

PARENT-CHILD INTERACTION THERAPY: HISTORY AND NEXT STEPS WITH CHILD WELFARE

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INTRODUCTIONS

- What is our funniest memory from implementing PCIT?
- What is our most rewarding memory from implementing PCIT?



DISCLOSURES AND ACKNOWLEDGEMENTS

- We are in the process of writing a book chapter on this topic
- We both have ongoing work with OKDHS



Thank you to our PCIT-OK Training Team!





OBJECTIVES



Provide a comprehensive overview of PCIT

Highlight and discuss how PCIT has been applied for children and caregivers involved with child welfare

Explore future directions of PCIT and how this intervention can benefit the child welfare system

BACKGROUND OF PCIT

- Developed by Dr. Sheila Eyberg in the 1970s
- PCIT International and certification process since 2013
- Combines elements of attachment, social learning, and systems theories
- Gives caregiver responsibility, not blame



WHAT IS PCIT?

- Manualized intervention originally developed to address disruptive behaviors
- Evidence-based
- Emphasis on quality of parent-child relationship and interaction patterns



PCIT BALANCES TWO FACTORS

- Positive interaction with the child
 - Increase positive attention
 - Decrease negative attention
- Consistent limit setting
 - Consistency
 - Predictability
 - Follow-through



PCIT: A MODEL EVIDENCE-BASED TREATMENT

Title IV-E Prevention Services Clearinghouse (FFPSA)
*** Well-Supported 2020

The National Child Traumatic Stress network (nctsn.org)
*See factsheet 2019

California Evidence-Based Clearinghouse for Child Welfare Scientific
Rating: 1; Child Welfare Relevance: Medium in 2021

American Academy of Pediatrics on Behavioral Parent Training

Publications evaluating PCIT: 412 between 1980 and 2021



TREATMENT OUTCOME RESEARCH

Significant reductions in:

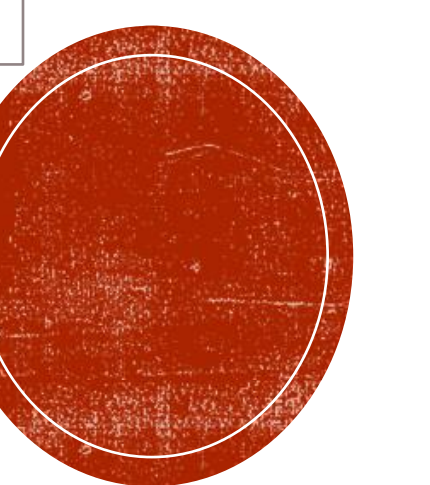
- Noncompliance
- Behavioral challenges
- Harsh parenting behaviors
- Parenting stress
- Child and caregiver psychopathology symptoms

Generalization to:

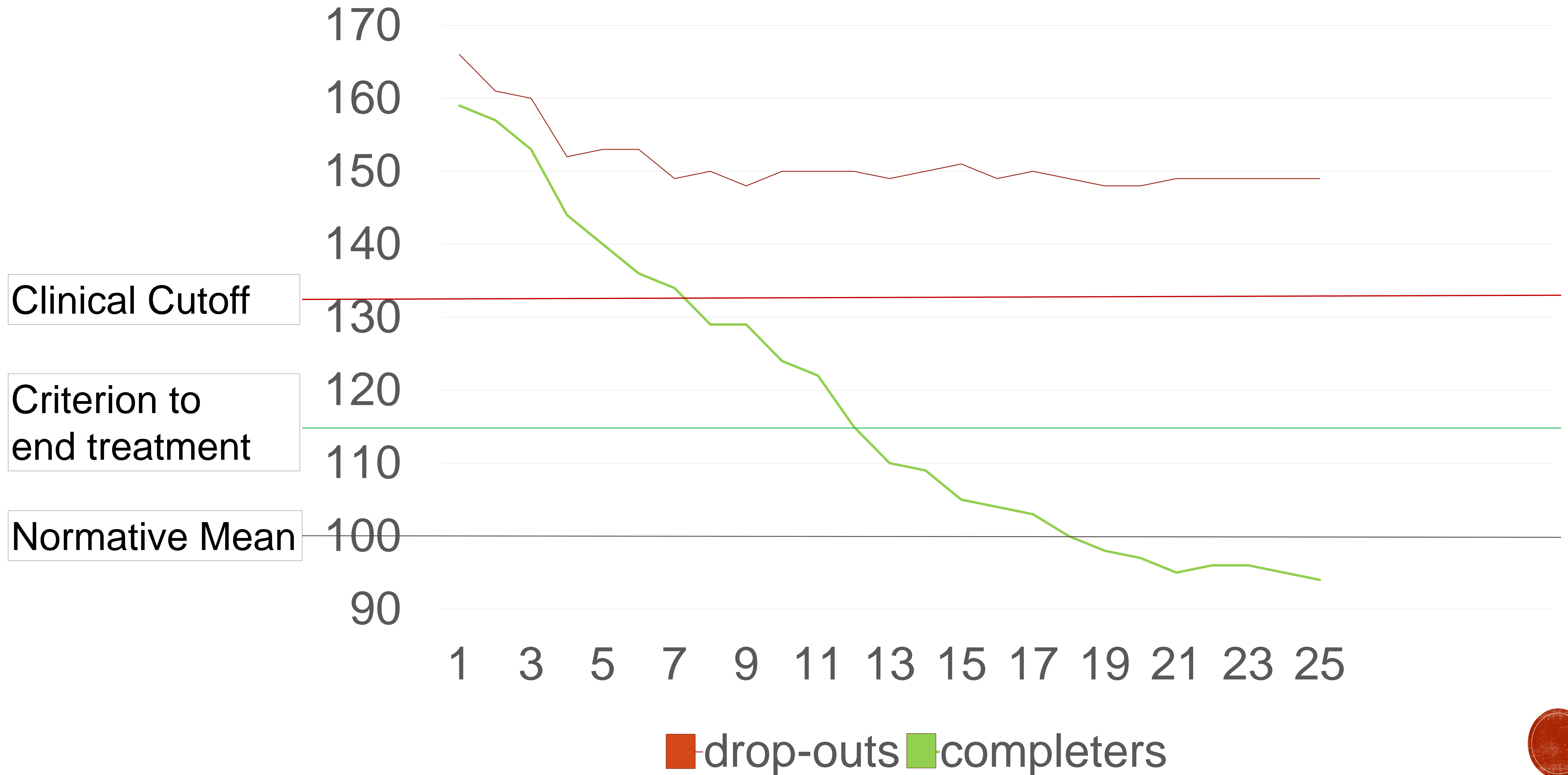
- Other settings (e.g., home and school)
- Other untreated children

