



# Introduction to Parent Child Interaction Therapy (PCIT)

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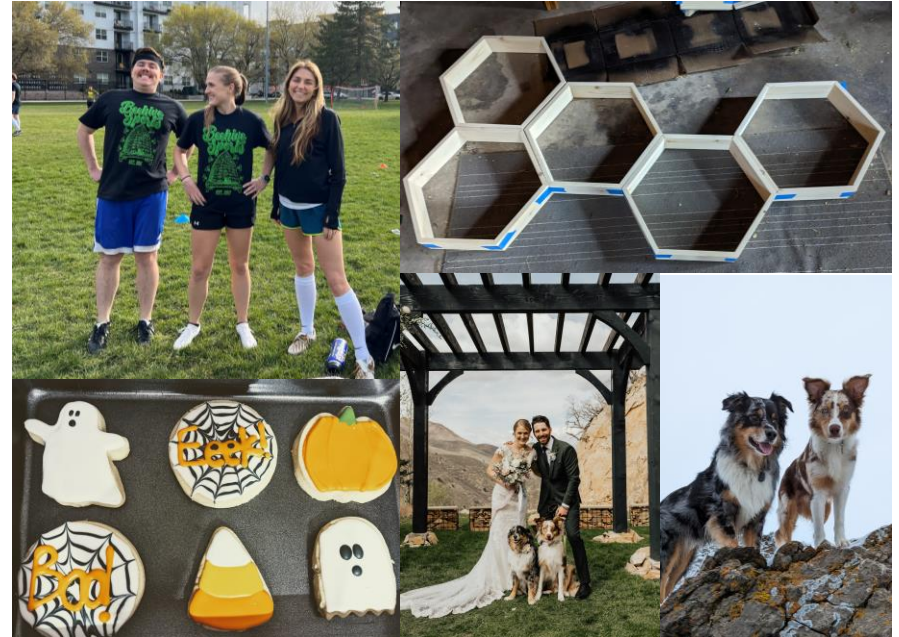


# Kalee Gross, Psy.D.

## Professional

- Graduated from the University of Indianapolis in 2020
- Completed internship and Primary Children's Center for Counseling (2019-2020)
- Completed Postdoctoral training at Boys Town Behavioral Health in Omaha, NE (2020-2021)
- Licensed in Utah since 2021
- PsyPact approved in 2022
- Certified PCIT Therapist since 2022
- Next goal is to become a PCIT Within Agency Trainer

## Personal





## Accuracy, Utility, and Risks Statement

This presentation gives an introduction to the evidence-based therapy called Parent Child Interaction Therapy (PCIT).

As with all clinical interventions, attendees should be thoughtful about applying PCIT skills and strategies without appropriate training and supervision.

Additionally, Dr. Kalee Gross is not a PCIT trainer so this material cannot be considered a part of your training toward becoming a PCIT certified therapist.



# Program Notices

## **Conflicts of Interest:**

None known.

## **Commercial Support:**

None.



# Agenda

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- What is PCIT?
- 1<sup>st</sup> Phase
- 2<sup>nd</sup> Phase
- PCIT with Minorities & Different Cultures
- PCIT via Telehealth
- How to Find or Become a PCIT Certified Therapist





# What is Parent Child Interaction Therapy (PCIT)?

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Sharing what PCIT therapy targets and its structure



# What is Parent Child Interaction Therapy (PCIT)?

- It is an evidence-based therapy used with children ages 2-7 that focuses on:
  - Increasing Positive Behaviors
  - Decreasing Problem Behaviors
  - Increasing warmth of relationship
- Short-term, behavior management program
  - 12-20 sessions
- Occurs in two phases of treatment that combine the two leading therapy models for young children (play therapy and behavior management)



# What does PCIT help with?

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Refusal and defiance of adults' requests

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Being spiteful or vindictive

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Deliberately annoying others

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Easy loss of temper

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Destruction of property

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Emotional dysregulation

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Low frustration tolerance

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Difficulty staying seated or playing quietly

(Jent, 2014)

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Difficulty with prosocial behaviors (taking turns, sharing, etc.)

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Inattention

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Parent-child relationship problems





# Steps of PCIT

Develop Goals and Pre-treatment assessment [Observations and Eyberg Child Behavior Inventory (ECBI)]

Teach 1<sup>st</sup> phase skills [Child Directed Interaction (CDI)]

Therapist coaches parent CDI skills from another room observing via one-way mirror or live video and using bug in ear system until they meet mastery

Teach and coach 2<sup>nd</sup> phase skills [Parent Directed Interaction (PDI)]

Graduation occurs when there is mastery of phase one and two skills and  $ECBI \leq 114$



# 1<sup>st</sup> Phase of PCIT



The purpose of the 1<sup>st</sup> phase and skills parents learn



# 1<sup>st</sup> Phase: Child Directed Interaction (CDI)

- Focus on parents learning play therapy skills that help:
  - Children feel good about themselves
  - Children feel secure and calm in the parent-child relationship
  - Increase child's communication
  - Teach new concepts
  - Increases attention to tasks for extended periods of time
  - Increases emotion regulation
  - Child's prosocial behaviors (e.g., turn taking, sharing)
- All the skills keep the child in the lead (Key for this phase\*)
- The skills taught form the "PRIDE" acronym



# Labeled Praise

- Two Types of Praise
  - Labeled-described the behavior being praised
  - Unlabeled-less specific
- What makes it important to give labeled praises?





