



PCIT & CARE
TRAINING

CENTER FOR CHILD
& FAMILY HEALTH

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PARENT-CHILD INTERACTION THERAPY:
VA EBS OPEN HOUSE
TUESDAY, APRIL 27TH



PCIT

WHAT IS PCIT

PCIT: BASICS

- Model developed by:
 - Sheila Eyberg, PhD
- Evidence-based treatment for children (2.5-6.5) with disruptive behavior
 - Combines elements of attachment and learning theories, systems theory, and behavior modification
 - Involves direct coaching of caregiver(s) with child
 - Assessment driven
 - Short-term treatment (avg. 20-24 weekly sessions)
 - Caregivers and child seen together
 - Two phases
 - Child Directed Interaction
 - Positive parent-child interactions (nurturance)
 - Parent Directed Interaction
 - Discipline

PCIT: GOALS

- Increased positive caregiver-child interactions
 - Increased caregiver-child attachment
 - Improved caregiver-child relationship
- Positive attention for positive behaviors
 - Differential social attention
 - Increase in positive child behaviors
- Effective discipline techniques
- Authoritative Parenting!



PCIT: BALANCING TWO FACTORS

1. Positive Interaction with the Child

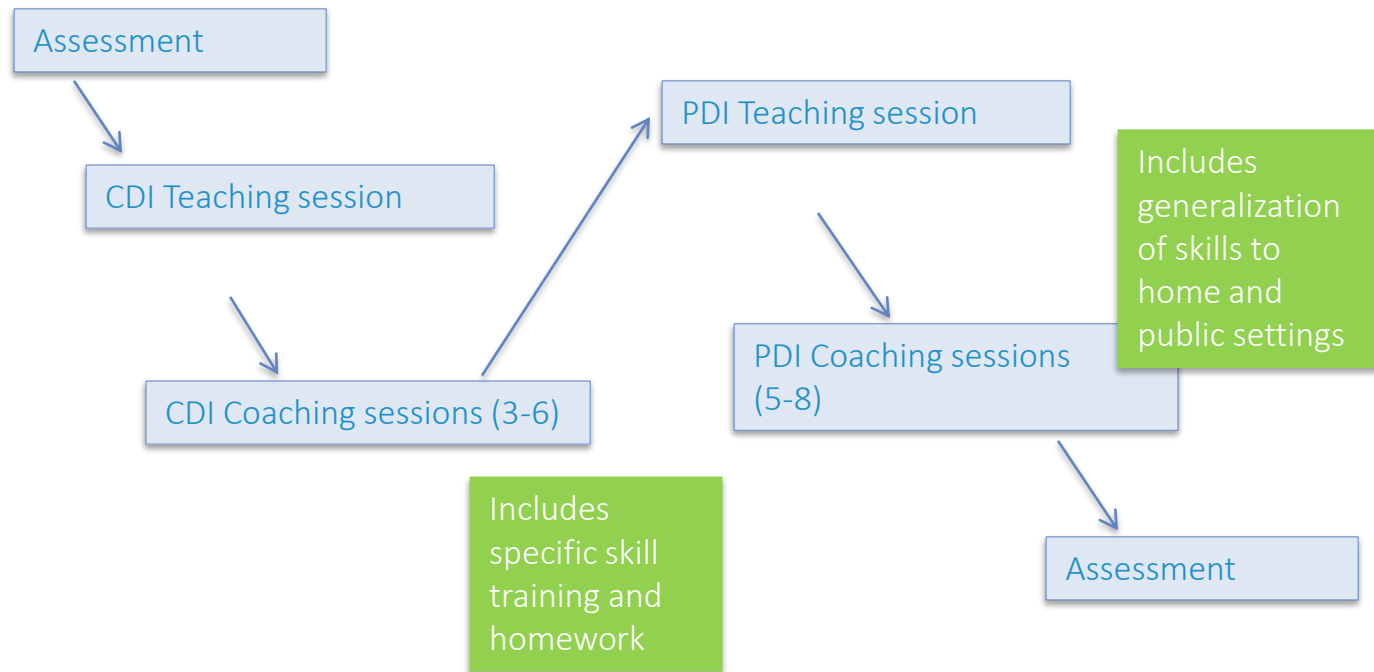
- Child Directed Interaction (CDI)
- Increase positive attention
- Decrease negative attention



2. Consistent Limit Setting

- Parent-Directed Interaction (PDI)
- Consistency, Predictability & Follow-Through

PCIT:TREATMENT COMPONENTS



WHAT SETS PCIT APART FROM OTHER PARENT MANAGEMENT PROGRAMS?