Improvements in caregivers' interactional style

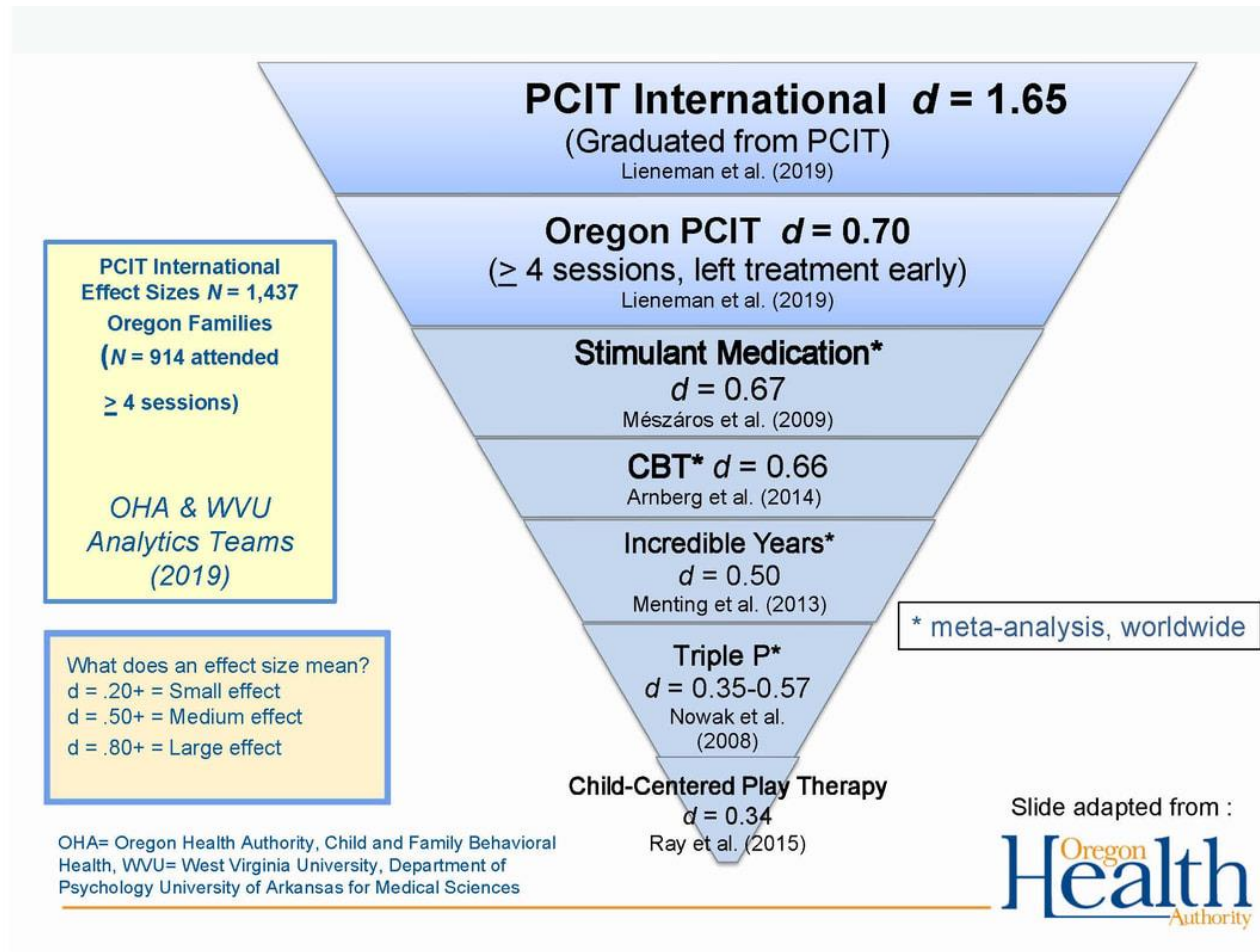
Maintenance of gains up to six years



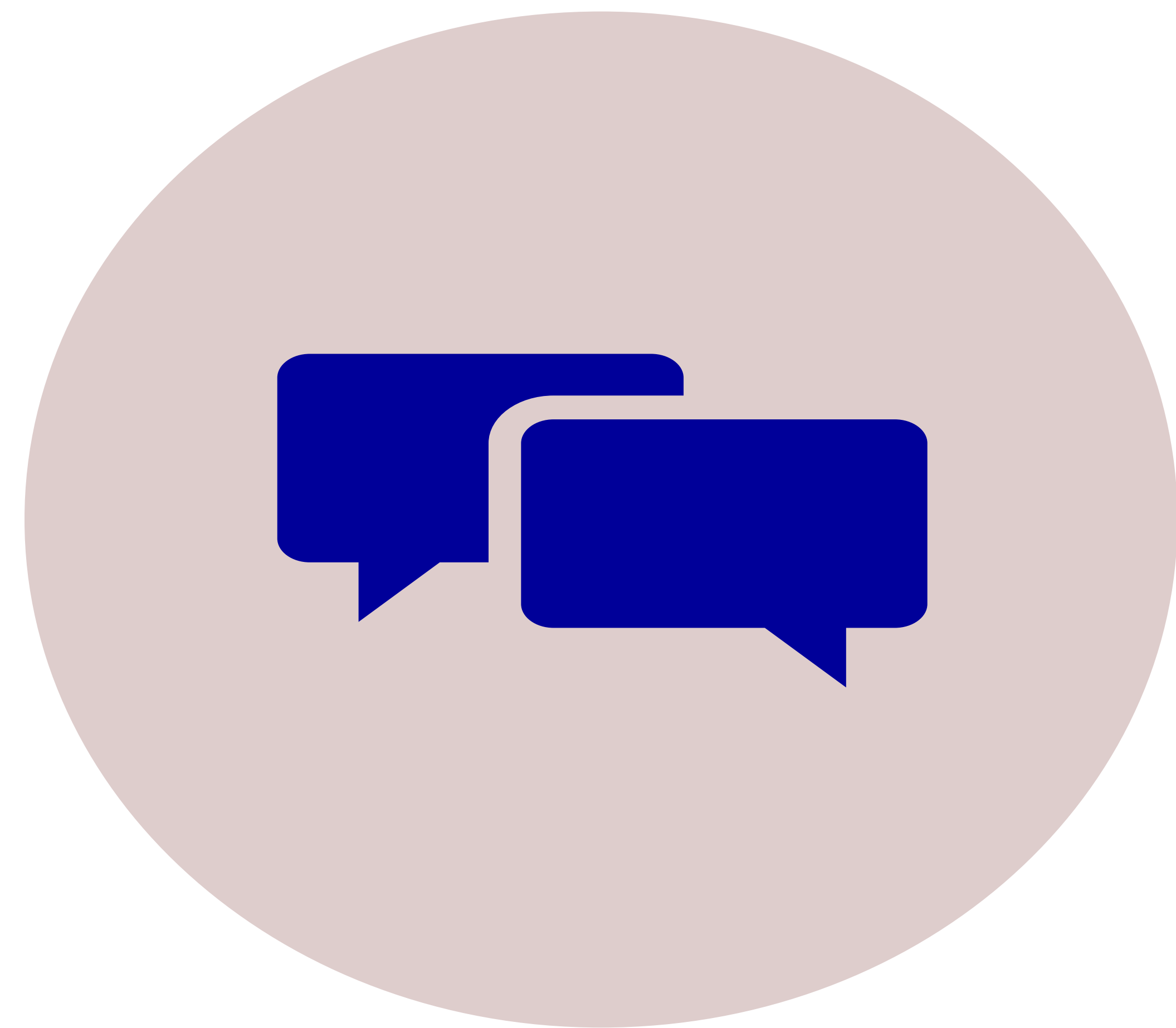
ECBI WEEKLY INTENSITY SCORE



PCIT AND OTHER PARENTING PROGRAMS



HOW IS PCIT DIFFERENT?



