

Parent-Child Interaction Therapy

What is Parent-Child Interaction Therapy (PCIT)?

Purpose. To improve the quality of parent-child relationships and interactions.

Therapy. Parents learn specific skills to establish a nurturing and secure relationship with their child while increasing their child's prosocial behavior and decreasing negative behavior. PCIT has two components, implemented over approximately 20 weeks.

- *Child-Directed Interaction (CDI)* is similar to play therapy to strengthen the parent-child relationship.
- *Parent-Directed Interaction (PDI)* resembles clinical behavior therapy to teach parents behavior management techniques.
- Parents receive guidance by trained therapists through "bug-in-the-ear" technology observing through a one-way mirror to provide real-time feedback.

PCIT Evaluation

Research Questions

- How many families complete PCIT?
- Which families tend to drop out most often?
- Do children and parents who complete PCIT show improved interactions, behavior and stress?

Data

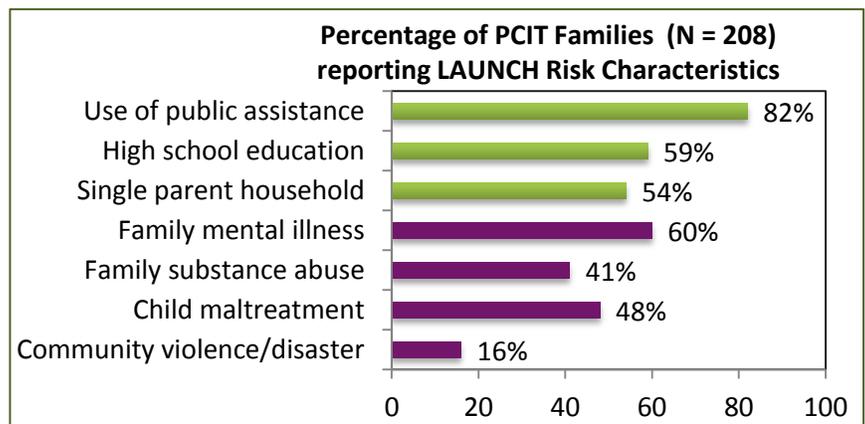
Data regarding PCIT participants and outcomes were limited due to complexities in data sharing across various agencies delivering PCIT and in variability in therapists' willingness to complete extra steps to provide data to the evaluation team. Missing data presented a substantial limitation to the evaluation of PCIT, especially for examining changes in outcomes over time. The findings in this brief represent what is known given these data limitations.

Participants

Children (N = 208) ranged from 1 to 9 years of age (average of 4.9 years). The majority (67%) of the children were male. Their ethnicities were as follows: 81% White, 8% Latino, 3% Black, 1% Native American, 1% Asian, 4% Multiracial, 2% Other. Parents/caregivers ages ranged from 20 to 57 years (average of 31.9 years).

Outcome Measures (assessed pre, mid, and post PCIT)

- **Parent-child interactions during PCIT:** Dyadic Parent Interaction Child Scale (DPICS), scored by therapists. Eyberg, Nelson, Duke, & Boggs, 2005
- **Parent stress:** Parent survey of stress about parenting and difficult child behaviors (Parenting Stress Index). Abidin, 1995
- **Child conduct problems:** Parent survey of child conduct problems (Eyberg Child Behavior Inventory). Eyberg & Pincus, 1999



Findings

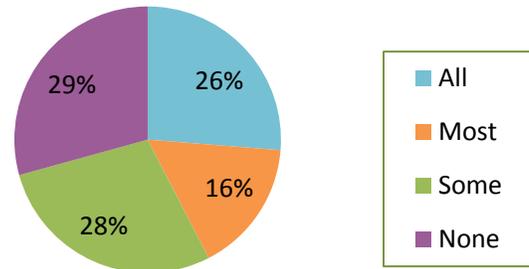
Completion of PCIT Treatment and Goals (N = 105)

- 39% completed PCIT (61% terminated early)
 - 52% completed Child Directed Interaction (CDI)
- Families more likely to drop out early had:
 - Lower income.
 - Lower parent education level.
 - Parent mental illness.

“PCIT does not work for all clients, but for the ones that really invest in the process, it really has amazing results.”

- PCIT Therapist

PCIT Treatment Goals Met

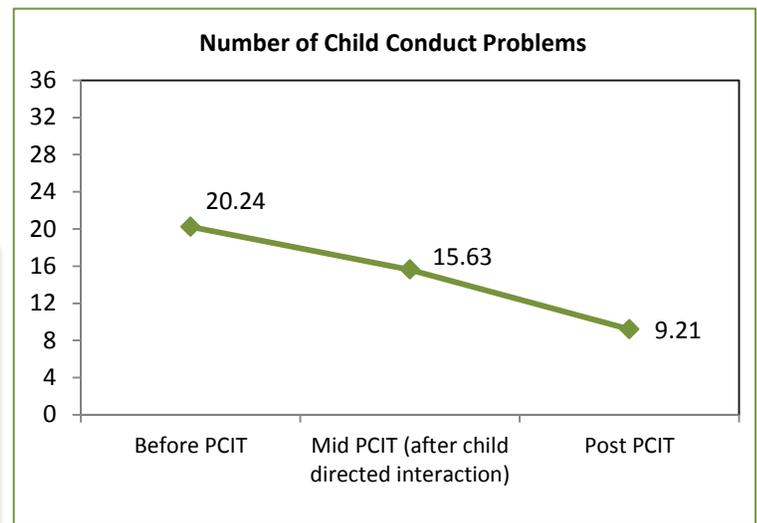


Outcomes for Children and Families (N = 38)

- Significant decreases in child behavior problems (number and intensity).
- Significant decreases in parenting stress on all four subscales (difficult child, defensive responding, parental distress, and parent-child dysfunctional interaction).
- Improvement in parent-child interactions during PCIT sessions.

“We had some beautiful transformations using PCIT with clients. One mother had [previously] lost 3 children to DHS custody because of drug use. She now is an empowered mother of two that is an expert at using the PCIT pride skills. Her children adore her.”

- PCIT Therapist



Implications for Policy and Practice

- LAUNCH built local capacity to provide PCIT by funding 7 new PCIT facilities and training 16 providers and 3 trainers. This helped address the challenge of provider turnover and enabled delivery of PCIT into the future, in a variety of locations and agencies serving families with young children at-risk.
- PCIT appears to be making a difference for many at-risk families in Deschutes County.
- More research is needed to better understand who drops out, when, and why. Future work should also identify the minimum number of sessions families need to complete in order to benefit from the program. Such information would be important in determining which families might best be supported through other programs. It could also lead to improvements in practices or supports to improve retention.

Nationwide, Project LAUNCH demonstration sites are pioneering new ways to promote young child wellness (prenatal - age 8). In 2009, Deschutes County was selected as the LAUNCH demonstration site for Oregon. For information visit: Deschutes.org/ecwellness

This initiative was developed in part under grant # IH79SM058339-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.



Oregon State | **Cascades**
UNIVERSITY



Oregon Health
Authority