

Parent Child Interaction Therapy (PCIT) Overview

Parent child interaction therapy (PCIT) was first introduced in the 1970's and has been proven effective for abused and at-risk children with disruptive behaviors ages 2 ½ to 8 and their biological or foster caregivers. Therapists coach parents while they interact with their children during PCIT, by sitting behind a one-way mirror and using an "ear bug" audio device to guide parents through strategies that reinforce their children's positive behavior. The live coaching and treatment of both parent and child together are cornerstones of this approach.

Mario is a four-year-old, Spanish-speaking, Latino boy who entered treatment with his mother due to concerns about his aggressive behavior and difficulty following directions. Mario began treatment with an outpatient (non-PCIT) provider, and he was referred for PCIT after that treatment failed to significantly reduce his symptoms. During his first PCIT appointment, Mario's Early Childhood Behavior Inventory (ECBI) score (filled out by his mother) was a 183. Scoring the initial Dyadic Parent Child Interaction Coding Sheet (DPICS), his mother did not use the PRIDE skills to Praise child's appropriate behavior: Reflect appropriate talk, Imitate appropriate play, Describe appropriate behavior and be Enthusiastic.

Based on mother's report, Mario's symptoms drastically improved by the end of treatment: he was able to follow directions, go on outings in the community, use time-out without mom having to physically restrain him, and he was about to begin attending a pre-school program. Mario followed all direction given by his mother with no warnings and no time-outs needed. In the last recorded ECBI, Mario's score (as rated by his mother) was a 154.

During the treatment, Mario appeared increasingly content and was increasingly able to engage in pro-social activities such as saying "good morning" to the therapist when he entered for session. His mother reported that she was amazed by the changes in her son, and she stated that other adults close to the family also commented on the changes in him. His mother was noted to be more positive, confident, and content during the session over the course of the treatment.

PCIT is typically provided in 14 to 20 sessions of about one hour each and incorporates the use of standardized instruments in every coaching session to record implementation of the PRIDE skills by the parents. During Phase 1, or Child-Directed Interaction the parent learns Relationship Enhancement skills. In addition to the therapy session, they implement these skills at home for 5-10 minutes each day to practice their skills with their child. Phase II, or Parent-

Directed Interaction, focuses on establishing a structured and consistent approach to discipline; parents are coached during a play situation by the therapist to use skills in giving clear direct commands, and provide consistent consequences for both compliance and noncompliance.

Oregon has established PCIT services in four counties through a request for proposals process. Addictions and Mental Health (AMH) required sites to implement PCIT with fidelity, track data from their program, establish training opportunities, and provide culturally specific services for Hispanic clients. The counties developed PCIT specific rooms that included installation of communication equipment, appropriate toys, and infrastructure needed to provide PCIT. Since the model was implemented under the current contract in July 2008, 99 children without OHP coverage have been served (in the first year) using this model, 12 bilingual/bicultural clinicians have been certified in PCIT, 34 mental health clinicians overall have been trained, and 5 staff have emerged as trainers, meeting the national requirements to be trainers.

An evidence-based practice, PCIT reduces behavior problems in young children by addressing negative parent-child patterns and teaching parents how to model and reinforce constructive ways to manage emotions.

PCIT decreases the risk of child physical abuse by interrupting the harmful cycle that can be present between the parent and child, where the parent's negative behaviors such as screaming or threatening, reinforce negative behaviors of the child such as unresponsiveness and disobedience. The model encourages positive interaction, and implementation of consistent and nonviolent discipline techniques. Parent satisfaction with PCIT is typically high. Additionally, the model offers support for caregivers and can be adapted for use with various populations and cultures. At least 30 randomized clinical outcomes studies have found PCIT to be useful in treating at-risk families and children with behavioral problems.

For further information about Parent Child Interaction Therapy: www.pcit.org

For more information about Oregon's implementation of PCIT, please contact Kathy Seubert at 503-947-5525 or by e-mail at Kathy.k.seubert@state.or.us