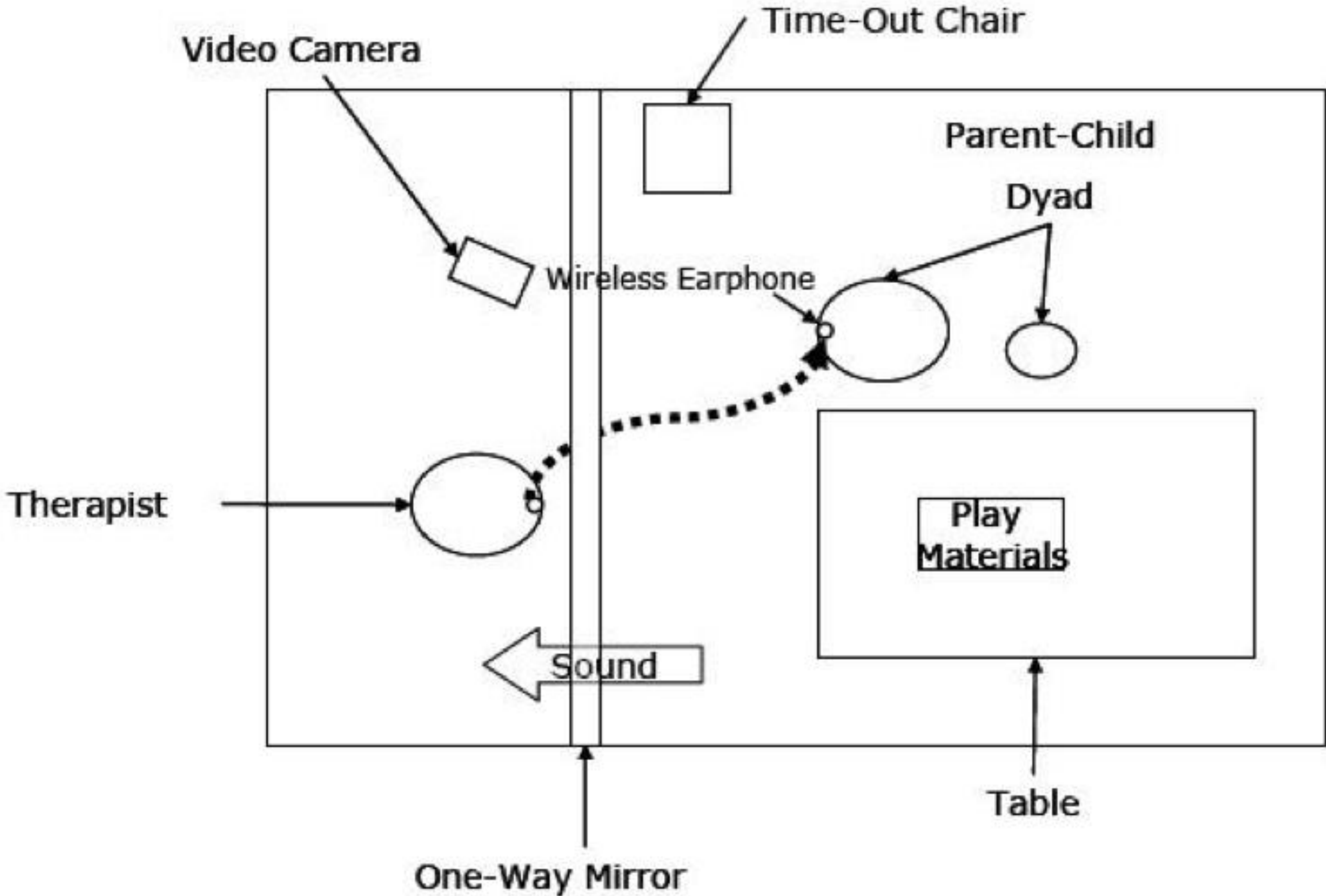
Emphasis is on
live feedback



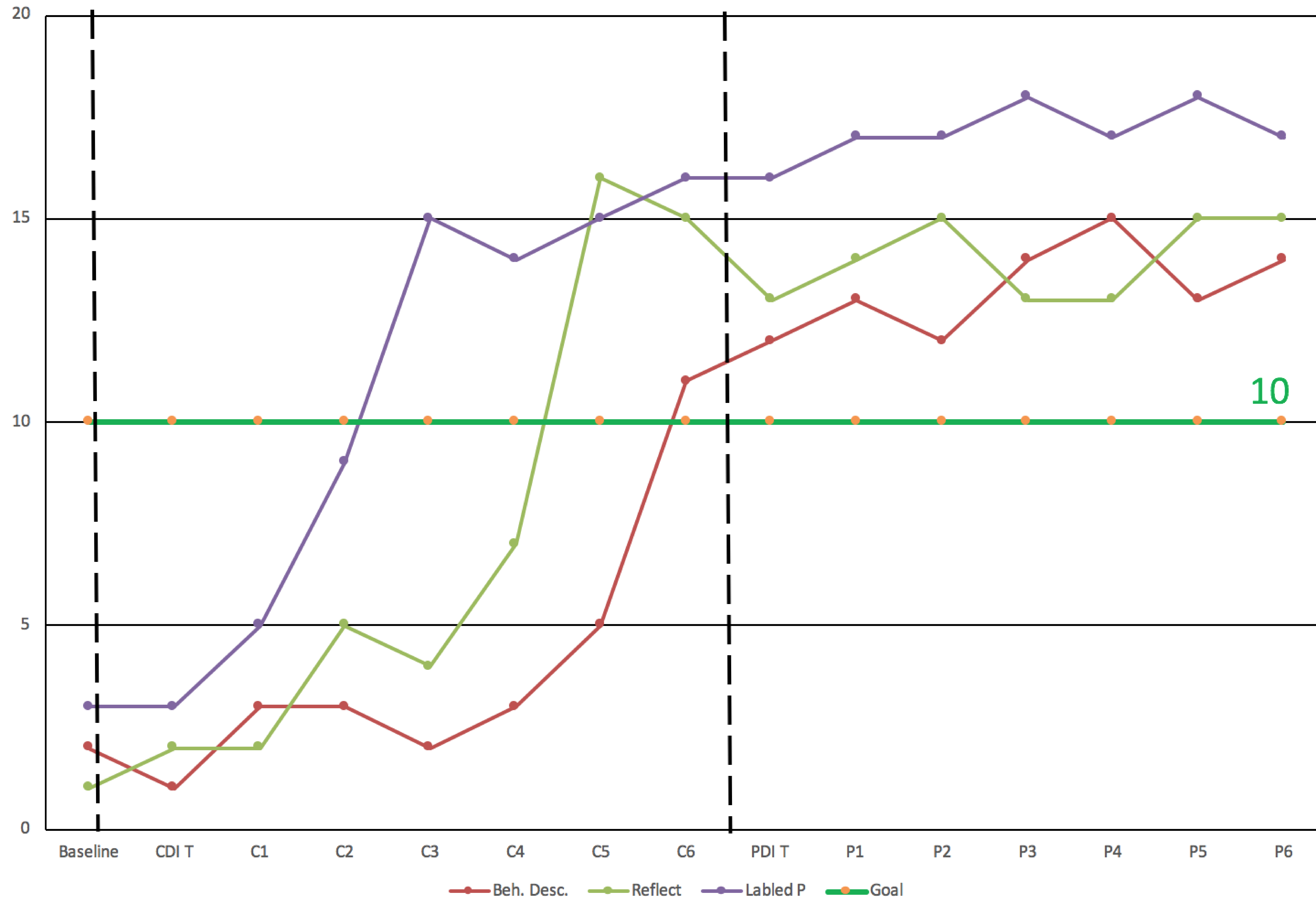
Progression is based
on skill acquisition



TRADITIONAL TREATMENT SET-UP



HOW IS PCIT DIFFERENT?



