The Society for Clinical Child and Adolescent Psychology (SCCAP):
Initiative for Dissemination of Evidence-based Treatments for Childhood and Adolescent Mental Health Problems

With additional support from Florida International University and The Children's Trust.

Workshop:
An Introduction to Parent Child Interaction Therapy

PCIT International Master Trainers:
John Paul Abner, Ph.D., Daniel Bagner, Ph.D., ABPP , Rhea Chase, Ph.D.
Melanie Fernandez, Ph.D. ABPP and Melanie Nelson, Ph.D

Parent Child Interaction Therapy

Part 1 of 10

Why are we excited about PCIT?

▸ Introduction of PCIT International Certified Master Trainers serving as workshop presenters:

  ▸ Melanie Fernandez, Ph.D., ABPP
    ▸ Director, Parent-Child Interaction Therapy Program
      Child Mind Institute

  ▸ John Paul Abner, Ph.D.
    ▸ Milligan College, PCIT Director for East Tennessee Center of Excellence for Children in State Custody

  ▸ Daniel Bagner, Ph.D., ABPP
    ▸ Florida International University

  ▸ Rhea Chase, Ph.D.
    ▸ Duke University

  ▸ Melanie Nelson, Ph.D.
    ▸ University of Oklahoma Health Sciences Center, The ADHD Center, Lake City, FL

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Acknowledgements and Thanks

▸ Sheila Eyberg, Ph.D., ABPP
  ▸ PCIT Developer and Founder of PCIT International
▸ Beverly Funderburk, Ph.D.
▸ PCIT International Board of Directors
▸ **Society for Clinical Child and Adolescent Psychology (SCCAP)**
▸ Center for Children and Families at Florida International University
  ▸ William E. Pelham Jr., Ph.D., APBB
  ▸ Aparajita Biswas Kuriyan

Financial Disclosure

▸ The PCIT International Master Trainers presenting today do not benefit financially from the sales of materials by PCIT International.

Parent-Child Interaction Therapy:
An Overview

Melanie M. Nelson, Ph.D., Rhea M. Chase, Ph.D.

February 7, 2013

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What is
Parent-Child Interaction Therapy?

Parent-Child Interaction Therapy (PCIT)

▸ Empirically supported treatment for young children with disruptive behavior

▸ Developed by Dr. Sheila Eyberg

Treatment Outcome Research and Controlled Trials

▸ Significant reductions in noncompliance and behavior problems

▸ Generalization to home and school

▸ Maintenance of gains up to six years after treatment(maximum follow up time to date)

▸ Generalization to untreated siblings

▸ Changes in parents' interactional style

How does PCIT work?

PCIT

Balances Two Factors…

1. Positive Interaction with the Child

   Increase positive attention

   Decrease negative attention

2. Consistent Limit Setting

   Consistency
   Predictability
   Follow-Through

Progression of PCIT Treatment

- Pretreatment assessment
- Average of 14-16 weekly sessions
  - Assessment of disruptive behavior weekly
  - Didactic of first phase followed by direct coaching of parent with child (specific skill goals and homework)
  - Didactic of second phase followed by direct coaching of parent with child (specific skill criteria and homework)
  - Generalization of skills to home and public settings
- Post-treatment assessment
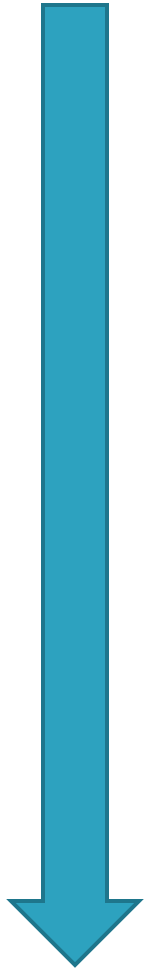
Pretreatment assessment (clinical intake)

‣ Clinical interview with caregivers

‣ Screening and behavioral rating scales

‣ Direct observation (using Dyadic Parent-Child Interaction Coding System)

  ‣ Child Led Play

  ‣ Parent Led Play

  ‣ Clean-up

Relationship Enhancement:
Child Directed Interaction (CDI)

Goals of CDI

- ▸ Enhance relationship between parent and child
- ▸ Reduce frustration/anger
- ▸ Improve social skills
- ▸ Improve self-esteem
- ▸ Improve organization and attention
- ▸ Improve speech/language skills

MAIN RULE OF CDI:
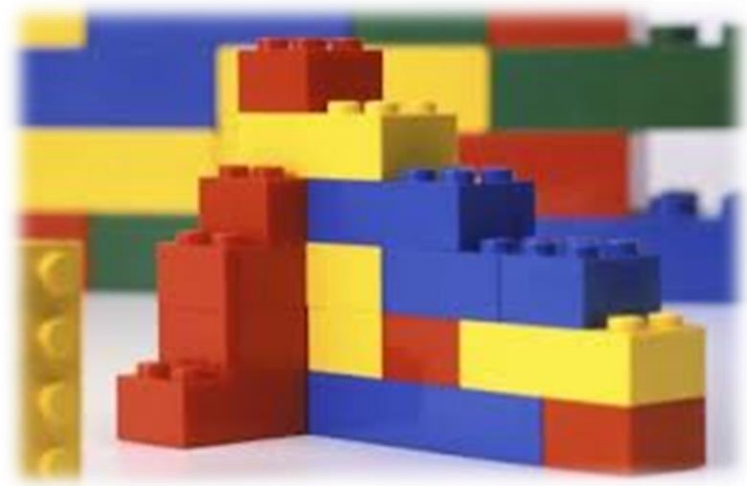# LET THE CHILD LEAD THE PLAY

CDI: Features

▸ Special Time

▸ The Do's and Don'ts of Special Time

▸ Tactical Ignoring

▸ Coaching to Criteria

CDI: Special Time

▸ Parents learn to set up a 5-minute "special time" with their child in which they practice the CDI skills to enhance their relationship

▸ Therapists help parents problem solve:

  ▸ Time

  ▸ Place

  ▸ Toys to use

CDI: Don't skills

- Lead the play

- Give commands

- Ask questions

- Criticize

NO!

CDI: Do skills

- Praise
- Reflect
- Imitate
- Describe
- Enjoy

YES!

CDI: Handling Misbehavior

‣ Ways to handle annoying, obnoxious behavior during Special Time

‣ Returning attention when positive behavior occurs

‣ Addressing aggressive or destructive behavior

CDI: Mastery Criteria

▶ Determines when family may be ready to move on to the next phase

  ▶ 10 Labeled Praises

  ▶ 10 Behavior Descriptions

  ▶ 10 Reflections

  ▶ 3 or fewer total of Commands, Questions, & Critical statements

Discipline and Minding Skills: Parent-Directed Interaction (PDI)

PDI: Features

▸ Giving good directions

▸ Contingent consequences

▸ Gradual generalization from clinic minding exercises to "real life" discipline

▸ Planned responses to

  ▸ Refusal to stay in timeout

  ▸ Impulsive, destructive, and dangerous behaviors

  ▸ Behavior disruptions in public settings

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PDI: Time-Out

▸ What is time-out
▸ Setting up time-out place
▸ How long
▸ Getting to time-out
▸ Staying in time-out
▸ Getting out of time-out
▸ Back-ups
▸ After time-out

PDI: Mastery Criteria

▸ At least 75% of commands given are effective commands

▸ At least 75% correct follow through

PCIT: Graduation Criteria

▸ Caregivers' CDI skills at mastery levels

▸ Caregivers' PDI skills at mastery levels

▸ Child's behavior rated as within ½ standard deviation of mean

▸ Caregivers report feeling comfortable with using the skills

PCIT: Graduation

▸ Review progress (use summary sheet, ECBIs, tapes, etc)

▸ Lots of praise

▸ Schedule booster or follow-up as needed
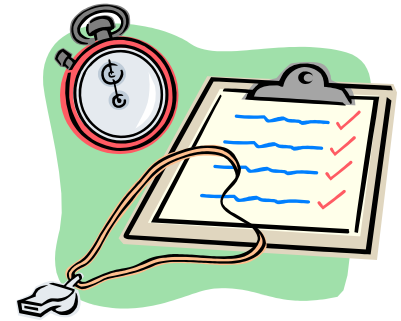
▸ Managing future behavior problems
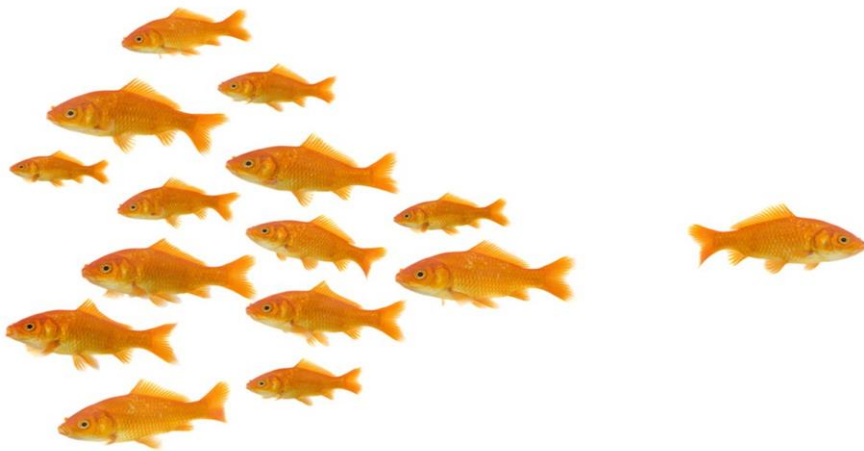
What makes PCIT unique among parent training programs?

PCIT: Core Features

▸ Active coaching of parent with their child

▸ Grounded in developmental theory

▸ Emphasis on restructuring interaction patterns

▸ Assessment-driven

▸ Not time-limited

▸ Empirically supported

COACHING

PCIT: Coaching

▸ Allows therapist to:

- ▸ Better understand the parent-child interaction
- ▸ Change the interaction, not specific behavior problems
- ▸ Give parents specific and immediate feedback on their use of the skills
  - ▸ Correct errors immediately
  - ▸ Praise appropriate behaviors
- ▸ Assess readiness to move on to next phase or graduate