- Emphasis on caregiver-child interaction patterns
 - Stronger focus on improvement of parent-child relationship and attachment
- Time unlimited
- Assessment driven
- Caregiver held to goal criteria
- Caregiver(s) and child together in treatment
- Live coaching of skills
- Short-term treatment (avg. 20-24 weekly sessions in community mental health)

WHAT DOES IT LOOK LIKE



Traditional set-up:

- 2 rooms (playroom/treatment room & observation room) adjoined by a 1-way mirror
 - Caregiver & child play in the playroom/treatment room
 - Therapist coaches from observation room
- Therapist communicates with the caregiver through an in-ear listening device

- Alternative set-up:
 - 2 rooms (playroom/treatment room & observation room) where therapist observes caregiver and child using closed circuit monitoring
 - Therapist communicates with the caregiver through an in-ear listening device
- Telehealth:
 - Caregiver and child and therapist connect via telehealth platform



PCIT

WHO IS APPROPRIATE

PCIT POPULATIONS

- Traditionally: Disruptive Behavior Disorders
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Oppositional Defiant Disorder (ODD)
 - Conduct Disorder (CD)
- Others:
 - Fetal Alcohol Spectrum Disorder (FASD)
 - Autism Spectrum Disorder (ASD)
- Don't rule out:
 - Children exposed to trauma
 - Children in foster/kinship care
 - Children/caregivers with developmental delays

PCIT HAS BEEN IMPLEMENTED WITH...

- Attention Deficit Hyperactivity Disorder (ADHD)*
- Oppositional Defiant Disorder*
- Conduct Disorders
- **Child maltreatment***
- Children with Anxiety Disorders*
- Children who witness domestic violence
- **Children in foster care***
- **Children with prenatal substance exposure or impacted by parental substance abuse***
- Mexican-American Families*
- PCIT with toddlers*
- **Children with trauma history**
- Native American Families
- Children with developmental disabilities*
- Children born prematurely*
- **Children on the Autism Spectrum***
- Children with language disorders*
- Children in military families
- Home-based PCIT*
- Group PCIT*
- Internet-based PCIT
- And more!

* At least one RCT

OTHER CONSIDERATIONS

- Children in long term treatment without significant improvement
- Stability for additional treatment needs
- Placement preservation
- Transitions to new/reintegration into family systems
- Changing intergenerational patterns
 - Very low recidivism rates
- Siblings of children currently in treatment
- Prevention of child maltreatment

PCIT IS RECOMMENDED FOR:



	Inclusion Criteria
Child (client)	<ul style="list-style-type: none">○ Clinical concerns:<ul style="list-style-type: none">▪ Externalizing symptoms in the home, out-of-home placement, school, and/or community▪ Internalizing concerns, including mood disorders▪ Relationship and/or attachment difficulty with primary caregiver▪ Symptomatic grief and loss○ 2 to 7 years of age○ Receptive language skills \geq 24 months of age○ Available to participate in regularly scheduled treatment sessions○ Regular contact between client and participating primary caregiver
Primary Caregiver	<ul style="list-style-type: none">○ Available to participate in regularly scheduled treatment sessions○ Regular contact between client and participating primary caregiver

PCIT IS NOT RECOMMENDED FOR:



	Exclusion Criteria
Child (client)	<ul style="list-style-type: none">○ Receptive language skills significantly < 24 months of age○ Unable to participate in regularly scheduled treatment sessions○ Limited contact between client and participating primary caregiver
Primary Caregiver	<ul style="list-style-type: none">○ Perpetrator of sexual abuse○ Active perpetrator of domestic violence, physical abuse, or psychological abuse○ Actively psychotic, significantly thought-disordered, or significantly cognitively-impaired (IQ < 65)○ Unable to participate in regularly scheduled treatment sessions○ Limited contact between client and participating primary caregiver