PCIT POPULATIONS



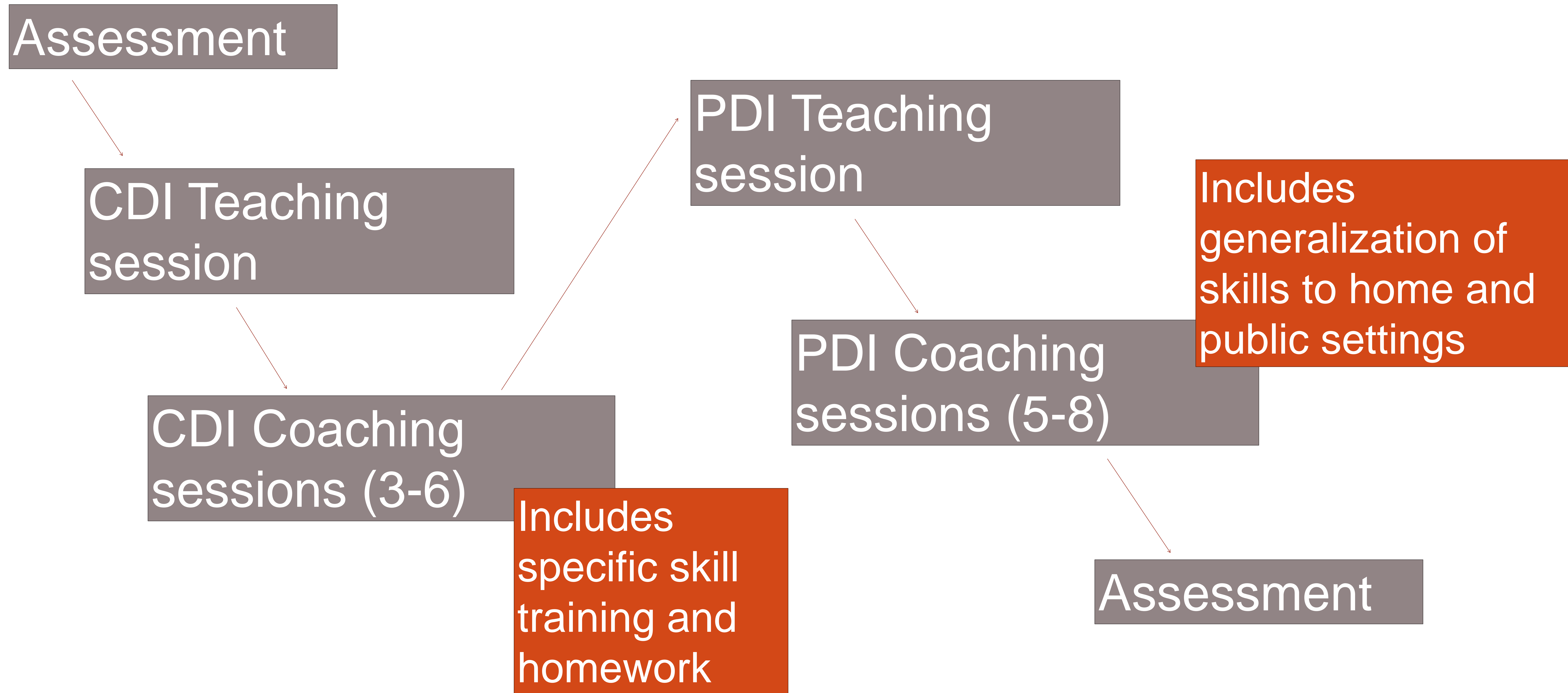
Children ages 2 up to age 7 with disruptive, impulse-control, and conduct disorders*



Children exposed to adverse experiences including maltreatment and/or family disruptions

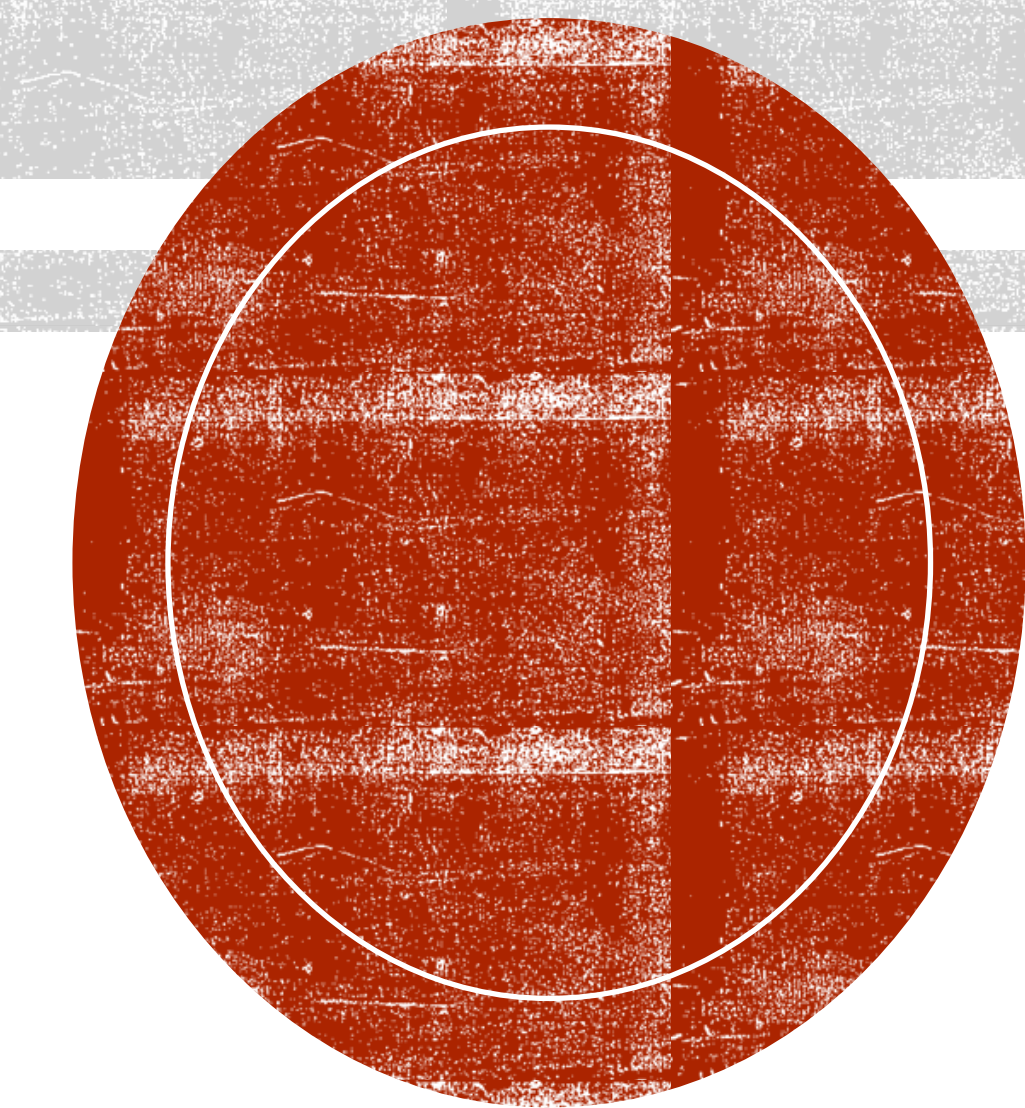


PROGRESSION OF PCIT TREATMENT





RELATIONSHIP ENHANCEMENT: CHILD DIRECTED INTERACTION (CDI)





GOALS OF CDI

- Enhance relationship
- Reduce frustration/anger
- Improve social skills
- Improve self-esteem
- Improve organization and attention
- Improve speech/language skills



COMPONENTS OF CDI

- PRIDE skills
 - The Dos and Don'ts
- Daily Special Time
- Active Ignoring
- Coaching to competency criteria



SPECIAL TIME: DON'TS

- Lead the play
- Give commands
- Ask questions
- Criticize child





THE DO'S (PRIDE SKILLS)



PRIDE SKILLS

- **Praise:** “Thank you for sharing the toys with me”
- **Reflect:** Child – “I’m making a tall tower”
Caregiver - “You are making a tower”
- **Imitate:** Let the child lead the play
- **Describe:** “You are rolling out the play doh”
- **Enjoy:** Express genuine pleasure in the playtime