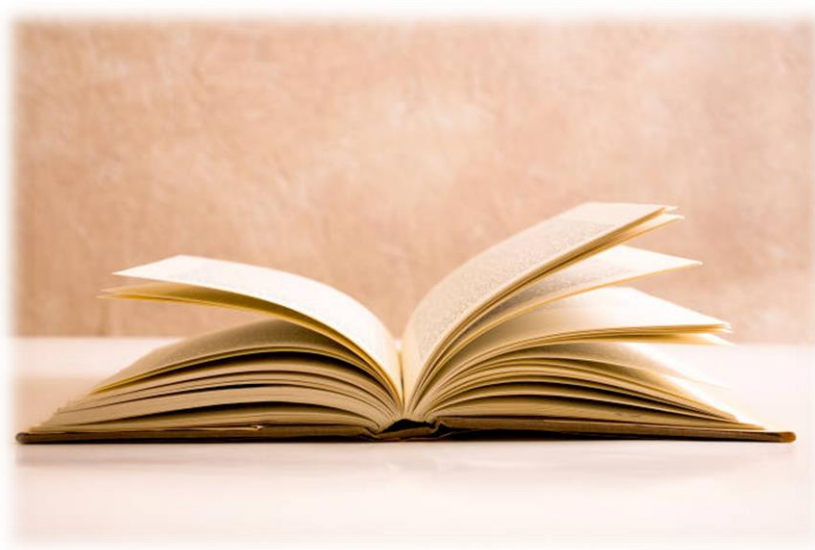# PCIT: Coaching

PCIT: Coaching

Two-way Mirror
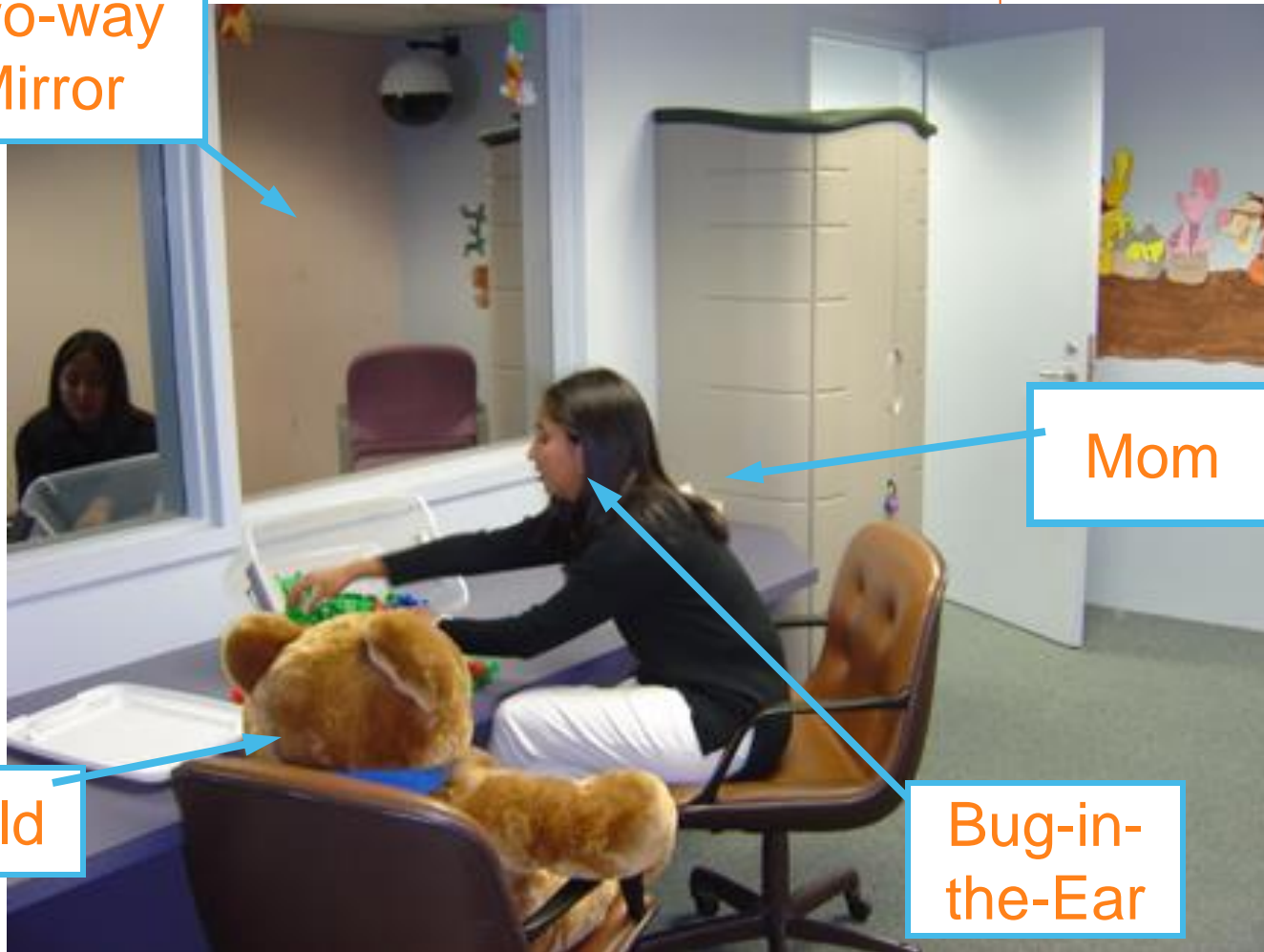
Coach

RESTRUCTURING INTERACTIONS

A little history…

Early 1970s in Portland Oregon...

PCIT

Behavioral Parent Training at the University of Oregon

Reduction in child behavior problems

Baumrind-Authoritative Parenting

Hanf-Coaching Model 2 phases

Play Therapy (Axline)

Children and therapists loved it

Little improvement in child behavior

Children bonding with therapist not parent

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Restructuring Interaction Patterns

▸ Emphasizing interaction patterns leads to global improvements:

  ▸ Child externalizing and internalizing problems

  ▸ Child compliance

  ▸ Parent stress and locus of control

▸ Likely relates to the long-term maintenance of treatment gains in PCIT
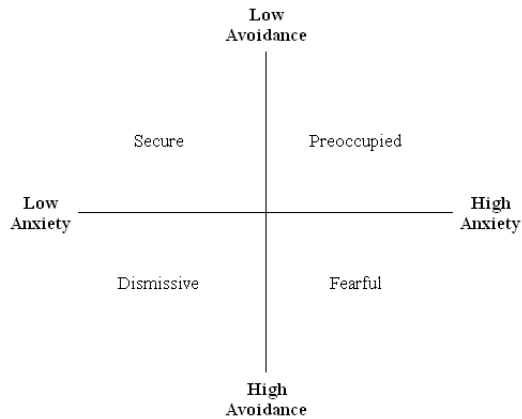
GROUNDED IN DEVELOPMENTAL THEORY

Based on Developmental Theory

- Nurturance and limits both necessary for healthy outcomes

- PCIT draws from attachment and social learning theories to achieve authoritative parenting
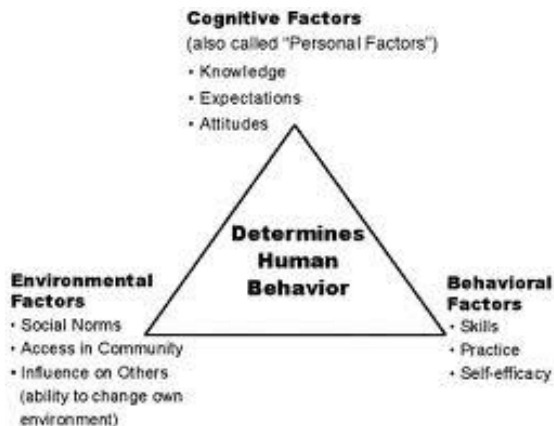
CDI = Attachment Building

- ▶ Primary goal of CDI = improve attachment

- ▶ Parent shapes positive behavior through differential social attention
  - ▶ Praise positive child behavior
  - ▶ Ignore negative child behavior
    - ▶ Ignoring = complete ignoring
    - ▶ Any form of attention will increase behaviors

PDI = Effective Discipline

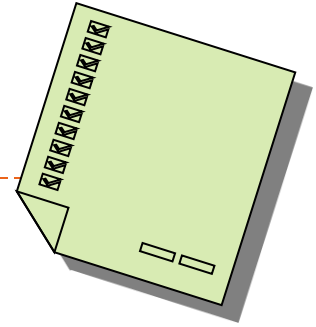▸ Time-out = *complete* removal from parental attention

▸ May be considered a specific form of ignoring

▸ PCIT relies on parent attention only:
  ▸ Use of timeout "back up" important because it acts as a further removal from parent attention

  ▸ PCIT does not use material rewards or punishments

ASSESSMENT DRIVEN

Assessment Driven

▶ ECBI and DPICS given weekly:
  ▶ Guide treatment goals
  ▶ Monitor progress
  ▶ Determine mastery!

▶ Mastery criteria = objective, measurable change

▶ CDI mastery = proxy for attachment

▶ PDI mastery = proxy for consistency

▶ Also likely relates to long-term maintenance of PCIT treatment goals

NOT TIME-LIMITED

Not time-limited

- Treatment continues until family meets graduation criteria
- Average 14-16 weeks, could be shorter or longer

SUCCESS
Because you too can own this face of pure accomplishment

Completion = Success

EMPIRICALLY SUPPORTED

The PCIT Evidence Base: Randomized Controlled Trials

1998	Florida	**Disruptive Behavior Disorders (DBD)**
		Schuhmann, Foote, Eyberg, Boggs, & Algina
2003	Australia	**Disruptive Behavior Disorders**
		Nixon, Sweeney, Erickson, & Touyz
2004	Oklahoma	**Physically Abusive Parents**
		Chaffin, Silovsky, Funderburk, et al.
2006	Puerto Rico	**Attention Deficit Hyperactivity Disorder**
		Matos, Torres, Santiago et al.
2007	Florida	**Comorbid Mental Retardation and DBD**
		Bagner & Eyberg
2010	San Diego	**Mexican-American Children with DBD**
		McCabe & Yeh
2010	Rhode Island	**Toddlers Born Premature with DBD**
		Bagner, Sheinkopf, Vohr, & Lester
2010	Oklahoma	**Abusive and Neglectful Parents**
		Chaffin, Funderburk, et al.

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PCIT as an EST

Evidence-based practice (EBT) movement

1990s

▸ APA Division 12 (Clinical Psychology) creates research criteria for effective treatments

▸ APA Division 53 (Clinical Child Psychology) identifies EBTs for children
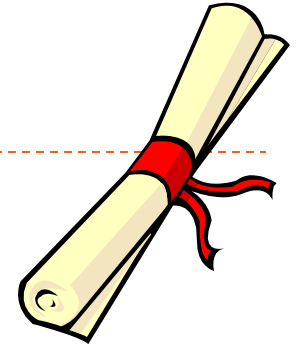
2000s

▸ Mental health agencies begin requiring EBTs

PCIT as an EST

▸ Wonderful, but…
  ▸ Thousands of clinicians need training
  ▸ Integrity of PCIT threatened by poorly trained clinicians

▸ So…
  ▸ PCIT Training Guidelines developed…
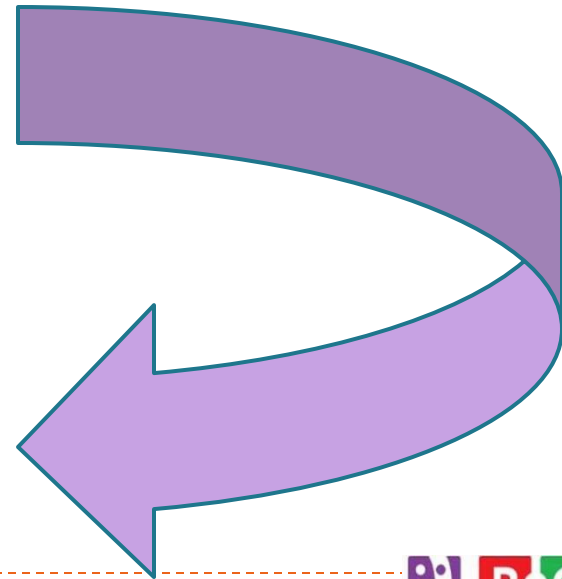
PCIT Training Guidelines

- ▸ Pre-Training Requirements:
  - ▸ Clinician Level:
    - ▸ Masters level or higher *actively* working with children & families
    - ▸ Mental health licensure/supervised by licensed PCIT provider
  - ▸ Agency Level:
    - ▸ Serve clients in appropriate age range
    - ▸ Provide space & equipment necessary for PCIT
    - ▸ Allow clinician time for training and consultation

PCIT Training Guidelines

- Didactic Training Component:
  - 40 hours face-to-face training with a certified trainer:
    - Treatment theory, principles, & skills
    - Skill rehearsal/role play
    - Case observation
    - Trainee must meet mastery of DPICS, CDI, & PDI
  - Advanced training 2 – 6 months later:
    - Refining coaching skills
    - Advanced treatment issues

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PCIT Training Guidelines

Case consultation**

▸ Consultation w/certified trainer through *2 cases*

▸ Demonstrate core competencies:

    ▸ CDI Teach

    ▸ PDI Teach

    ▸ CDI Coaching

    ▸ PDI Coaching

    ▸ Model treatment skills with families

    ▸ Effectively manage a PCIT session

    ▸ Score and apply PCIT measures

PCIT and training

▸ For more information
  ▸ Visit www.pcit.org
  ▸ Master trainers
    ▸ Complete list on the website
    ▸ Training dates announced
    ▸ Contact information
  ▸ Regional trainers
    ▸ Coming soon!

