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# **Parent-Child Interaction Therapy (PCIT)**

**Supporting Children With Developmental Disabilities**



# Today's Objectives

- What is PCIT and how does it benefit children and caregivers?
- How is PCIT tailored to benefit children with developmental and intellectual disabilities?
- What does PCIT look like in action?
- In addition to the essential therapies and interventions offered to young children with disabilities, how can PCIT be included to support the mental health of and relationship between children and caregivers?



This presentation will provide general information about PCIT but is not an adequate training for use of this intervention to fidelity.

For more information about training opportunities and to find a provider, please visit: [www.pcit.org](http://www.pcit.org)



# What is PCIT?

Parent-Child Interaction Therapy (PCIT) is an empirically-supported treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.

~ [www.pcit.org](http://www.pcit.org)

# What is PCIT?

- Dr. Shiela Eyberg
- Evidence-based for children with disruptive behaviors
- Combines elements of attachment theory, and social learning theories, systems theory, play therapy, and behavior modification.
- Assessment driven (ECBI)
- Coaching model
- Ages 2 through 6 years
- Approximately 14-20 sessions
- Office-based or Telehealth
- Tailoring and Adaptations to the standard model of treatment

# What is PCIT?

- Child-Directed Interaction (CDI):  
Child leads the play and caregiver uses play therapy skills to improve the parent-child relationship and affect change in the child's behaviors, such as improved attention and calm play.
- Parent-Directed Interaction (PDI):  
Parent learns and practices specific behavior modification strategies to encourage cooperation and compliance and to decrease difficult behaviors.

# Benefits of PCIT

- ▶ Through play, parents and children develop a more secure attachment and strengthened relationship
- ▶ Increased positive attention, warmth, and attunement
- ▶ Parents can confidently handle and manage strong emotions and behavioral concerns
- ▶ Parents learn to communicate with calm assertiveness instead of anger.
- ▶ Children learn to regulate emotions and make better choices through cooperation and developmentally appropriate rewards/consequences.

# Benefits of a Coaching Model

- Parenting skills can be observed, shaped, and modified in real-time
- Child behaviors can be observed, shaped, and modified in real-time
- Provides direct and individualized parent encouragement and support
- Results in faster learning for both parent and child
- Clinician can bridge the gap between home and treatment settings

# PCIT is Not Recommended if:

- Severe marital discord
- Lack of caregiver engagement, commitment, and follow-through
- Severe parental psychopathology
- Active substance abuse
- Sexual offender/abuse
- Parent does not have regular and/or unsupervised visitation with child
- Interpreter is needed

# What does the research say?

- Significant reductions in behavior problems
  - Improvements in parent behavior, parent stress, and maternal depression
  - Generalization to home and school
  - Generalization to untreated siblings
  - Maintenance of gains for up to 6 years.
  - Significantly reduced ECBI scores at post treatment
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- Listed as a Best Practice in the field of child abuse treatment by the Kauffman Report  
(<https://depts.washington.edu/hcsats/PDF/kauffmanfinal.pdf>)
  - Over 300 scientific articles and book chapters on PCIT (NCTSN)
  - The highest scientific rating of 1 - Well Supported by Research Evidence (California Evidence-Based Clearing House for Child Welfare)
  - More effective than stimulant medication, CBT, the Incredible Years, and Child-Centered Play Therapy (Oregon Health Authority and West Virginia University)

# Steps in PCIT

- Pretreatment assessment and baseline (1-3 sessions)
- Phase I: Teaching CDI skills (1 session)
- Coaching CDI skills (6-8 sessions)
- Phase II: Teaching PDI skills (1 session)
- Coaching PDI skills (3-8 sessions)
- Phase III (optional): House Rules and Public Behavior (2-3 sessions)
- Post treatment assessment and Graduation (1 session)
- Booster sessions (as needed every 1-6 months)

# Child-Directed Interaction (CDI)

- Improve child's social skills, self-esteem, and play skills
- Increase frequency of positive/preferred/on-task child behaviors
- Improve organization, attention, and speech/language skills
- Establish a nurturing and secure parent-child relationship before addressing behavioral concerns
- Increase parent's responsiveness, warmth, attunement
- Teach parents to spend more time paying attention to positive/preferred behaviors, and less time paying attention to negative/disruptive behaviors



# Suggested Toys for 5 Minutes of Child- Led Special Time



# CDI Skills

## To Avoid

Commands: “Draw me a house.”