CDI SKILLS COMPETENCY CRITERIA

10 Labeled Praises

10 Behavior Descriptions

10 Reflections (given opportunity)

3 or fewer Don'ts

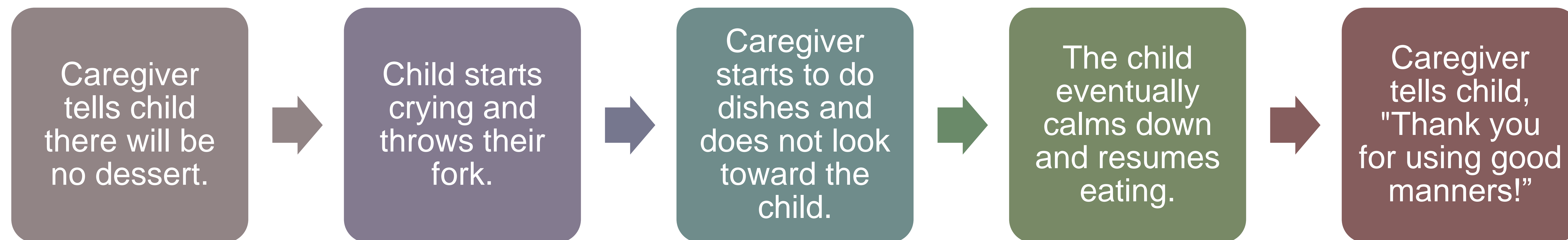


ACTIVE IGNORING

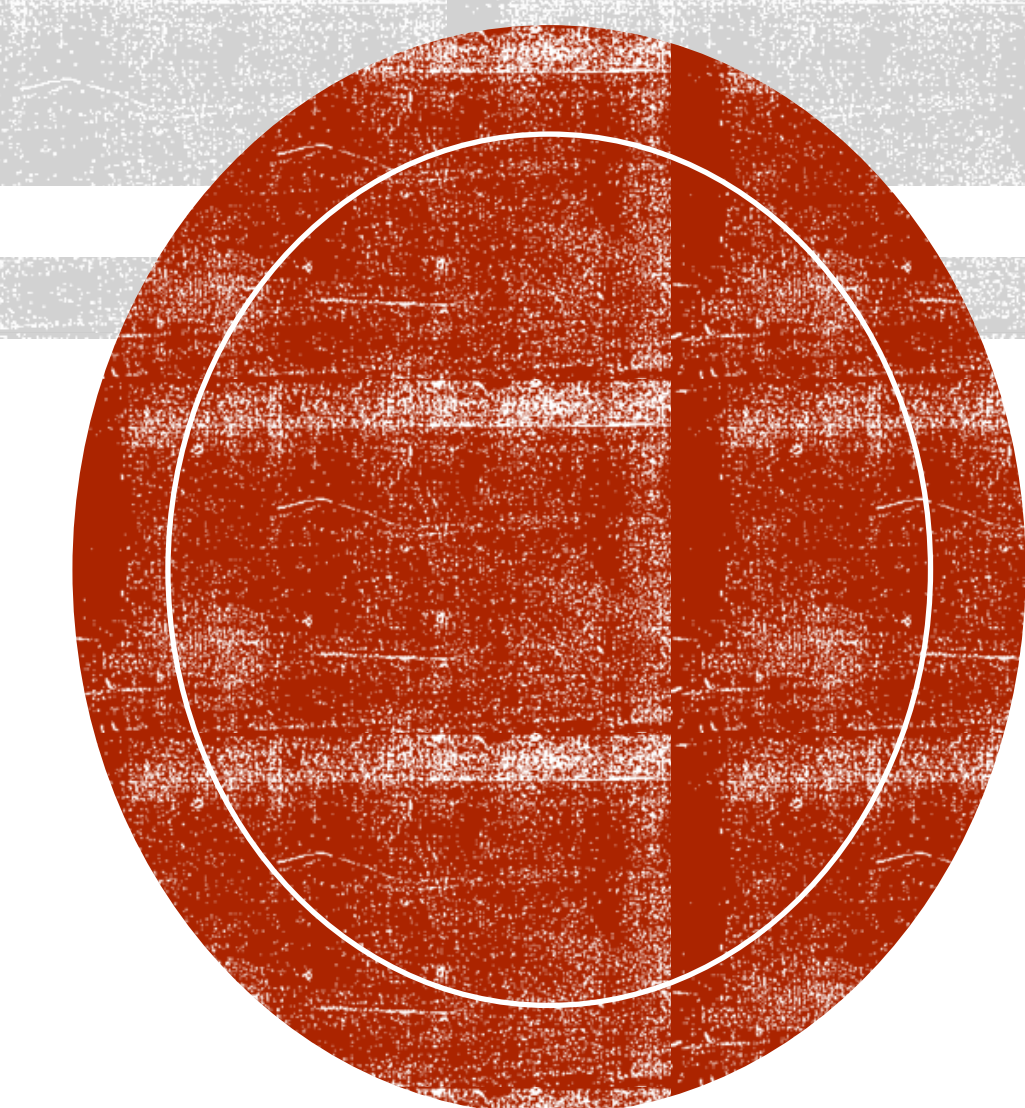
- Strategy to handle “annoying” minor misbehaviors during Special Time
- Ignoring the *behavior*, not the *child*
- Active – this takes work!
- ***Returning attention*** when positive behavior occurs – watch for “positive opposites”
- It gets worse before it gets better



ACTIVE IGNORING



DISCIPLINE AND LISTENING SKILLS: PARENT-DIRECTED INTERACTION (PDI)



COMPONENTS OF PDI

- Command training—giving effective commands
- Contingent praise or consequence (time-out)
- Gradual generalization from play commands in clinic to “real life” discipline everywhere
- Planned responses to:
 - Refusal to stay in time-out
 - Behavior disruptions in public settings



ALL ABOUT TIME-OUT

- Technically: a period of time in which a child cannot receive any reinforcement
- Time-out done ineffectively
 - It's like exercise
- Time-out in PCIT
 - Brief, safe, effective
 - Specific, *structured* steps and language used
- What it is *not*
 - Isolating the child
 - Abandoning the child
 - (Re)traumatizing the child



RESEARCH ON TIME-OUT

- With the right technique:¹
 - Really effective for reducing oppositionality and non-compliance
 - Promotes self-led emotion regulation
 - Builds autonomy
 - Does not cause harm
- Child's age and developmental level must be considered
- Effective when a warm, positive relationship has been established
- For adults who experienced appropriate implementation of time-out:²
 - Less likely to have an avoidant attachment
 - More likely to have better mental health outcomes and emotion regulation
 - No harmful effects, even for those with childhood adversity