Research on PCIT

Daniel M. Bagner, Ph.D., ABPP

February 7, 2013

PCIT: A Model Program

▸ Society of Clinical Child and Adolescent Psychology, APA Division 53 (www.effectivechild therapy.com)

▸ The National Child Traumatic Stress Network (SAMHSA, 2005; http://www.nctsn.org)

▸ Chadwick Center for Children and Families (http://www.chadwickcenter.org)

▸ National Crime Victims Research and Treatment Center (U.S. Department of Justice; http://musc.edu/ncvc)

▸ The California Evidence-Based Clearinghouse for Child Welfare (2006; http://www.cebc4cw.org)

▸ Youth Violence: A Report of the Surgeon General (www.surgeongeneral.gov/library/youthviolence)

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Efficacy of PCIT

- Two well-conducted randomized trials
  - United Sates (Schuhmann et al., 1998)
  - Australia (Nixon et al., 2003)
- Participants
  - Preschool age (3 to 6 years)
  - Disruptive behavior disorders
  - Primarily Caucasian
  - No significant developmental/cognitive delay
- Improvements in (compared to waitlist)
  - Child behavior
  - Parenting practices and stress

Efficacy of PCIT
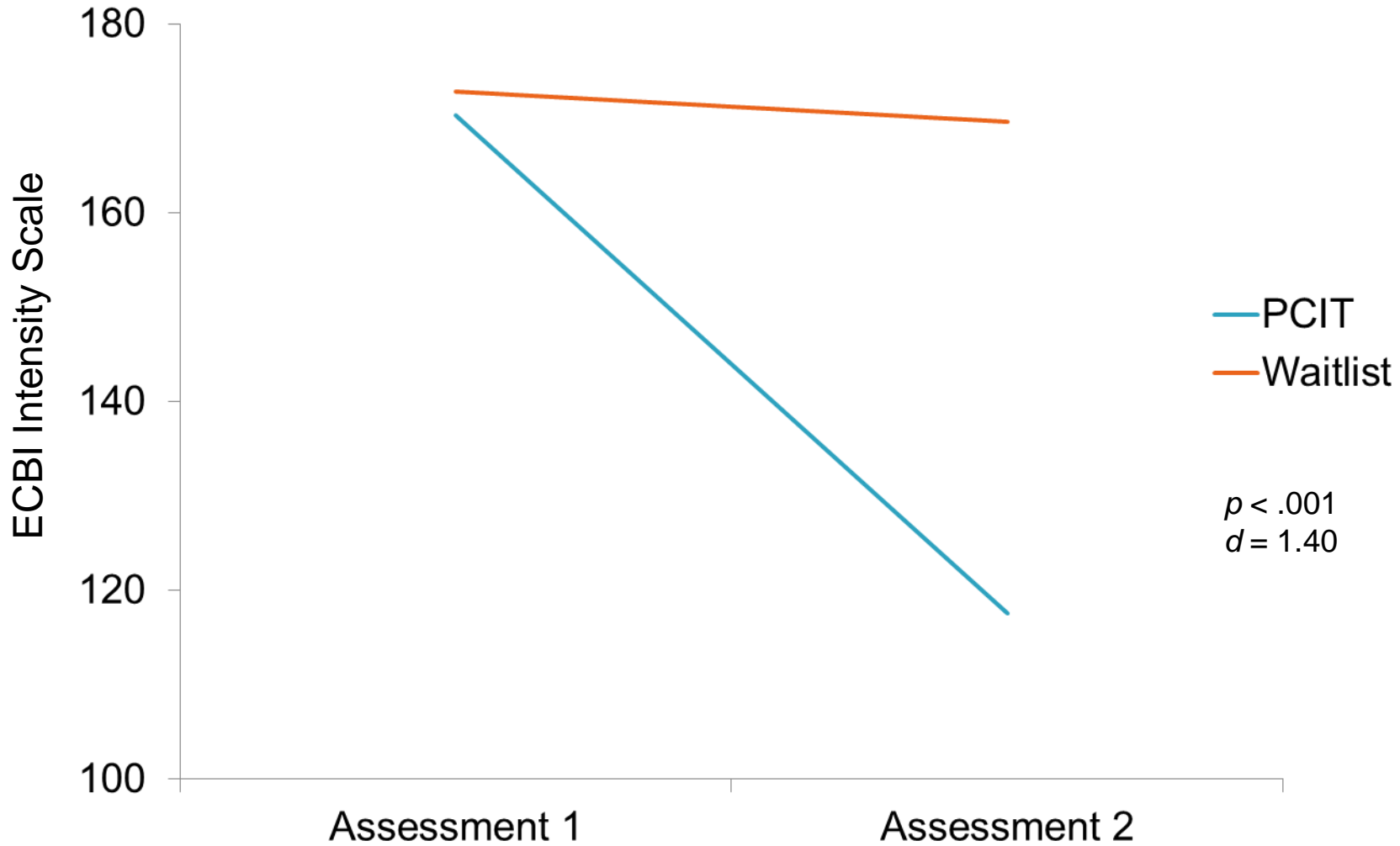
(Schuhmann et al., 1998)

PCIT Effect Size
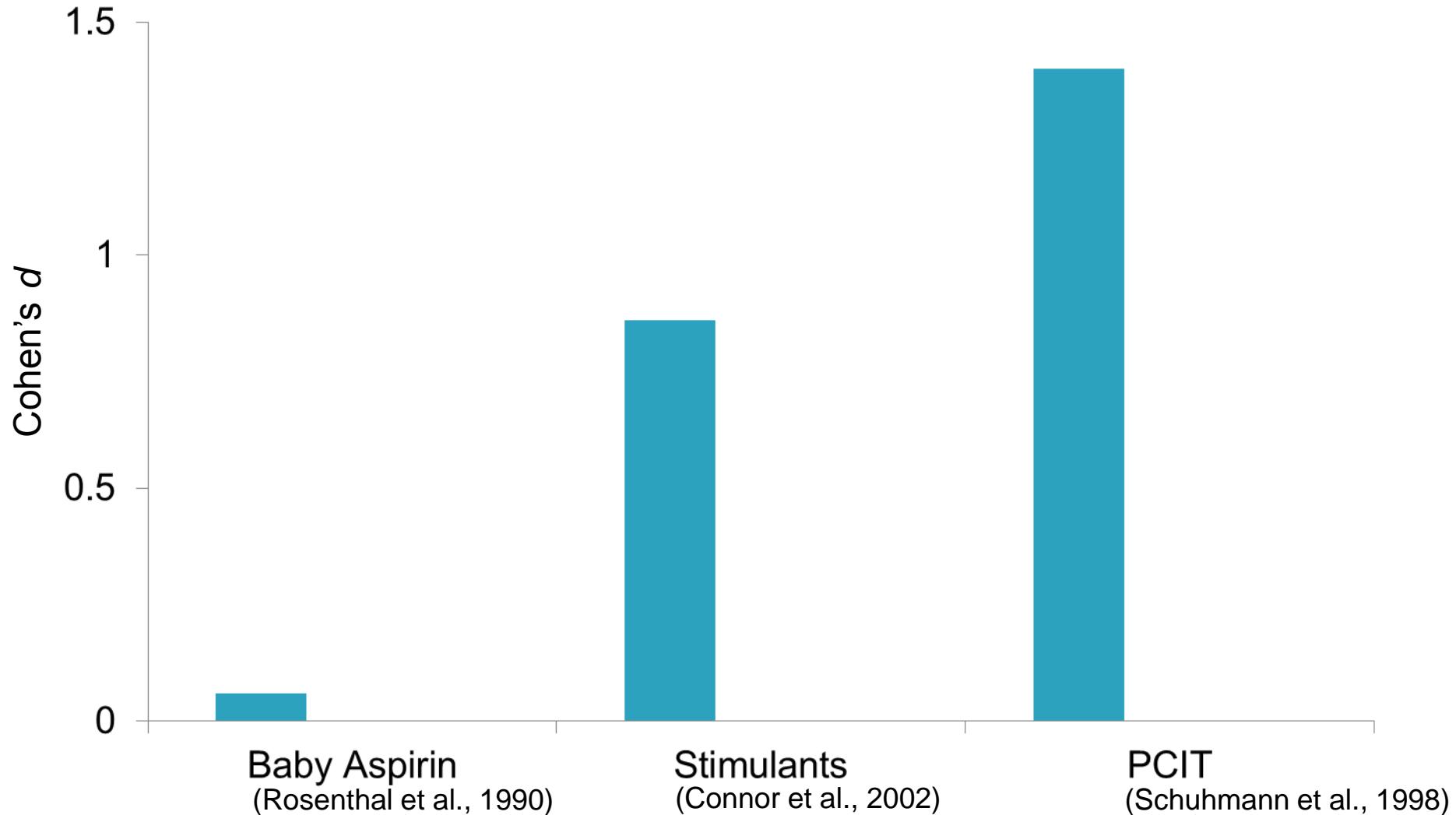
Efficacy of PCIT

▸ Maintenance

  ▸ Short-term (1 to 2 years; Eyberg et al., 2001; Nixon et al., 2004)

  ▸ Long-term (3 to 6 years; Boggs et al., 2004; Hood & Eyberg, 2003)

▸ Generalization

  ▸ Siblings (Brestan et al., 1997; Eyberg & Robinson, 1982)

  ▸ Preschool classrooms (Bagner et al., 2010; Funderburk et al., 1998; McNeil et al., 1991)

▸ Meta-analytic work

  ▸ PCIT components associated with larger effect sizes (e.g., active coaching, teaching parents positive interactions and time out; Kaminski et al., 2008)

  ▸ Comparable to Triple P (Thomas & Zimmer-Gembeck, 2007)

Format of PCIT

▶ Individual (standard)

  ▶ One to two therapists for each family

  ▶ Weekly sessions until parent meets mastery criteria and child behavior within normal limits

▶ Group

  ▶ One group case study over 16 weeks (Niec et al., 2006)

  ▶ Six group cohorts over 12 weeks (Nieter et al., 2012)

▶ Abbreviated

  ▶ Primary care for four sessions (Berkovits et al., 2010)

  ▶ Intensive with 11 families every day for 2 weeks (Graziano et al., in submission)

Format of PCIT

▸ Community

  ▸ Feasibility in underserved community settings in U.S. (Lyon & Budd, 2010; Budd et al., 2011; Pear et al., 2012) and Australia (Phillips et al., 2008)

  ▸ Importance of experiential training with community-based clinicians (Herschell et al., 2009)

▸ School (i.e., Teacher-Child Interaction Training)

  ▸ Improvements in teacher behavior in rural (Tiano & McNeil, 2006) and urban (Lyon et al., 2009) preschool classrooms

  ▸ Further improvements in child classroom behavior following level system (Filcheck et al., 2004)

PCIT and Co-Morbid Diagnoses

- Developmental delay
  - Efficacy among children with co-morbid disruptive behavior and mental retardation (Bagner & Eyberg, 2007)
  - Preliminary work with children with autism spectrum disorders (Armstrong & Kimonis, 2012; Masse et al., 2007; Solomon et al., 2008)
- Anxiety disorders
  - Bravery Directed Interaction (BDI) for separation anxiety disorder (Choate et al., 2006; Pincus et al., 2008)
  - Coaching Approach behavior and Leading by Modeling (CALM) program without discipline phase (Comer et al., 2012; Puliafico et al., in press)

PCIT and Co-Morbid Diagnoses

▶ ADHD

  ▶ Efficacy among children with ADHD in Puerto Rico (Matos et al., 2009)

  ▶ High rates of co-morbid ADHD in other efficacy trials (Chronis et al., 2004)

▶ Case studies of pediatric diagnoses

  ▶ Cancer (Bagner, Fernandez, & Eyberg, 2004)

  ▶ Traumatic brain injury (Cohen et al., 2012)

PCIT with Other Populations

▸ Families at-risk
  ▸ Physically abusive parents (Chaffin et al., 2004, 2009)
  ▸ Children born premature (Bagner et al., 2010)
  ▸ Infants from low-income families (Bagner et al., in press)
▸ Families from diverse cultural backgrounds
  ▸ Mexican-American (McCabe et al., 2009, 2011)
  ▸ Puerto Rican (Matos et al., 2006, 2009)
  ▸ Australian (Nixon, 2003)
  ▸ Dutch (Abrahamse et al., 2012)
  ▸ Chinese (Leung, 2009)
  ▸ Norwegians, Germans, Russians, Japanese…

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Populations Appropriate for PCIT

John Paul Abner, Ph.D.