Questions: “What are you making?”

Criticisms: “Your house is too tall.”

Using negative words, such as:

No, Don't, Stop, Quit, Not

## To Do

Praises (Labeled)

Reflections

Imitate/Engage in play

Descriptions (Behavioral)

Enjoy

# Praise

Examples:

Parent: “Great job putting the toys away!”

I like the way you’re playing so gently with the toys.”

# Reflect

Child: “The doggy has a black nose.”

Parent: “The dog’s nose is black.”

# Imitate

Child: “I put a nose on the potato head.”

Parent: “I’m putting a nose on Mr. Potato Head too.”

# Describe

Parent: “You’re making a tower.”  
“You put the girl beside the fire truck.”

# Enjoy

Child carefully places Lego on tower.

Parent: “You are REALLY being gentle with the toys.”

# Parent-Directed Interaction (PDI)

- Resembles clinical behavior therapy, positive and negative reinforcement
- Child and parent take turns leading special time
- Children practice cooperation, following directions, delay of gratification, patience, etc.
- Parents learn and practice behavior management skills in the context of play and then gradually work toward application and proficiency in real-life situations
- Parents learn planned responses to problem behaviors and noncompliance
- Calm, assertive parenting
- Consistency, predictability, and follow-through with parent-child communication and behavior management skills

# Successful Completion of PCIT

- Parent achieves proficiency criteria of all skills
- Parent reports confidence with using skills and managing child behaviors
- Final ECBI scores are in the subclinical range

# Coaching Defines PCIT!

- Coaching is typically done from behind a one-way mirror with a bug-in-the-ear system in the therapy office.
- Increase caregiver's PRIDE skills
- Decrease caregiver's Questions, Commands, Criticisms
- Parallel Process: reinforce caregiver's PRIDE skills, ignore caregivers Don't skills (initially)
  - Parent follows child – attends to positives, ignores negatives
  - Therapist follows parent – attends to correct use of skills, ignores or gently shapes incorrect or Don't skills



# What does Special Time look like?

Video demonstration of Special Time and PRIDE Skills

<https://www.youtube.com/watch?v=bldyeAk2InM>

# Research and Benefits of PCIT with Children with Developmental and Intellectual Delays

- Standard PCIT reduced disruptive behavior for children at-risk of Autism or developmental delay, and was effective for parents' depressive symptoms (McInnis, et al., 2020)
- PCIT was found to reduce sleep problems and resulting externalizing behaviors for children with DD and borderline DD (Acosta, et al., 2019)
- Case Study: PCIT greatly improved language development skills and communication in a young child with global developmental delay (Shafi, et al, 2018)
- Case Study: young children with or at risk for developmental delays have increased risk of behavior and other problems. PCIT can be expanded to included these children and their families (Garcia, et al., 2018)

# Special Considerations and Treatment Tailoring for Kids with Developmental and Intellectual Delays

- Visual schedules for the session and for Special Time
- Verbal prompts/cues for child's use of language
- Non-verbal actions for LP's, such as high-fives
- Reflections of sounds or language approximations
- Use of a wider variety of toys, including developmental or preferred toys
- Play in closer proximity to the child, as appropriate/tolerated
- Incorporation of music or other calming items for the child during play
- Increased Neutral Talk and Behavior Descriptions to model play and language skills and build vocabulary
- Psycho-education about the child's diagnosis or specific developmental needs to increase parental understanding and acceptance of the child's individual way of interacting and playing - beginning of treatment and ongoing
- Collaboration with other therapists, IEP team, medical providers, teachers, etc.

**Video:**

**Special Time with a child with Down  
syndrome**



# My Hope...

PCIT can be included as part of the  
“package” of early childhood interventions for  
children with Developmental and Intellectual  
Delays and their families

# References

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