1 Quetsch et al., 2015

2 Xu et al., 2024

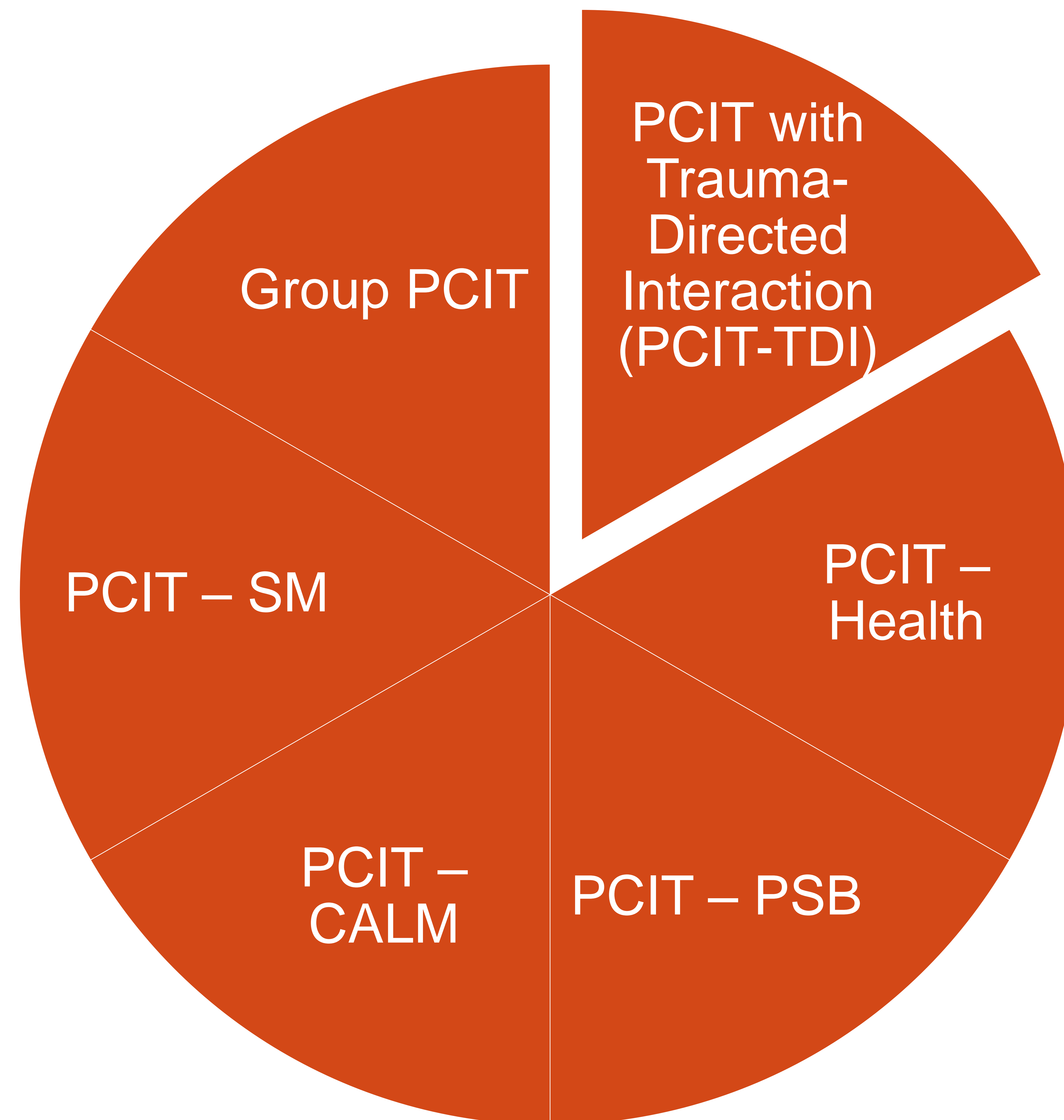


PCIT APPLIED TO DIVERSE POPULATIONS

- Children with FASD and prenatal substance exposure
- Children with history of trauma
- Children with developmental disabilities
- Children with social anxiety and selective mutism
- Older and younger children
- Within other cultures: Mexican-American, Native American, Australia, the Netherlands, China, South Korea, Germany, military families, and more



PCIT ADAPTATIONS



PCIT-TDI

- Module embedded in standard PCIT¹
- Aims to more directly address child's trauma
 - Adds 4 discrete sessions between CDI and PDI phases
 - Educate caregivers on trauma and its impact
 - Teach caregiver and child trauma-informed skills
- Conceptual basis grounded in trauma research
- Aims to standardize approach for providers serving this population
- Supported in preliminary case study²

1 Gurwitch & Warner-Metzger, 2022

2 Warren et al., 2022



STRUCTURE OF PCIT-TDI

Trauma-Directed Interaction (TDI)

- 1 teach and 3 coach sessions
- Educate caregivers directly
- Teach SAFE and COPE skills

Child-Directed Interaction (CDI)

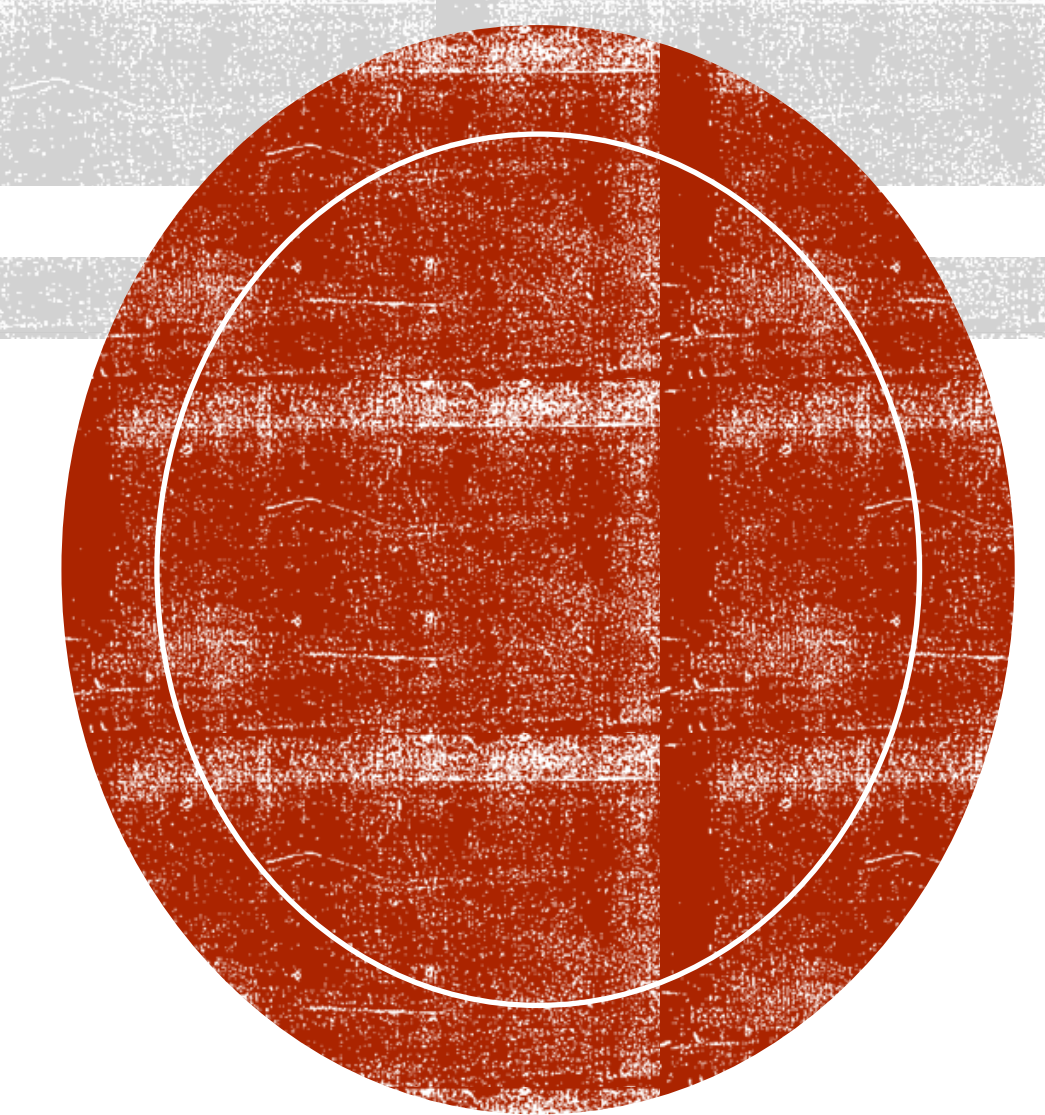
- Teach and coach sessions
- Meet goal criteria for skills
- Enhance positive relationship
- Establish positive attention as a commodity

Parent-Directed Interaction (PDI)

- Teach and coach sessions
- Meet goal criteria for fidelity
- Giving effective commands
- Compliance training
- Structured and consistent discipline



WHY APPLY PCIT IN CHILD WELFARE (CW)?