PCIT

WHY CHOOSE PCIT

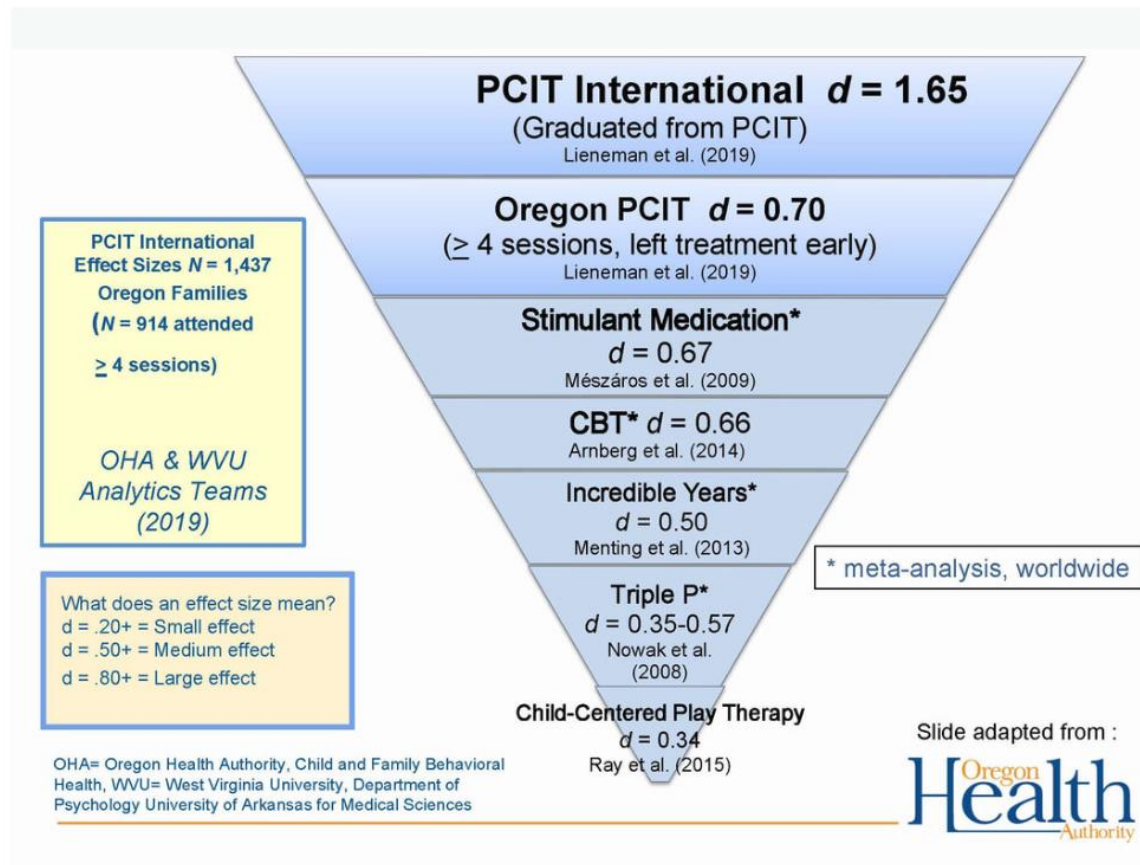
RECOGNITION OF PCIT

- Routinely receives highest accolades:
 - **Families First Prevention Services Act**
 - **Federal funding that will pay for treatment**
 - California Clearing House for Evidence Based Practices
 - SAMHSA's National Registry of Evidence-based Programs and Practices
 - National Child Traumatic Stress Network selected PCIT
 - Ewing Marion Kauffman Foundation as “best practice” for working with children with a history of maltreatment

EVIDENCE FOR PCIT

- Over 300 publications (can be found on www.PCIT.org)
 - More than 14 Randomized Control Trials (RCTs)
 - Several with 6+ month follow-up; the longest with 7 year follow-up
- Outcomes show significant improvement across cultural and ethnic groups and populations in:
 - Child compliance, including in untreated siblings
 - Child internalizing and externalizing symptoms
 - Caregiver-Child relationship/attachment
 - Trauma symptoms
 - School behaviors
 - Frustration tolerance and emotion regulation
 - Attention and concentration
 - Caregiver stress and maternal depression

PCIT WORKS



PCIT: OUTCOMES

Clinically significant improvements:

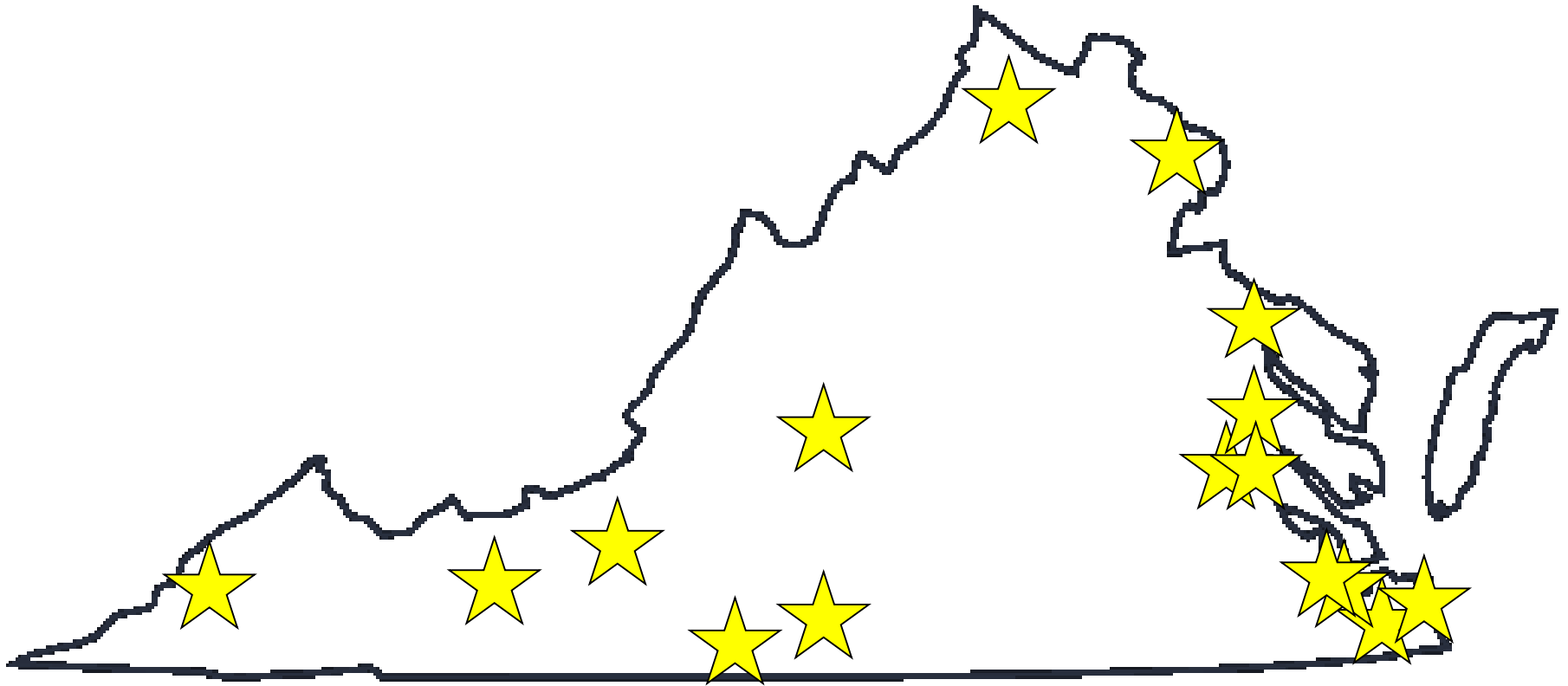
- Child compliance
- Child externalizing symptoms
- Child internalizing symptoms
- Parental locus of control
- Parent stress
- Parent depression



PCIT

WHERE CAN I FIND PCIT

PCIT SERVICES IN VA



Agency

Blue Ridge Behavioral Healthcare

Child & Youth Behavioral Health Services

Children's Hospital of the King's Daughters

Danville-Pittsylvania Community Services

Greater Richmond SCAN (Stop Child Abuse Now)

Henrico Area Mental Health and Developmental Services

Middle Peninsula Northern Neck Community Services Board

Mount Rogers Community Services Board

National Counseling Group- Lynchburg

National Counseling Group- Virginia Beach

Northwestern Community Service Board

Phillips Programs- Family Partners

Piedmont Community Services Board

Richmond Behavioral Health Authority

Southwest Virginia Children's Advocacy Center

The Up Center

QUESTIONS??