Appropriate populations

▸ One reason why PCIT is so effective is that it is highly targeted to a specific age group

▸ Children ages 2 to 7

  ▸ 6 years, 11 months to be precise

▸ Disruptive Behavior Problems

Target Population

▸ Child able to understand simple commands

▸ Parent with IQ above 70

  ▸ PCIT can possibly be done with low functioning parents.

    ▸ Little research support

    ▸ Clinical experience suggests that it may take a really long time.

▸ ECBI Intensity Score above 131

Target Population

- **Disruptive Behavior Disorders (DBDs)** most common referral for children
  - Oppositional Defiant Disorder (ODD)
  - Conduct Disorder (CD)
  - Attention-Deficit/Hyperactivity Disorder (ADHD)
- Children who have been victims of chronic trauma

Target Population (cont.)

▸ Examples of disruptive behaviors

   ▸ Whining
   ▸ Back talking
   ▸ Noncompliance
   ▸ Lying
   ▸ Hyperactivity
   ▸ Verbal aggression
   ▸ Classroom conduct problems
   ▸ Tantrums

   ▸ Physical aggression
   ▸ Cruelty to animals
   ▸ Destructive behavior
   ▸ Fire-setting
   ▸ Stealing

Factors increasing efficacy

▸ Parent factors

- ▸ Average to above average IQ
- ▸ Motivated
- ▸ Strong marital support
- ▸ Extended Family support
- ▸ Access to child care

▸ Child Factors

- ▸ Good receptive language skills

Treatment barriers that are a problem but can be overcome.

▸ Transportation issues

▸ Court ordered/unmotivated

▸ Parental Psychopathology

▸ Severe marital discord

Possible rule outs

▸ Possible rule out

  ▸ Parental IQ lower than 70

▸ Almost always rule out

  ▸ Parent has no access to child

  ▸ Active substance abuse

  ▸ Parents or children with severe and active psychotic symptoms

▸ ALWAYS RULE OUT

  ▸ While PCIT may sometimes be appropriate for children who have been sexually abused, one should never use PCIT to treat a sexual abuse perpetrator.

Rating Exercise

‣ Please get into small groups.

‣ Please read the scenarios and rate their appropriateness for PCIT

  ‣ **1 = Strong Yes (Appropriate for PCIT services, minimal barriers to treatment.)**

  ‣ **2 = Yes but significant barriers exist (Appropriate for PCIT services, significant barriers to treatment must be overcome.)**

  ‣ **3 = No (Likely inappropriate for PCIT)**

Intake Procedures & Assessment in PCIT

Melanie A. Fernandez PhD, ABPP

PCIT Distinguishing Features: A Review

▸ Parent and child together

▸ Theoretically grounded

▸ Focus on interaction patterns

▸ Active skills training

▸ Performance-based (not time-limited)

▸ Empirically supported

▸ **Assessment-driven**

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Core Assessment Instruments in PCIT

▶ Required

  ▶ Semi-structured Interview

  ▶ Eyberg Child Behavior Inventory (ECBI)

  ▶ Dyadic Parent-Child Interaction Coding System (DPICS)

▶ Strongly Encouraged

  ▶ Sutter-Eyberg Student Behavior Inventory – Revised (SESBI – R)

  ▶ Therapy Attitude Inventory (TAI)

Breadth of Assessment

▶ **Multiple informants**

  ▶ Parent, teacher, trained observer

▶ **Multiple methods**

  ▶ Interview, rating scales, direct observation

▶ **Multiple settings**

  ▶ Home/community, school, clinic

Repeated Measurement

▶ Pre-treatment

  ▶ Interview, ECBI, SESBI, DPICS

▶ Before each session

  ▶ ECBI, DPICS

▶ Post-treatment

  ▶ ECBI, SESBI, TAI, DPICS*

The Parent Interview

▸ Provides information on family background useful for tailoring treatment process

▸ Gives information on history of child problems

▸ Enables understanding of family structure, routines, and discipline strategies

The Parent Interview (cont.)

▸ **Provides information about past treatment experiences and attempts to solve problems**

  ▸ "I tried time-out. It doesn't work."

▸ **Enables functional analysis of key issues**

  ▸ "She kept screaming so I decided putting on socks wasn't worth it. She went without them."

▸ **Allows therapist to build rapport and trust**

  ▸ Empathic understanding

  ▸ Genuine concern

  ▸ Positive regard

The Interview Domains

▸ Primary concerns

▸ Behavior problems list

▸ Developmental & medical history

▸ Family history

▸ School history

▸ Social history

▸ Parenting practices assessment

▸ Treatment goals/expectations/opinions

▸ Other concerns?

Eyberg Child Behavior Inventory (ECBI)

▸ Parent report measure of child disruptive behavior

▸ 36 items
  ▸ Intensity Scale
  ▸ Problem Scale

15. Whines	1 2 3 4 5 6 7	YES NO

▸ Administered before treatment, before each session, and after treatment

▸ Consider use for follow-up

ECBI

▸ Provides meaningful data

  ▸ A pre-treatment overview of child's disruptive behavior outside the clinic setting

  ▸ A measure of parent's distress regarding child behavior

  ▸ Feedback regarding therapy process

  ▸ Guidance for assessing progress of therapy

ECBI Psychometric Properties

Reliability

- Internal consistency
  - .95 Intensity; .93 Problem

- Temporal consistency
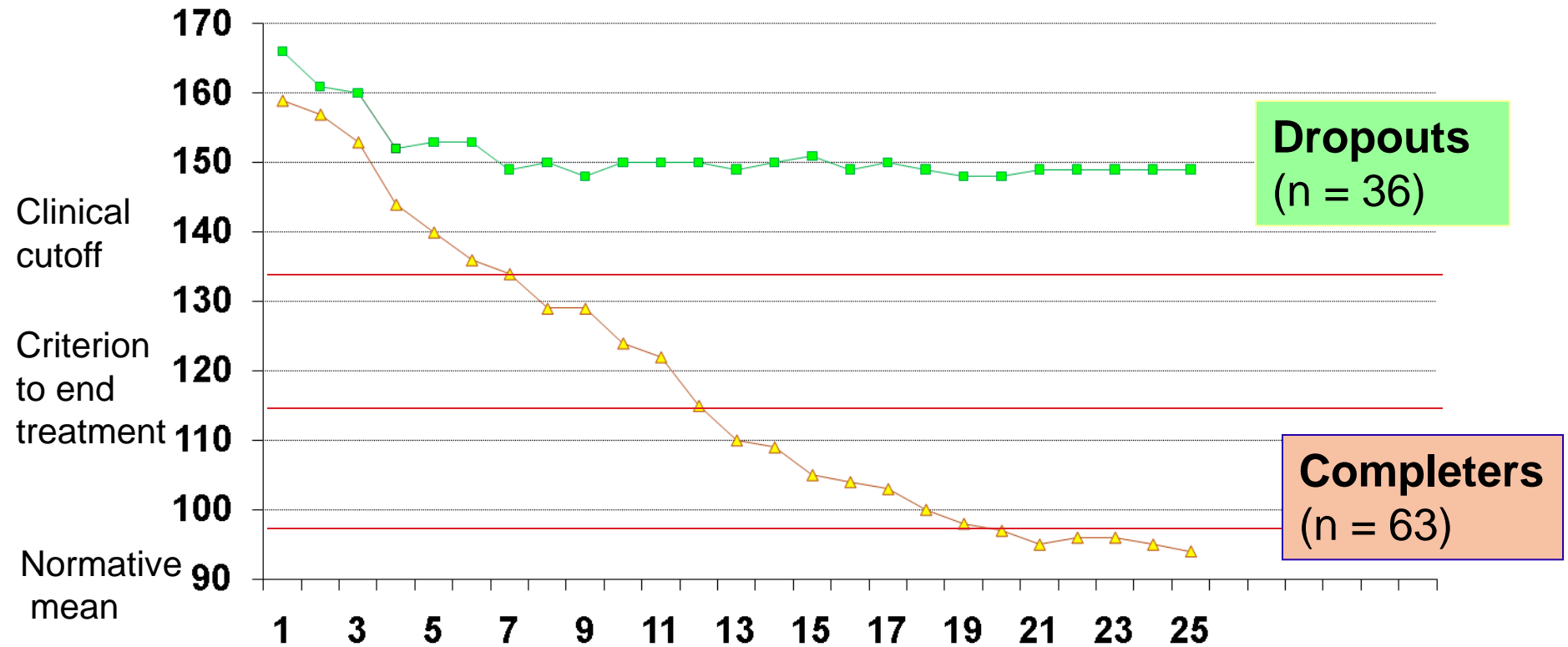 - .80 and .85 for 12 weeks
  - .75 and .75 for 10 months

Validity

- Concurrent
  - .75 and .67 with CBCL-E

- Discriminative
  - CD vs Normal
  - Neglected vs Normal
  - LD vs Normal

Psychometric studies available at www.pcit.org

Weekly ECBI Intensity Scores
(last score carried forward)

Sutter–Eyberg Student Behavior Inventory–Revised (SESBI-R)