FITS THE POPULATION

- Maltreatment disproportionately affects PCIT-age children¹
- Behavioral dysregulation is a key sequela of traumatic events²
- PCIT has been supported to work for children impacted by traumatic experiences³⁻⁵

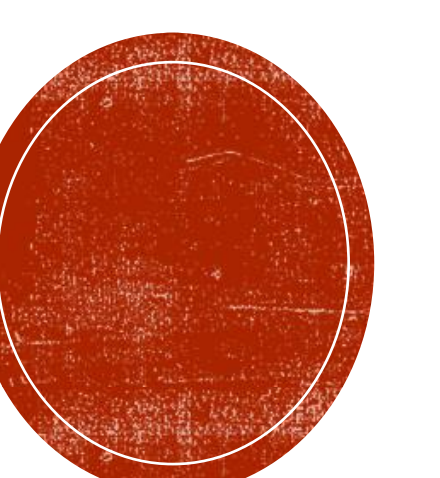
1 USDHHS, 2022

2 Breidenstine et al., 2014

3 Batzer et al., 2018

4 DiClemente & Young, 2019

5 Messer et al., 2022



FITS CW CLINICAL NEEDS

- Reduces child challenging behaviors
 - Can predict harsh parenting¹⁻²
 - Related to placement disruptions³
- Reduces parenting stress
 - Can predict harsh parenting^{2,4}
 - Related to placement disruptions³
- Reduces hostile attributions to the child⁵
 - Can predict harsh parenting²
 - Higher among maltreating parents⁶



1 Gershoff et al., 2012

2 Stith et al., 2009

3 Konijn et al., 2019

4 Miller-Perrin & Perrin, 2013

5 Urquiza & Timmer, 2014

6 Lau et al, 2006



FITS CW CLINICAL NEEDS

- Improves parenting
 - Directly increases positives interactions, which is protective¹
 - Provides a skillset to respond to challenges (lack predicts harsh parenting)²
 - Few EBTs exist for at-risk and/or maltreating families³
 - Evidence of foster parent training program effectiveness is lacking⁴
- Imminently flexible with a range of caregivers
 - Historically, prevention/intervention services focus solely on mothers
 - Allows for warm hand-off



1 Stith et al., 2009

2 Azar et al., 2016

3 Batzer et al., 2018

4 Rork & McNeil, 2011



FINDINGS OF PCIT IN CW

With maltreating parents

- Reduced maltreatment recidivism¹
- Reduced child abuse potential^{1,2}
- Children whose parents had highest ACE score benefit the most³

With foster parents

- Reduces predictors of placement disruptions
- Effective as a 2- or 3-day workshop⁴⁻⁶, with stronger evidence for 3-day format
- Effective as a brief (5-7 sessions) format⁷

- 1 Batzer et al., 2018
- 2 Chaffin & Friedrich, 2004
- 3 Blair et al., 2019
- 4 Mersky et al., 2015
- 5 McNeil et al., 2005
- 6 Topitzes et al., 2015
- 7 Blair et al., 2017



CAN WE ADAPT?

With maltreating parents:

- Multi-informant data is important¹
- May consider teaching relaxation skills prior to PDI²
- Slower implementation of PDI²
- More at-home sessions³

With foster parents:

- Multi-informant data is important⁴
- De-stigmatize help-seeking⁴
- Consider integration in pre-service instruction^{4,5}
- Creative delivery schedule⁶

1 Herschell & McNeil, 2005

2 McCoy et al., 2004

3 Urquiza & Timmer, 2014

4 Blair et al., 2020

5 Topitzes et al., 2015

6 McNeil et al., 2005



HOW CAN WE (AND DO WE) ADAPT TIME-OUT?

- Timing is everything
 - Consider the permanency plan and when best to transition to PDI
 - Plan for the best time to incorporate PDI with foster caregivers and natural parents/kinship caregivers
- Monitor need for time-out
 - PCIT is assessment-based, which has built-in timepoints for treatment decisions
 - Balance caregivers being on the same page with the needs of the child
- Reducing feelings of isolation
 - Ensure visual contact without attention
 - Words are written with exact language so we don't adapt but we do explain this to the caregiver



HOW DO WE RESPOND TO COMMON CONCERNS?

- “It’s hurting my child’s attachment/abandoning them, etc.”
 - Just like with active ignore, you are ignoring the noncompliant behavior, not the child
 - You stay nearby and remain available without direct attention or other reinforcers
 - The child’s response is temporary and expected, and we will monitor the child’s response closely
- “My child needs help, not a consequence”
 - Time-out is ONE tool in your toolkit, and it isn’t appropriate for all situations
 - There are times we don’t use it, and times we do
 - Used when child becomes dysregulated in response to a reasonable limit or expectation being placed
 - Feelings work is all day long
 - You are modeling appropriate feelings before and during time-out



EXAMPLE ADAPTED MODEL¹

On-Site: 3 PCIT-certified providers; 6-8 families, target child, siblings

Day One (7-8 hours)

- CDI Teach
- Role-play practice with each other
- At least 2, 45-minute live coaching sessions with child
- Observation of another parent's live coaching
- Group discussion and homework

Day Two (7-8 hours, 4 weeks later)

- PDI Teach
- Role-play practice with each other
- At least 2, 45-minute live coaching sessions with child
- Observation of another parent's live coaching
- Group discussion

3 Weeks In Between

- Homework
- Phone consultation (15-20 minutes)

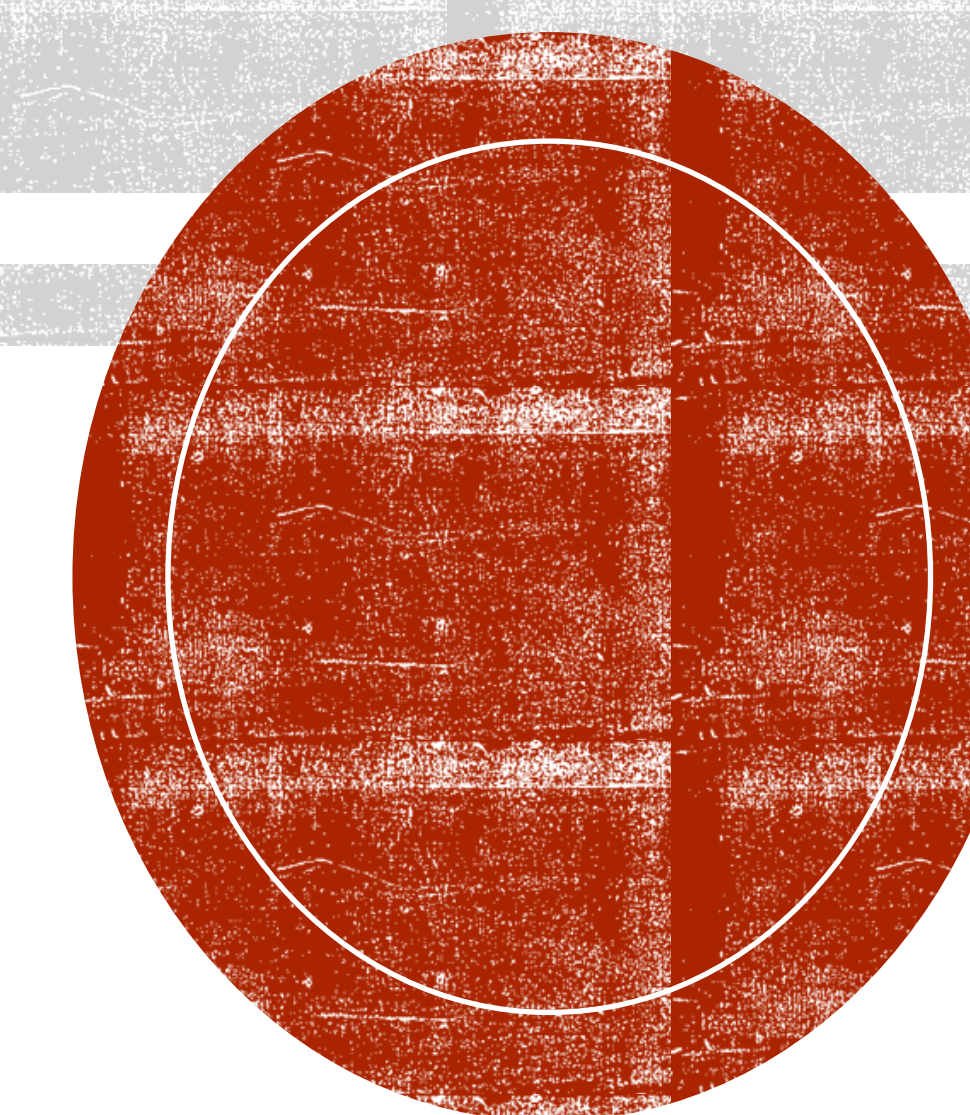
3 Weeks After

- Phone consultation

¹ Topitzes et al., 2015



**OKAY... WHAT'S THE
CATCH?**



LIMITATIONS AND BARRIERS

- With families:
 - Recruitment is a significant challenge¹
 - Significant attrition with maltreating parents (average 51%²), though no different than other samples⁴
 - Difficulty of required practice²
- With system:
 - Paucity of providers
 - Contracting trainings can be costly⁵
 - Funding often based on productivity instead of client outcomes⁶

