction Therapy and Child Maltreatment

Child Factors

- Aggressive, antisocial, undercontrolled
- More negative verbalizations, less social interactions
- Temper tantrums
- Fearful, inhibited, overcontrolled
- Greater percentage exhibit ADHD or oppositionality
- Potentially delinquent behaviors

Kolko, D.J. (1992). Characteristics of child victims of physical violence: Research findings and clinical Implications. *Journal of Interpersonal Violence*, 7(2), 244-276.



Parent-Child Interaction Therapy and Child Maltreatment

Coercive Cycle

- Highly aversive patterns with more negative interactions
- Tendency to handle problems in coercive, aggressive manner
- Lower rates of interaction
- Child models parents physical/verbal aggressive behavior
- Inadequate nurturing reduces empathy and increases aggression
- High activity level leads to child fatigue, exhaustion, stress
- Normal parenting techniques unsuccessful in managing child behavior
- Stabilization of perception and escalation of negative interactions

Patterson, G.R. (1982). Coercive family process. Eugene, OR: Castalia.



What is PCIT?

- Work with the parent (birth, kin, foster adoptive) and child together
- Designed to treat children age 2 to 7 years exhibiting disruptive behaviors
- Use of coaching with a 'bug-in-the-ear' from a one-way mirror
- Consists of two phases of treatment (averaging 14 to 20 weekly sessions) focusing on relationship enhancement and behavior management



What is PCIT?

- Elements of family systems, learning theory, and traditional play therapy
- Emphasis on restructuring parent-child patterns, not modifying target behaviors
- Empirically evaluated in over 30 controlled studies
- Parents are not blamed, but are given responsibility for improving the child's behavior

Hembree-Kigin, T., & McNeil, C.B. (1995). Parent-Child Interaction Therapy. New York: Plenum.

Urquiza, A.J., & McNeil, C.B. (1996). Parent-child interaction therapy: An intensive dyadic intervention for physically abusive families. *Child Maltreatment*, 1(2), 132-141.



PCIT Does 3 Things

- Decreases child behavior problems
- Improves parenting skills
- Enhances the quality of the relationship between parent and child



Overview of PCIT

Phase One

Child Directed Interaction (CDI)
Relationship Enhancement

Phase Two

Parent Directed Interaction (PDI)
Compliance Strategies

Generalization of treatment gains



PCIT Video Demonstration of CDI

Pre- and Post-tape of Julius



Child Directed Interaction (CDI)

Relationship Enhancement Overview

PRIDE

Praise

Reflection

Imitation

Description

Enthusiasm



PCIT Video Demonstration of PDI

Pre- and Post-tape of Daniel



Parent Directed Interaction (PDI)

Discipline Phase

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



PCIT Research Findings with Children Experiencing Behavior Problems

- Adequate skill acquisition by parents including:
 - increases in reflective listening, physical proximity, and prosocial verbalizations
 - decreases in sarcasm and criticism of the child
- More positive parental attitudes toward child
- Parent report of behavior problems to within normal limits
- Parent self-reported improvements in psychopathology, personal distress, and parenting locus of control



PCIT Research Findings with Children Experiencing Behavior Problems

- High consumer satisfaction with process and outcome
- Maintenance of treatment gains at six and twelve months
- Generalization to untreated siblings
- Generalization to home and school



Limitations and Caveats

- Focus on child behavioral problems, parenting skill, and changing relationships, not on other aspects of family (e.g., domestic violence, substance abuse, parent psychopathology)
- Continued need for coordination with other treatment/support agencies
- Limited age range
- Parent and child must have regular ongoing contact



UCDMC PCIT Training History

- CAARE Center at UCDMC has been providing PCIT to maltreated and at-risk children and their families for approximately six years with the support of OCJP funding.
- Starting In October 2000, OCJP provided Victims of Crime Act (VOCA) funding to enable Child Abuse Treatment Programs in California to expand their services to include a PCIT component. 21 agencies have received this funding.
- Training provided to other sites in Washington, Texas, Florida, California, Alaska, and Australia
- Other funding options include California Proposition 10 (Tobacco Tax), direct contract or other grants.



UCDMC Training Objectives

- Fully train the contracting agency in the delivery of PCIT services in accordance with best practice standards.
- Attain a competency level among trainees that will enable designated therapists to begin providing PCIT services independently within one year.
- Attain a level of expertise among trainees that will enable designated therapists to provide agency supervision of PCIT services and train future staff 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.



PCIT Training Model

- PCIT Program Development:
 - Conducted needs assessment, providing technical assistance and consultation related to referral and assessment procedures, staff preparation, equipment needs, and capacity-building.
- PCIT Fundamental Skills:
 - Conduct didactic training for clinicians, support staff and referral agencies; provide clinicians with information related to the relationship enhancement component of PCIT and the application of these techniques to child maltreatment and at-risk populations.
- PCIT Intensive Skill-Building:
 - Two-day advanced training at UCDCM CAARE Clinic, addressing both the relationship enhancement and behavioral management components of PCIT. Clinicians will observe PCIT sessions and practice PCIT coaching skills with PCIT therapists.



PCIT Training Model

- PCIT Consultation/Supervision/Training:
 - Provide consultation and technical assistance on all aspects of PCIT implementation (e.g., clinical consultation, program development and expansion, and development of training plans and curricula.)
- Regional Training/PCIT Conference:
 - Coordinating regional project meetings and convening the Annual PCIT conference to provide “state of the art” information related to research and clinical best practices.



Comments/Questions

Thank You!