▸ Teacher report measure of disruptive behavior at school

▸ 38 items
  ▸ Intensity Scale
  ▸ Problem Scale

11. Interrupts teacher   1 2 3 4 5 6 7   YES NO

▸ Administered before and after treatment

SESBI – R

▸ Provides meaningful data

- ▸ A measure of the child's disruptive behavior in class

- ▸ A measure of the teacher's distress

- ▸ Guidance for therapist in consulting to the schools

- ▸ A measure of generalization of treatment across settings
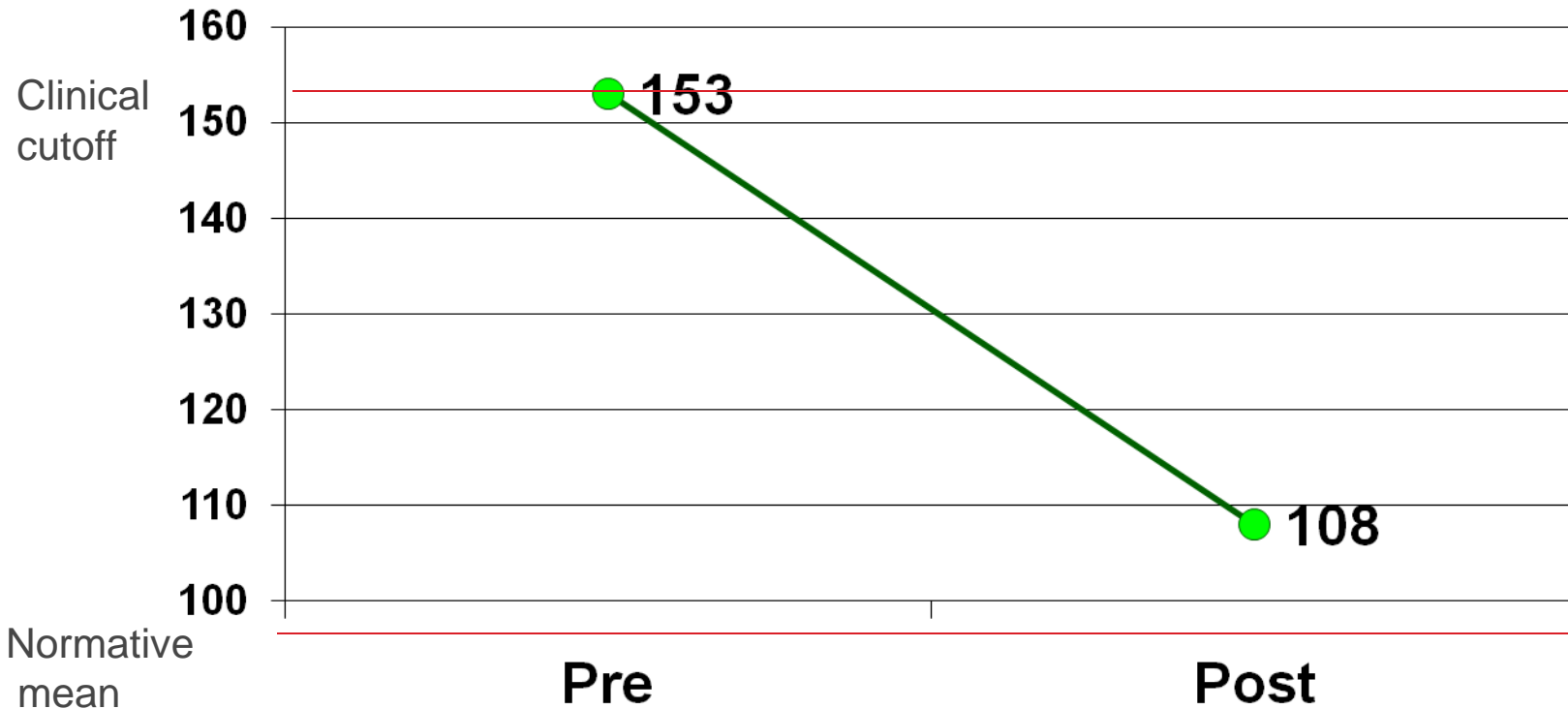
SESBI-R Psychometric Properties

Reliability

▸ Internal Consistency
  ▸ .98 and .96

▸ Temporal consistency
  ▸ Good stability demonstrated at 1 week, 3 months, and 12 months

▸ Interrater reliability
  ▸ .86 and .84

Validity
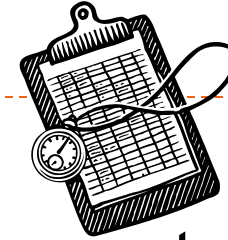
▸ Concurrent
  ▸ High correlations with REDSOCS and CBCL-TRF

▸ Discriminative
  ▸ Referred vs Nonreferred
  ▸ General vs Special Education class

All psychometric studies available at www.pcit.org

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SESBI-R Intensity Scale

Clinical cutoff

160
153
150
140
130
120
110
108
100

Normative mean

Pre   **Post**

Funderburk et al., 1998

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Dyadic Parent–Child Interaction Coding System (DPICS)

▶ Direct observation of the quality of parent and child social interaction

▶ Coding of child and parent verbalizations, vocalizations, physical behaviors, and response behaviors

4th Edition soon available at www.pcit.org

(Eyberg, Nelson, Duke, & Boggs, 2010)
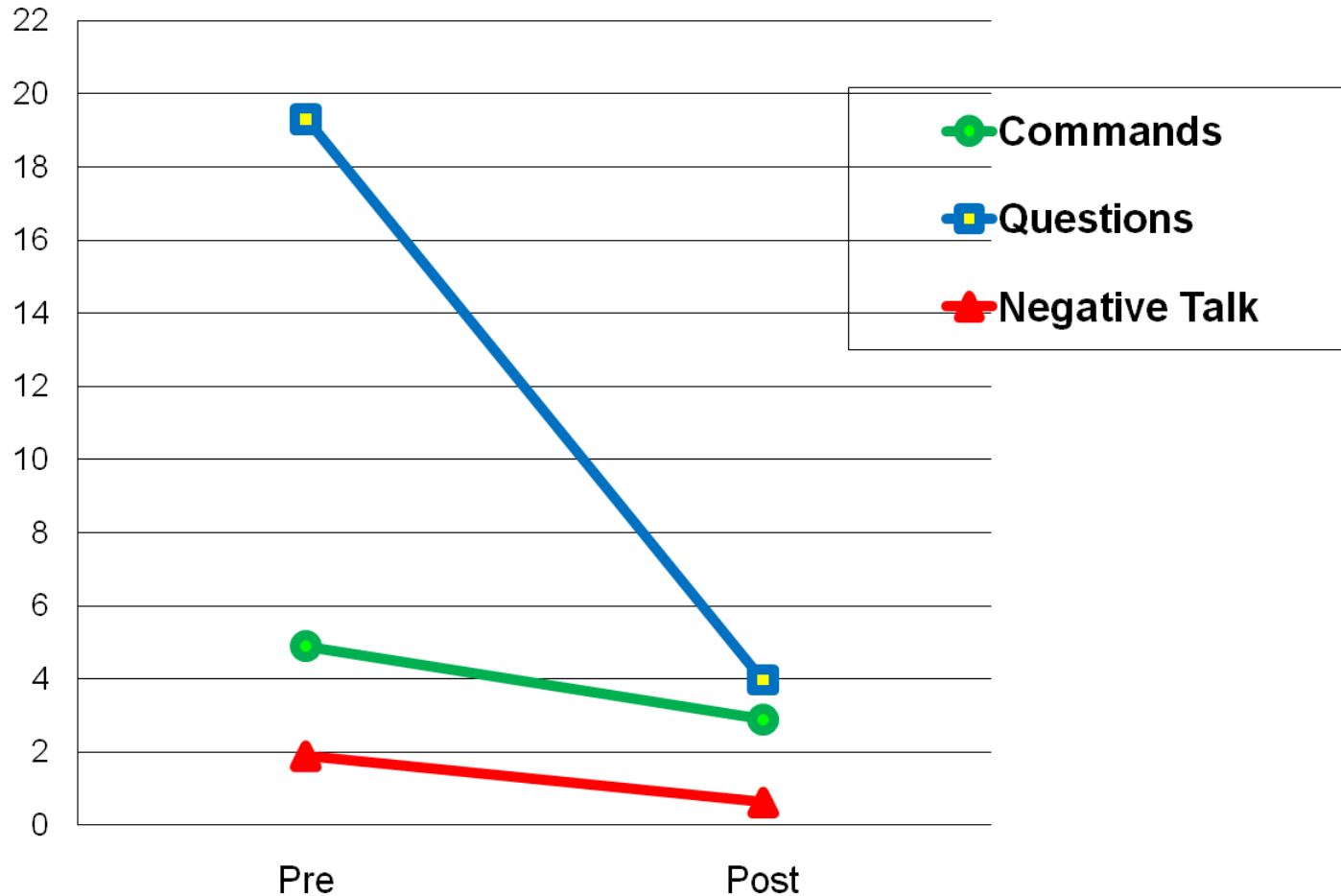
DPICS Categories

▸ Parent Behavior
(12 categories)

▸ Child Behavior
(14 categories)

▸ Sample categories
  ▸ Labeled praise
  ▸ Reflection
  ▸ Behavior description
  ▸ Direct command
  ▸ Negative talk

▸ Sample categories
  ▸ Comply
  ▸ Noncomply
  ▸ No opportunity to comply

Mother's Changes in Don'ts in Child-Led Play

Percent Child Compliance
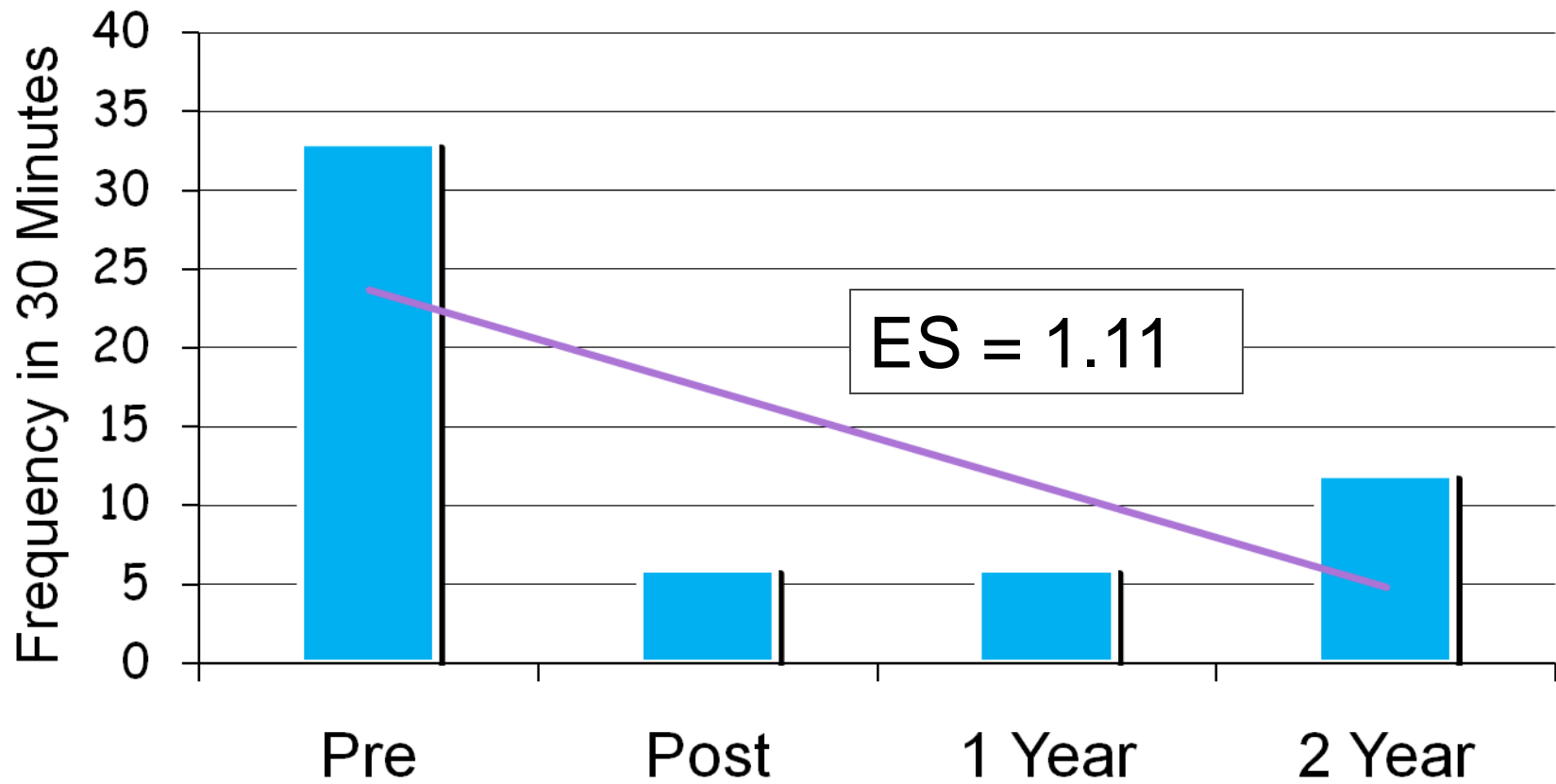# (Child with Mother)