# How Does Praise Help?

- Lets the child know what behaviors you like
- Increases child's positive behaviors
- Increases warmth
- Makes children feel good about what they do (fills up their emotional bucket)
- Makes parents and children feel good





# Replacement Behaviors

- Focus on praising a behavior that is the opposite or incompatible with the problem behavior
- Problem Behaviors:
  - Hitting
  - Defiance
  - Yelling
- What are opposite or incompatible, acceptable behaviors we can praise instead?



# Replacement Behaviors

- Focus on praising a behavior that is the opposite or incompatible with the problem behavior
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- What are opposite or incompatible, acceptable behaviors we can praise instead?

<u>Problem Behavior</u>		<u>Replacement Behavior</u>
Hitting	→	Gentle Hands
		Ex. Great gentle hands!

Defiance	→	Listening
		Ex. Thanks for listening!

Yelling	→	Inside voice
		Ex. Awesome inside voice!



# Reflect



- Paraphrasing or repeating what the child says
  - **We only reflect what we are okay with being said**
- It's a general therapy skill





# How Do Reflections Help?

- Keeps the child in the lead
- Shows child that their parent is listening
- Shows child that parent approves and understands what child said
- Can promote child's speech by:
  - helping child learn new vocabulary
  - Gently teaching proper grammar or concepts
- Encourages child to speak more



# Imitate

- What is it?
  - Copying the play that you want to see more of
  - Stay a couple of steps behind where the child is
- How does it help?
  - Keeps child in lead of play
  - Shows that parent is interested in what child is doing
  - Shows that parent approves of what child is doing because parent only imitates good behaviors



# Describe

- What is it?
  - Describing child's behavior as it occurs
  - Like being a sports broadcaster



- How does it help?
  - Keeps child in lead of play
  - Shows that parent is interested
  - Helps child increase their ability to think about and organize themselves
  - Describes the good things child is doing
  - Can help child focus on task longer
  - Models correct speech
  - Can increase child's vocabulary and conversation



# Enjoyment

- Increases child's learning of what parent likes and does not like
- Builds warmth in the relationship





# Desired Outcomes from CDI

## Decrease in:

- frequency, severity, and/or duration of tantrums
- negative attention-seeking behaviors
  - Ex. whining and bossiness
- parental frustration
- activity levels

## Increase in:

- Child's attachment to primary parent
- Child's feelings of security and safety to primary parent
- Self-esteem
- Prosocial behaviors
  - Ex. taking turns and sharing
- Attention span



# 2<sup>nd</sup> Phase of PCIT

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## 2<sup>nd</sup> Phase: Parent-Directed Interaction (PDI)

- Helps parents manage their child's behaviors in many settings
- Parents learn discipline strategies to help the child:
  - Accept your limits
  - Comply with directions
  - Respect house rules
  - Demonstrate appropriate public behavior
- Parents learn to manage child's challenging behaviors while remaining:
  - Calm
  - Confident
  - Consistent



# Giving Effective Commands

Make Commands...	Examples
direct	Direct: Sit on the chair Indirect: Will you sit down? Let's sit down.
in a polite way	Please use your inside voice.
single and small, not compound	Single: Please put on your socks. Compound: Please put on your socks and shoes.
tell child what to do instead of what not to do or stop commands	To do: Please put your feet on the ground. Stop: Don't climb on the counter.
specific	Specific: Please walk. Vague: Behave.
in a neutral tone of voice	Neutral: Please hold my hand Yelling: HOLD MY HAND!
after giving rationale*	We are going to school, please put on your sandals.
that have choices when possible	Please color quietly or read a book.
only when necessary	Can ignore some behaviors instead of giving a command, like child sitting on knees while eating





## 2<sup>nd</sup> Phase (PDI): Desired Outcomes

### Decrease in:

- frequency, severity, and/or duration of aggressive behaviors
- Frequency of destructive behaviors
  - Ex. breaking toys
- Defiance

### Improvement in:

- Compliance with adult requests
- Respect for house rules
- Parental calmness and confidence during discipline
- Behavior in public



# PCIT with Minorities & Different Cultures

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Shown effective across several cultures, including Chinese, Mexican, Puerto Rican, Norwegian, and Dutch (Lieneman, et. al., 2017; Borrego et al., 2006; Borrego, Ibanez, Spendlove, & Pemberton, 2007)