1 Blair et al., 2020

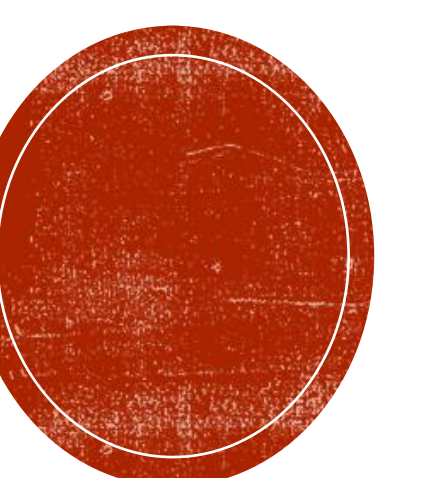
2 Batzer et al., 2018

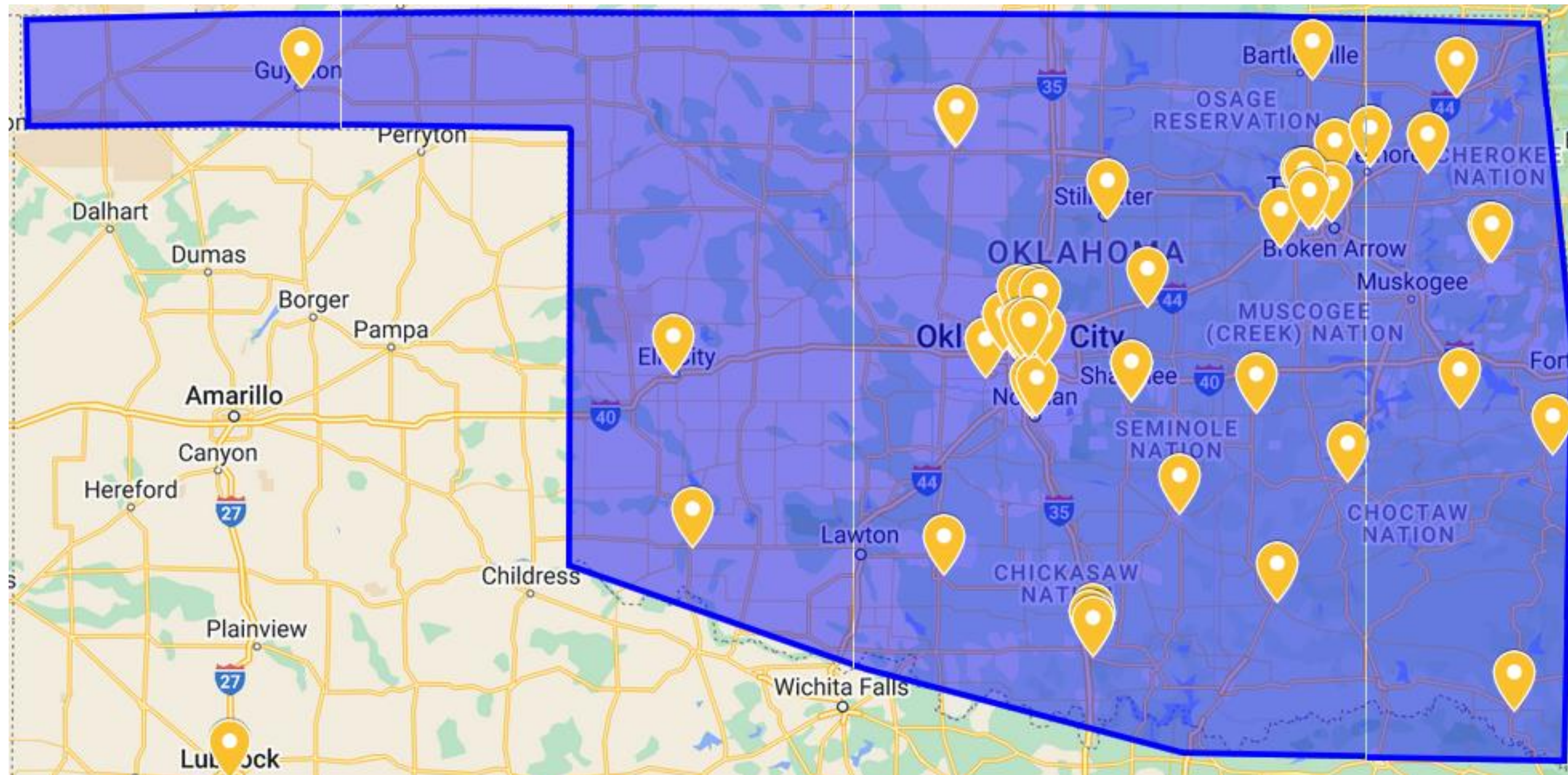
3 Webster-Stratton, 2014

4 Onovbiona et al., 2023

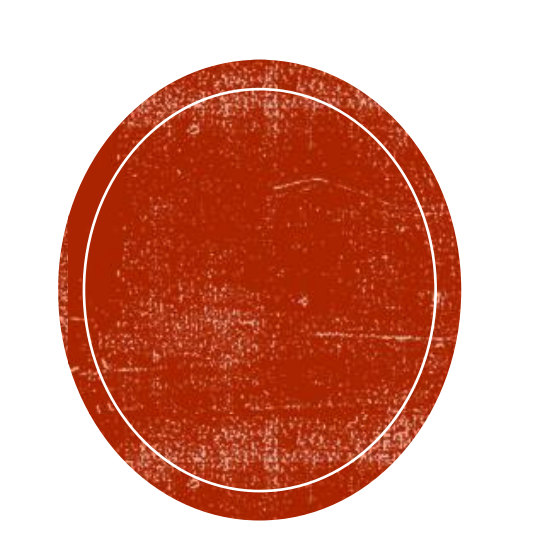
5 Timmer & Urquiza, 2014

6 Chaffin & Friedrich, 2004





CERTIFIED PROVIDERS IN OK



WHAT CAN WE DO?

- Increase recruitment
 - Clearly define provider's role and get creative with marketing¹
- Reduce attrition
 - Incorporate self-motivation orientation²
 - Context of other predictors (e.g., up to 70% in CW³)
- Workforce development
 - Better results
 - Other PMTs and CW services as usual for biological parents⁴ and foster parents⁵
 - Potentially higher reimbursement rates
 - Access to other providers¹
- Advocate for EBT funding and CW funding foci
- Tailor and adapt



- 1 Blair et al., 2020
- 2 Chaffin et al., 2011
- 3 Lundquist & Hansen, 1988
- 4 Chaffin & Friedrich, 2004
- 5 Mersky et al., 2015



NEXT STEPS



- Research
 - Nuance of polyvictimization
 - Caregiver transitions
 - PCIT-TDI
 - Who are good candidates for workshop-based vs. traditional model
- Practice/policy
 - Increase funding for PCIT training and access given the evidence within this population
 - Foster parent training hours for PCIT participation (some foster care workers already do this)
 - Natural parents given PCIT as an option as nearing reunification rather than termination
 - Agencies should market PCIT as an effective treatment for CW-involved families



TO LEARN MORE...

- pcit.org
- pcitok.org
- E-mail us for discussion and reference materials





THANKS!

Questions?