Boggs, Nelson, & Eyberg, 2004
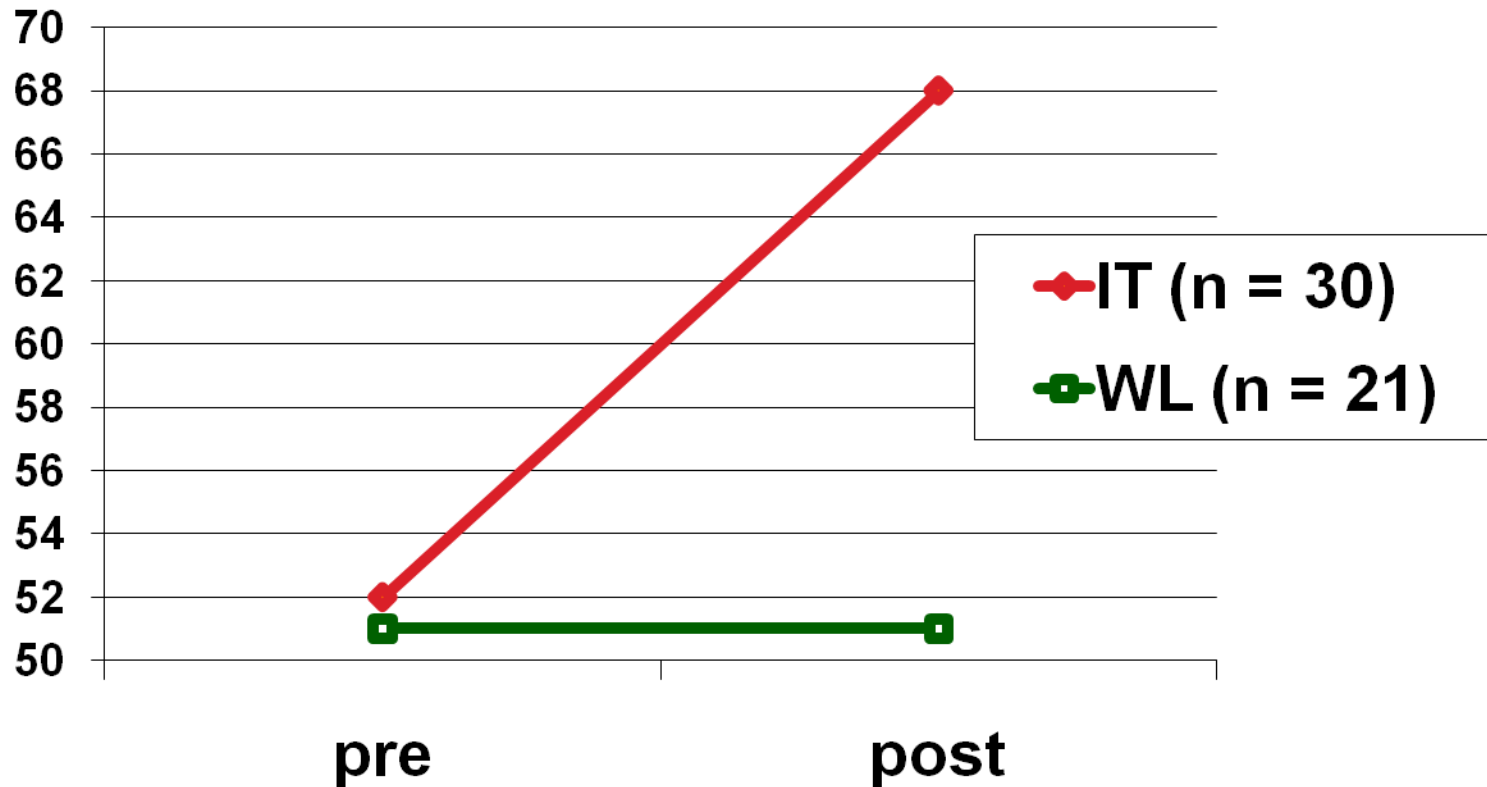
DPICS Alpha Compliance
~ 2 Year Effect
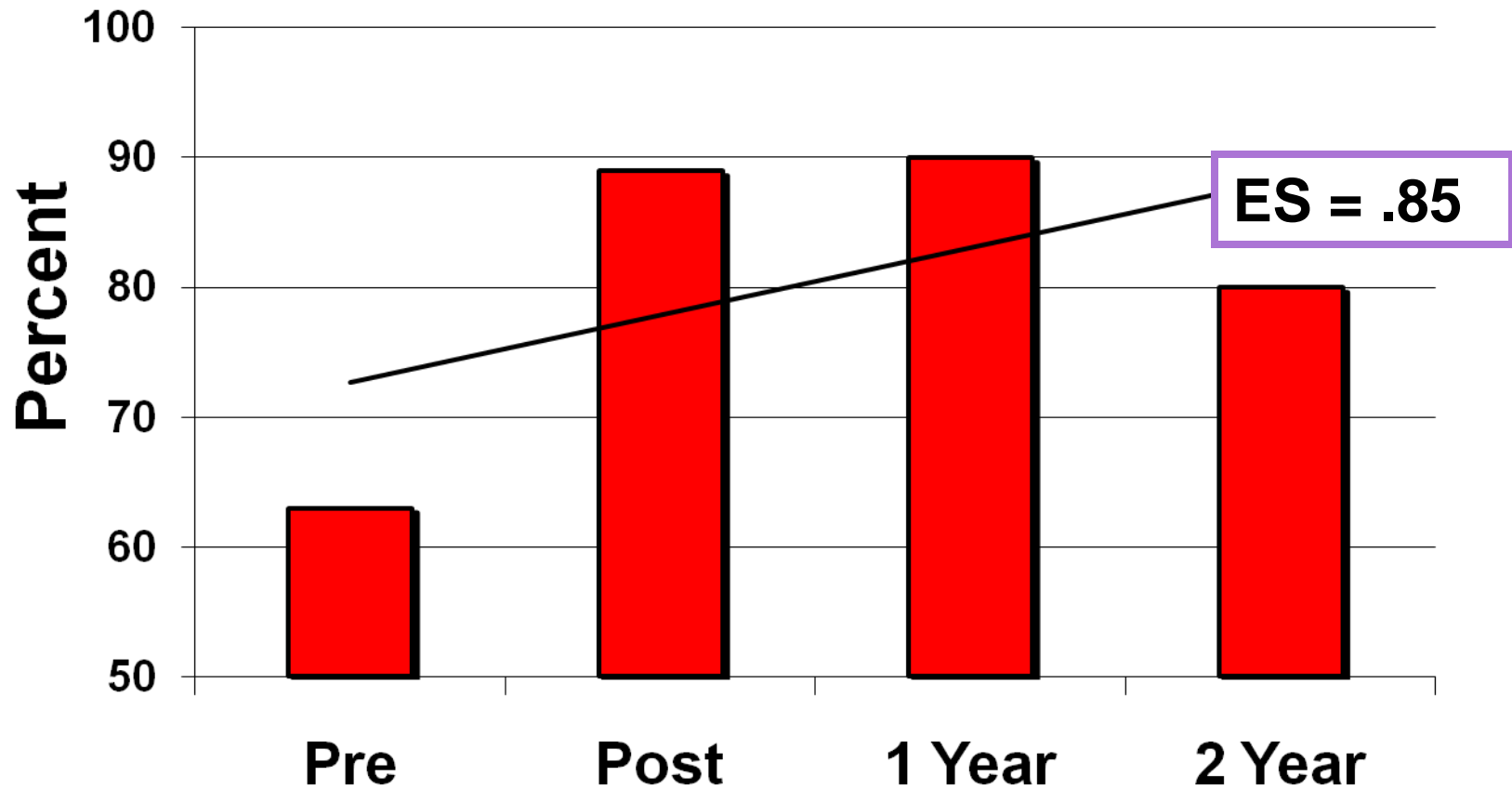
DPICS Parent Verbal and Physical Negative ~2 Year Effect Size

ES = 1.11

Therapy Attitude Inventory

- **Consumer Satisfaction**
  - 10 items
  - 5-point scale

  (very unsatisfied to very satisfied)

  - 2 factors
    - Process of treatment
    - Outcome of treatment

Available on www.pcit.org

Innovations in Clinical Practice: A Source Book (Vol. 12)

Mother_____   Father_____

THERAPY ATTITUDE INVENTORY*

(Please circle the response for each question which best expresses how you honestly feel.)

I. Regarding techniques of disciplining, I feel I have learned

1. nothing   2. very little   3. a few new techniques   4. several useful techniques   5. very many useful techniques

II. Regarding techniques for teaching my child new skills, I feel I have learned

1. nothing   2. very little   3. a few new techniques   4. several useful techniques   5. very many useful techniques

III. Regarding the relationship between myself and my child, I feel we get along

1. much worse than before   2. somewhat worse than before   3. the same as before   4. somewhat better than before   5. very much better than before

IV. Regarding my confidence in my ability to discipline my child, I feel

1. much less confident   2. somewhat less confident   3. the same   4. somewhat more confident   5. much more confident

V. The major behavior problems that my child presented at home before the program started are at this time

1. considerably worse   2. somewhat worse   3. the same   4. somewhat improved   5. greatly improved

VI. I feel that my child's compliance to my commands or requests is at this time

1. considerably worse   2. somewhat worse   3. the same   4. somewhat improved   5. greatly improved

VII. Regarding the progress my child has made in his/her general behavior, I am

1. very dissatisfied   2. somewhat dissatisfied   3. neutral   4. somewhat satisfied   5. very satisfied

VIII. To what degree has the treatment program helped with other general personal or family problems not directly related to your child in the program?