# Cultural Considerations

- Mexican American Families
  - The Guiando a Ninos Activos (Guiding Active Children; McCabe & Yeh, 2009)
    - Potentially helpful changes:
      - Provide materials and speak in their preferred language
      - De-emphasize the words therapy and treatment
      - Ask how they would be like to be addressed
      - Emphasize personalismo
      - Incorporate values at the beginning
  - Several Mexican American parents not find differential attention to be as acceptable as other child management techniques, such as response cost (Borrego, et. al., 2007)



# Cultural Considerations

- Puerto Rican Families
  - May have more difficulty effectively ignoring behaviors
  - Feedback from parents in one study (Mateo, et. al., 2006)
    - Parents felt CDI gave the children too much control
    - Parents thought the timeout portion of PDI was too demanding on them
  - May help to:
    - Place greater emphasis on values
    - Emphasize personalismo



# Cultural Considerations

- Native American Families
  - Consider including extended family members and elders in treatment
  - See how they feel about labeled praise
    - In Native American cultures, it can come across as boastful
    - Can adapt praise by:
      - allowing for more subtle forms of praise
      - whispering praises
  - Some families expressed discomfort with enthusiasm
  - Slow down the pace and turn down the energy
  - Incorporate traditional Native American values



# Cultural Considerations

- Black Families (Bodiford McNeil & Hembree-Kigin, 2011)
  - We need more research!
  - Black children are overrepresented in PCIT referrals but underrepresented in research



# Cultural Considerations with Praise

- In Chinese and Taiwanese cultures:
  - often view praise as boastful
  - fear too much praise will lead to child to be overconfident, stubborn, and unwilling to be corrected
- Norwegian culture:
  - parents fear that praising their child too much will spoil them
- To adapt expectations related to praise by:
  - changing the expectation for number of praises for mastery
  - being more inclusive as to what is praise or “positive regard”
  - having parents whisper praise to child



# PCIT via Telehealth

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It's effectiveness and considerations





# Effectiveness of PCIT via Telehealth

- Study conducted by Comer and colleagues (2017) showed:
  - 70% of children treated with Internet-delivered PCIT (I-PCIT) showed a treatment response
  - 55% with clinic-based PCIT showed treatment response
  - 55% of children treated with I-PCIT showed a treatment response 6 months after treatment
  - 40% of children treated with clinic based PCIT showed a treatment response 6 months after treatment



# Effectiveness of PCIT via Telehealth

- Study conducted by Garcia and colleagues (2021) showed that I-PCIT:
  - reduced child externalizing and internalizing problems
  - Reduced caregiver stress
  - Increased parenting skills and child compliance
  - Showed medium to large effect sizes



# Telehealth Considerations

- Confidentiality
- More difficult to ensure safety
- Need proper equipment
- Equipment and camera placement
- Use differential attention to manage children's attention to equipment
- Room set up and lighting



## Equipment needs:

- Laptop, tablet, phone, or computer with webcam ability
- High speed internet
- Wireless earpiece (e.g., Bluetooth headphones with built in microphone)
- Webconferencing application (e.g., Microsoft Teams, Cisco WebEx) that complies with HIPAA



# How to Find or Become a PCIT Certified Therapist

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# How To Become a Certified Therapist

- Need to:
  - Have a master's degree or higher and be a licensed mental health service provider
  - Be a psychology doctoral student that has completed their 3<sup>rd</sup> year of training and is conducting clinical work under a licensed provider
  - 40-hours of face-to-face training with a PCIT Level II or Global Trainer that includes:
    - an overview of the theoretical foundations of PCIT
    - DPICS coding practice
    - case observations
    - coaching with families, with a focus on mastery
    - a review of the 2011 PCIT Protocol
- OR
- 10 hours of online training from a program endorsed by PCIT International and 30 hours of face-to-face contact with a PCIT Level II or Global Trainer.
- OR
- 40 hours of PCIT training with a PCIT International Level 1 Trainer using a combination of didactic training and live co-therapy and supervision.



# How To Become a Certified Therapist

- Complete two cases to graduation, with the trainee being the lead therapist on at least one of the completed cases.
- Remain in contact via real time consultation or video review with feedback with a certified PCIT trainer twice a month
- Demonstrate Mastery in:
  - CDI Teach
  - PDI Teach
  - CDI Coach
  - PDI Coach
- List of Requirements: [https://www.pcit.org/uploads/6/3/6/1/63612365/therapist\\_training\\_guidelines\\_7.20.20.pdf](https://www.pcit.org/uploads/6/3/6/1/63612365/therapist_training_guidelines_7.20.20.pdf)
- Find a trainer: <https://www.pcit.org/find-a-trainer.html>

# How do I Find PCIT?



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Treatment (UCEBT)

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**[PCIT International's website](#)**



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