PARENT CHILD INTERACTION THERAPY

An empirically supported therapeutic intervention model for children ages 2 – 7.

The main concern for referral is one of the following:
- Child's behaviors
  - Defiance to directives
  - Excessive tantrums
  - Attention seeking behaviors
  - ADHD, ODD
- Attachment issues
- Caregivers' difficulty managing behaviors
- Caregiver stress

DEFINING FEATURES OF PCIT

- Theoretically grounded
- Scientifically based, clinically validated and empirically supported
- Parent and child together
- Emphasis on restructuring interaction patterns
- Assessment-driven not time-limited

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THEORETICAL FOUNDATIONS

- Social Learning Theory
- Attachment Theory
- Play Therapy

PARENT AND CHILD TOGETHER IN TREATMENT

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

ASSESSMENT DRIVEN

- Every appointment begins with the parent completing an ECBI (Eyberg Child Behavior Inventory).
  - Assesses conduct problems such as noncompliance, defiance, aggression & impulsivity.
  - Takes 5-10 min. to complete.
  - Measures include both an Intensity Scale and a Problem Scale. Both need to be at or below an established number to qualify for graduation.
ASSESSMENT DRIVEN

• Intake includes standardized observation to establish baseline.
  – Child-directed interaction time (CDI)
  – Parent-directed interaction time (PDI)
• Graduation of PCIT determined by:
  – Step 1: Mastery of CDI
  – Step 2: Mastery of PDI
  – Overall: ECBI at or below normed scores

NECESSARY CONDITIONS

• Availability of parent(s) or other stable caregiver to partner in weekly therapy sessions with the child.
• Parent/caregiver has access to / visitation with the child at least 4-5 times each week.
• Is the child in a stable placement for at least the next three months?
WHEN NOT TO REFER

• Child is 7 or older.
• Parent/caregiver not available to attend weekly sessions.
• Parent/caregiver participating in treatment does not have access to the child to complete daily homework (aka – Special Time).
• Parent/caregiver is known sexual perpetrator.

STRUCTURE OF PCIT

• Intake / Assessment sessions - 1-3 sessions
• Child-Directed Interaction (CDI) Teach session (adults only) – 1 session
  – Describe, model, role-play
• CDI Coach Sessions (4+ sessions)
• Parent-Directed Interaction (PDI) Teach session (adults only) – 1 session
  – Describe, model, role-play
• PDI Coach Sessions (4+ sessions)
• Post-assessment / Graduation
  – typically 16-20 sessions “or so”
* Homework (aka – SpecialTime) occurs for 5 min. every day following CDI Teach session.

STRUCTURE OF PCIT COACHING SESSIONS

• Parent wears a bug-in-the-ear receiver while playing with child in playroom.
• Therapist observes and coaches from an observation room using a microphone.
• Therapist codes parent and child behaviors at start of session (5 min.).
• Therapist coaches specific identified skills based on 5 min of coding.
• *Spouses take turns being coached with child and observing spouse’s coaching.
CHILD-DIRECTED INTERACTIONS

• **DO**
  - Praise
  - Reflect
  - Imitate
  - Describe
  - Enjoy

• **DON'T**
  - Give commands
  - Criticize

• Ignore annoying, obnoxious behavior.
• Stop the play for dangerous or destructive behavior.

[Video sample of CDI Skills]
[Video sample of in-room coaching]

PARENT-DIRECTED INTERACTION

Teaching Effective Commands:

  - Direct (telling, not asking)
  - Positive (what to DO, not stop doing)
  - Single (one at a time)
  - Specific
  - Age-appropriate
  - Given in a normal tone of voice
  - Polite and respectful (Please... )
  - Explained before given or after obeyed
  - Used only when really necessary
  - Immediate praise for instruction compliance

MAKING A GOOD REFERRAL

• How can I find a provider?
• What questions should I ask of a provider?

For more information:

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