1. hindered much more than helped   2. hindered slightly   3. neither helped nor hindered   4. helped somewhat   5. helped very much

IX. I feel the type of program that was used to help me improve the behaviors of my child was

1. very poor   2. poor   3. adequate   4. good   5. very good

X. My general feeling about the program I participated in, is

1. I disliked it very much   2. I disliked it somewhat   3. I feel neutral   4. I liked it somewhat   5. I liked it very much

*Copyright © 1974 by Sheila Eyberg, PhD

Therapy Attitude Inventory
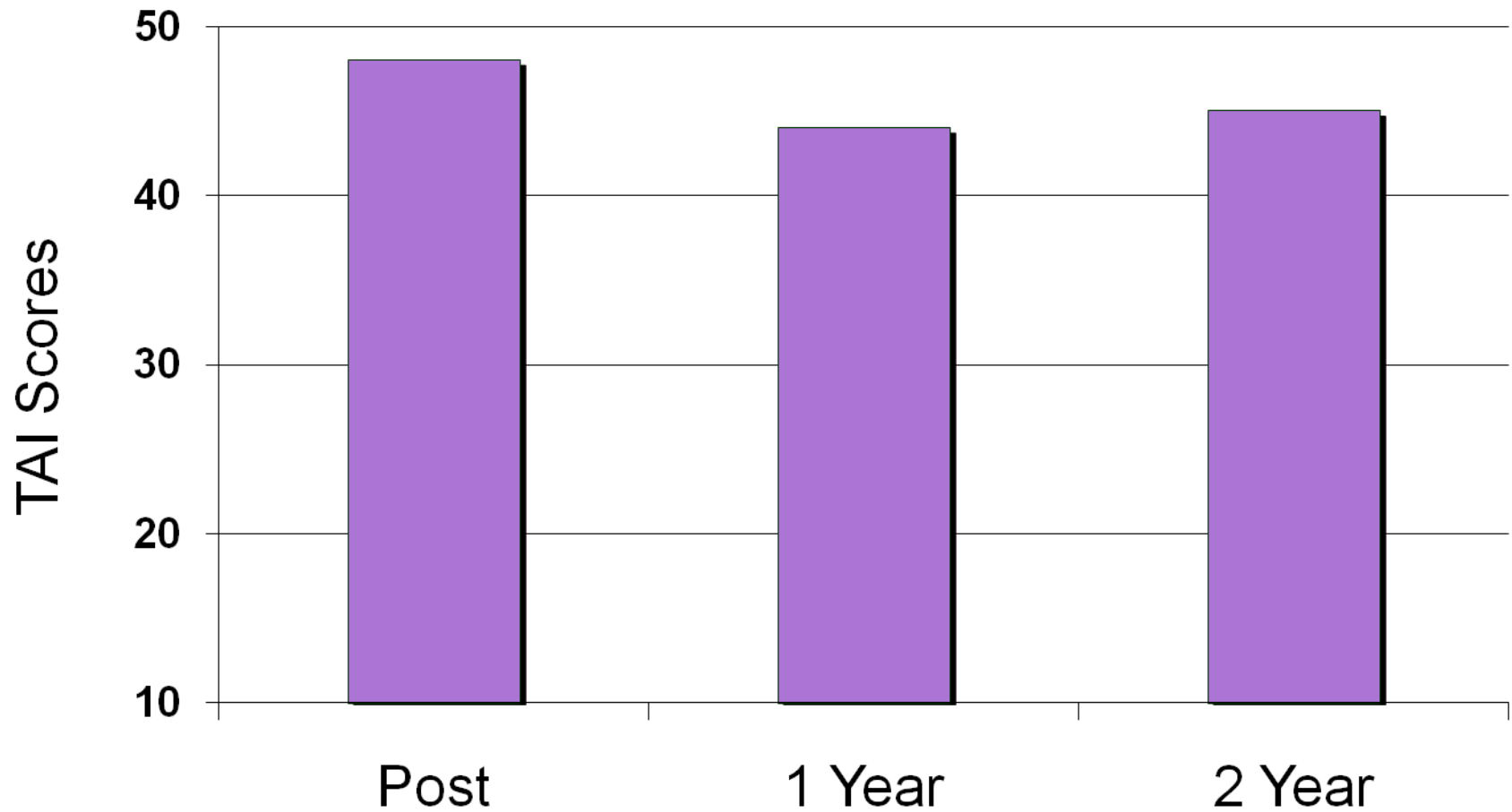
Eyberg et al., 1972

Observing the Parent-Child Interaction

Melanie Nelson, Ph.D.

The Dyadic Parent-Child Interaction Coding System

DPICS

TWO VERSIONS

▶ **RESEARCH MANUAL**

  ▶ For assessment of parent-child interactions

  ▶ Includes guidelines for coding child verbalizations and supplemental categories found most useful in research.

  ▶ Details psychometric properties of DPICS-IV.

▶ **CLINICAL MANUAL**

  ▶ For clinical implementation of PCIT

  ▶ Simplified coding, fewer categories

  ▶ Child verbalizations not coded

Purposes of Coding

▸ Assess type and quality of interactions

▸ Determine coaching goals for each session

▸ Give feedback to parents on progress

> ▸ MOST CODES CORRESPOND TO PCIT "DO" or "DON'T" skills

When do we code?

▶ For clinical purposes:

  ▶ At pretreatment and posttreatment

    ▶ Three situations, totaling about 20 minutes per caregiver (full DPICS assessment)

  ▶ In CDI coaching sessions

    ▶ 5 minutes of CDI coding with each caregiver before coaching

  ▶ In PDI coaching sessions

    ▶ 5 minutes of PDI coding, sometimes additional 5 minutes of CDI coding (see session outlines)

Pre-Post Treatment Observations

▸ **Three Coding Situations**

  ▸ **Low Demand**

    ▸ Child Leading the Play

  ▸ **Moderate Demand**

    ▸ Parent Leading the Play

  ▸ **High Demand**

    ▸ Child Required to Put Away Toys

(See Manual – Page 12)

Pre-Post Treatment Observations

▸ Setting up

- ▸ **Furniture**
- ▸ **Toys**
  - ▸ Appropriate Toys
  - ▸ Inappropriate Toys
- ▸ **Bug-in-the-ear**
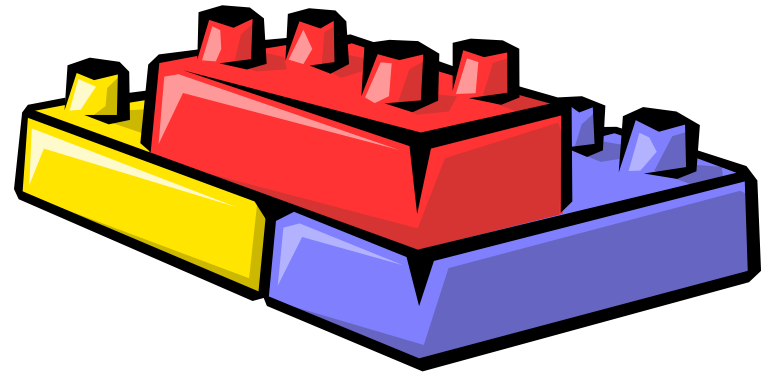
In Session Observations

▸ Give caregiver(s) cue to start

▸ Code for 5 minutes

▸ Choose coaching focus

▸ Give caregivers brief feedback before coaching

(See Manual – Page 34)

Basic coding rules

Basic Coding Rules

▸ One behavior is coded into only one category

▸ Verbalizations must be directed at other person

Basic Coding Rules

▸ Verbalizations that are not coded
  ▸ Random noises/sound effects
  ▸ Incomplete statements
  ▸ Superfluous phrases

More Coding Rules

▶ Compound sentences
  ▶ "and" or "but"
  ▶ Distributive rule
▶ Yes and No
▶ Time-out

Category Definitions

Negative Talk (NTA)

▸ Verbal expression of disapproval of the child or the child's attributes, activities, products, or choices

▸ Sassy or impudent speech

PCIT INTERNATIONAL

NTA examples

▸ That's a little sloppy.

▸ Don't do that!

▸ Stop yelling at me!

▸ That's not yellow.

▸ How many times have I told you not to do that?

▸ Well, that was smart. (with sarcastic tone)

▸ You can't make me.

▸ Why should I? (sassy tone)

Commands

▸ Directions from one person to another that indicate a vocal or motoric behavior to be performed

  ▸ Must include a verb

  ▸ May be clear or more subtle forms of direction

CM examples

▸ "Hand me the round block"

▸ "Please sit in this chair"

▸ "Hold my hand"

▸ "You need to pick up the block that fell"

▸ "Would you bring me that doll?"

▸ "How about you take a seat?"

▸ "Let's build a tower with the blocks"

▸ "You can make a fence with that piece."

Praise

▶ A positive evaluation of the child's behavior, activity, or products

❖ Labeled Praise—specific
❖ Unlabeled Praise—vague

Praise

▶ Labeled Praise (LP) vs. Unlabeled Praise (UP)

  ▸ "You are using wonderful colors in that picture"

  ▸ "Good girl"

  ▸ "Thank you for sharing!"

Question (QU)

▸ Verbal inquiries that have a rising inflection at the end and/or have the sentence structure of a question
  ▸ "Are you going to use the yellow crayon?"
  ▸ "What color is your favorite?"
  ▸ "You're putting the eyes on?"
  ▸ "That's a blue one, isn't it?"

Reflection (RF)

▸ A declarative phrase or statement that has the same meaning as a child verbalization

▸ Must include some of the child's words, or synonyms thereof

▸ May paraphrase or elaborate

▸ May <u>not</u> change the meaning of the child's statement or interpret unstated ideas

RF examples

▸ Child: "I like these yellow blocks"

▸ Parent: "You like the yellow blocks"

▸ Child: "It's a banana."

▸ Parent: "It is a banana, just like the one you had for breakfast."

▸ Child: "Can we go to McDonald's?"

▸ Parent: "You're wondering if we can go to McDonald's."

Behavioral Descriptions (BD)

- Descriptive statements which describe the child's observable behavior
  - Has a Noun-Verb phrase where subject is the child
  - Verb describes child's ongoing or just completed behavior
  - Uses an action verb

BD examples

- "You're putting the blue block on top of the yellow one"
- "You're digging through the Legos."
- "That's a tall tower you are building."
- "You built a wall out of blue blocks."
- "You are coloring a puppy."
- "You are using the green crayon."

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Talk (TA)

▸ Introduces information or indicate attention to the child

  ▸ That's a blue block.

  ▸ Okay.

  ▸ I think I'll make a tower.

  ▸ A red one is over there.

  ▸ His name is Diego.

  ▸ This is fun.

CODES USED ONLY AT PRE- and POST-TREATMENT

Direct Command (DC)

▸ An order or direction for a behavior to be performed by the child

  ▸ Sit down.

  ▸ Put the toys away.

  ▸ Be quiet.

  ▸ Give me the red one.

  ▸ Write your name on your paper.

Indirect Command (IC)

▸ Command implied or stated in question form

  ▸ Would you come here a minute?

  ▸ You can have the blue one.

  ▸ You might take the red one out

  ▸ Can you tie your shoes, please?

  ▸ Why don't you have a seat?

Responses to Commands

within a 5-second interval:

▶ Compliance (CO)

   ▶ When the child obeys, begins to obey, or attempts to obey a direct or indirect parental command

▶ Noncompliance (NC)

   ▶ When the child does not obey, attempt to obey, or stops attempting to obey

Responses to Commands

within a 5-second interval:

▸ No opportunity to comply (NOC) is coded when the child does not have an adequate chance to comply
  ▸ "Give me a hug tomorrow"
  ▸ "Listen up."
  ▸ "Jason."
  ▸ "When we're done here, you'll need to put your shoes back on."

Priority Order

▸ Used when a statement falls into two coding categories

Negative Talk

Direct Command

Indirect Command

Labeled Praise

Unlabeled Praise

Question

Reflection

Behavioral Description

Neutral Talk

Decision Rules Order

▸ Used when the coder is uncertain into which category (between two) a statement falls

Neutral Talk

Behavioral Description

Reflection

Question

Unlabeled Praise

Labeled Praise

Indirect Command

Direct Command

Negative Talk

▸ If you wish, you can pause the video now and code the statements on the subsequent slides before hearing the answers in the video.

DPICS Practice

▶ "Thank you for doing what I asked."

▶ "You're making a fort."

▶ "That's great!"

▶ "Isn't that a fabulous sun you drew?"

▶ "You are so creative!"

▶ "We need to clean up now."

▶ "Yes, that one is blue."

▶ "Where is that car going?"

DPICS Practice

- "That's not where that goes."
- "Where does it go?"
- "Why don't you put that one over here?"
- "I like how you figured out where to put that one!"
- "Is that what you're supposed to be doing?"

DPICS Practice: Famous Movie Quotes

▸ Go ahead. Make my day.

▸ You talkin' to me?

▸ Frankly, my dear, I don't give a damn.

▸ I love the smell of napalm in the morning.

▸ Fasten your seatbelts. It's going to be a bumpy ride.

▸ Show me the money!

DPICS Practice: Famous Movie Quotes

▸ You've got to ask yourself one question: "Do I feel lucky?" Well, do ya, punk?

▸ Yo, Adrian!

▸ Carpe diem. Seize the day, boys. Make your lives extraordinary.

▸ I'll get you, my pretty, and your little dog too!

▸ You're gonna need a bigger boat.

CDI Teach Session

A demonstration

DPIC's Activity

Coaching the Child Directed Interaction

Rhea M. Chase, Ph.D.

February 7, 2013

Mastery of CDI

Five minute interaction

- 10 Behavior descriptions
- 10 Reflections
- 10 Labeled praises

× Commands

× Questions $\quad\Big\}$ * No more

× Criticisms $\qquad\qquad$ than 3

Five minute review of CDI and CDI Mastery Criteria

CDI: Don't skills

- ▶ Lead the play
- ▶ Give commands
- ▶ Ask questions
- ▶ Criticize

NO!

CDI: Do skills

- ▶ Praise
- ▶ Reflect
- ▶ Imitate
- ▶ Describe
- ▶ Enjoy

YES!

CDI: Mastery Criteria

▶ Determines when family may be ready to move on to the next phase

  ▶ 10 Labeled Praises

  ▶ 10 Behavior Descriptions

  ▶ 10 Reflections

  ▶ 3 or fewer total of Commands, Questions, & Critical statements

PCIT INTERNATIONAL

CDI Coaching Sessions

▸ Check-in (10 – 15 min)
  ▸ Check in on parent
  ▸ Discuss home practice
  ▸ Brief review of the skills
▸ Coding (5 min)
▸ Coaching (30 min)
▸ Review parent and child progress (5 min)
  ▸ CDI summary sheet
  ▸ ECBI graph
▸ Plan for home practice (5 min)

*If two caregivers, each is coded and coaching time is split

The Art of Coaching

▸ Give labeled praise for PRIDE skills

▸ Initially, give only positive feedback (ignore errors and respond immediately with praise for positives)

▸ Quickly 'catch' and praise parents before they have a chance to be inappropriate

▸ Coach qualitative aspects of interaction (e.g., genuineness, warmth, changes in child behavior)

Live coaching:
"I don't say that much all day!"

▸ Effective coaching is essential to PCIT

▸ Unique skill that is difficult to master:

   ▸ Fun but demanding!

   ▸ Immediate, constant, AND positive feedback

   ▸ Different from most other therapy models

General Coaching Guidelines

▸ Be brief (rarely more than 5 words at a time)

▸ Be quick (comment on behavior immediately)

▸ Be positive (focus on the half-full glass)

▸ Be enthusiastic (usually)

▸ Be supportive (when needed)

▸ PAY ATTENTION (ALWAYS) – Be one step ahead!

The Art of CDI Coaching: What Are Your Layers?

Please click the link from your pdf handout (or copy and paste the link into your browser) to watch the YouTube video clip that was shown at the workshop.

http://www.youtube.com/watch?v=Mx5Wpqf4-OM

The Layers of Coaching

▸ **The Meat:** Labeled Praise for PRIDE skills

   ▸ Labeled praise every skill

   ▸ Include contingent praise

      ▸ *"Nice labeled praise."*

      ▸ *"Good reflection."*

      ▸ *"Excellent imitating."*

      ▸ *"Fantastic behavior description."*

      ▸ *"Great showing your enjoyment."*

The Layers of Coaching

▸ **The Jam:** Prompting skills

  ▸ Encourages parents to use PRIDE skills

    ▸ Parent: *"Good job."*

    ▸ Coach: "*Good job of what?"*

  ▸ OR

    ▸ Parent: "*The tower's getting tall."*

    ▸ Coach: "*What's Joey doing with the tower?"*

  ▸ OR

    ▸ Child*: "This one is blue."*

    ▸ Coach: *"Can you reflect that?"*

Beware the "Direct Line Feed"

▸ Direct line feeds provide the exact words:

  ▸ Therapist: "Say, 'You're building a tower'."

  ▸ Parent: "You're building a tower."

  ▸ Therapist: "Great behavior description."

▸ Line feeds should be used *rarely*

▸ Why?

When to consider direct line feeds

▸ When less directive coaching fails repeatedly

▸ If timing is *critical*

▸ Aim to become less directive ASAP

The Layers of Coaching

‣ **The peas:** Constructive feedback for "Don'ts"

  ‣ Generally begins after CDI Coach 1

  ‣ Discussed with parents in advance

    ‣ Parent: *"Let's make it go this way."*

    ‣ Coach: *"Whoops, watch that command."*

  ‣ OR

    ‣ Parent: *"You're putting it there?"*

    ‣ Coach: "*Question – make it a statement."*

The Layers of Coaching

▸ **The Sweet Stuff:** Higher-order statements

  ▸ Once the other layers are in place

  ▸ Essential for the overall flavor

  ▸ Includes observational statements

    ▸ *"He loves playing with you!"*

    ▸ *"She calmed very quickly when you ignored again!"*

  ▸ Includes rationale for the skills

    ▸ *"Your describing helps her focus."*

    ▸ *"When you stay calm, it helps him calm faster."*

    ▸ *"If you praise it, you'll see more of it."*

The Layers of Coaching

▶ Good coaches alternate their layers

▶ Maintain coaching guidelines:
  ▶ Pay attention
    ▶ Even with your jam
  ▶ Be positive/enthusiastic/supportive
    ▶ Even with your peas
  ▶ Be brief/quick
    ▶ Even with your sweet stuff

CDI Coaching Demonstration

Parent Directed Interaction Overview and Eight Rules of Effective Commands

John Paul Abner, Ph.D.

PDI Overview

▸ CDI is five minutes of special time per day

▸ Eventually PDI will be used when a parent needs it.

▸ PDI begins with a positively stated direct command.

▸ PDI ends when the child complies.

▸ PDI emphasizes:

    ▸ Consistency

    ▸ Predictability

▸ Gradual generalization from clinic exercises to "real life" discipline

Eight Rules of Effective Commands

▸ We want to use the most effective commands so that the child is more likely to be reinforced for obeying.

Commands should be direct rather than indirect.

▸ Example "Please take your hand out of the cookie jar" rather than "Will you please take you hand out of the jar?"

▸ Direct commands give the child no illusion of choice.

▸ Easier for child to follow.

Commands should be positively stated.

- "Come sit beside me."
  - rather than "Don't run around the room."
- Tell child what to do rather than what not to do.
- Avoids criticism of the child.

- Avoid
  - Don't, Not, Stop, Quit, No
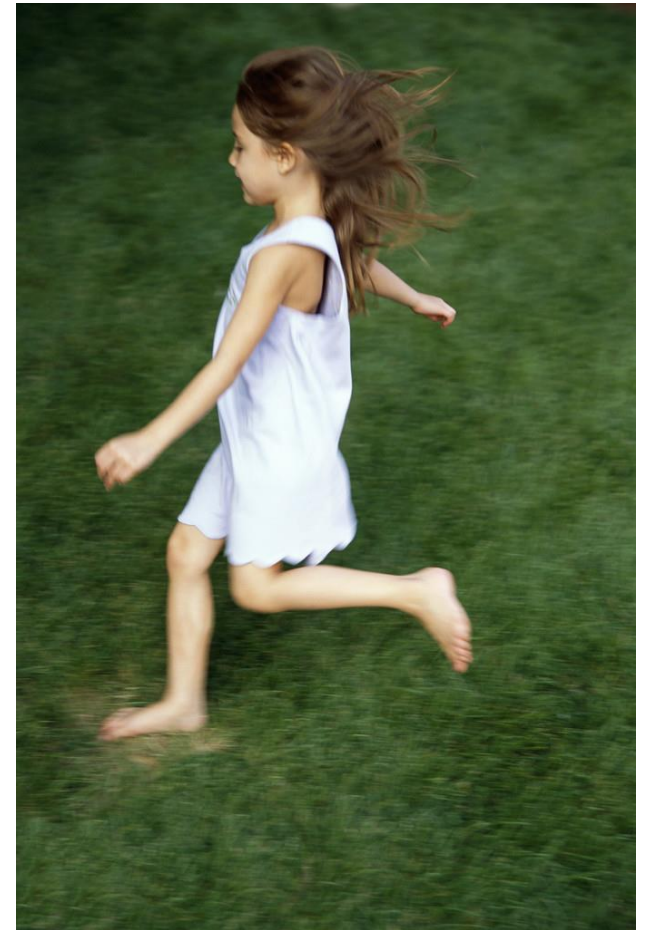
Commands should be given one at a time

▸ "Please put your shoes in the closet.'

▸ Rather than "Put your shoes in the closet, take a bath, and brush your teeth."

▸ Avoid global commands that are actually several commands

  ▸ Example, "Clean your room."

▸ Helps parent to know when child is obeying.

▸ Helps child to remember the command.

Commands should be specific.

- Tell the child specifically what you want them to do.
  - "Please put the noisemaker down."
    Rather than
    "Behave"
- Avoids the vague commands of parent hood.
  - Behave!
  - Be careful!
  - Watch out!
  - Be good!
  - Hey!

PCIT INTERNATIONAL
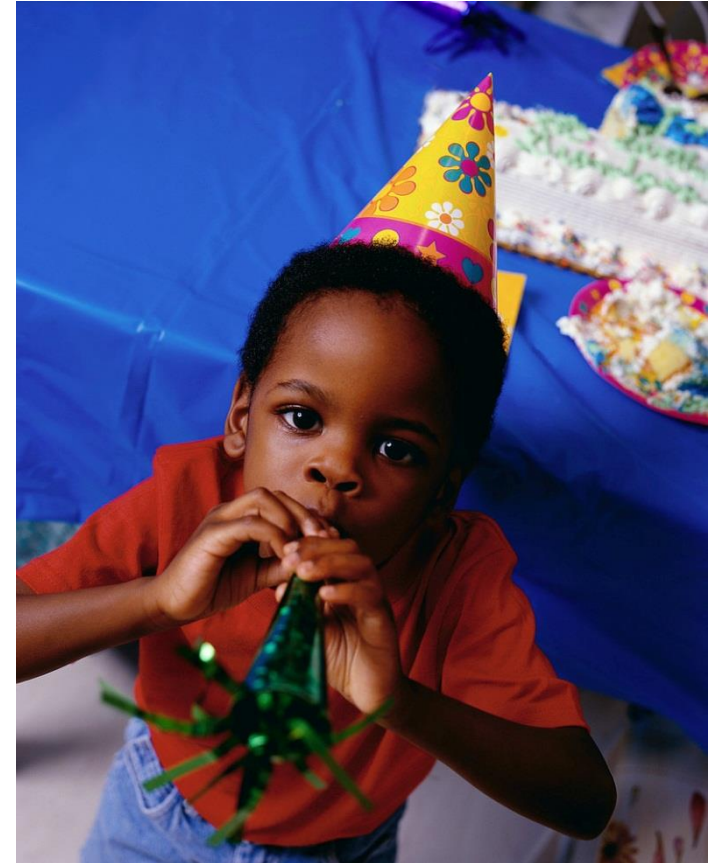
Commands should be developmentally appropriate.

▸ Simple, understandable commands.

▸ "Please put up the toy", *rather than*

▸ "Please put up the chauvinistic unrealistic 1/16 scale replica of a female."
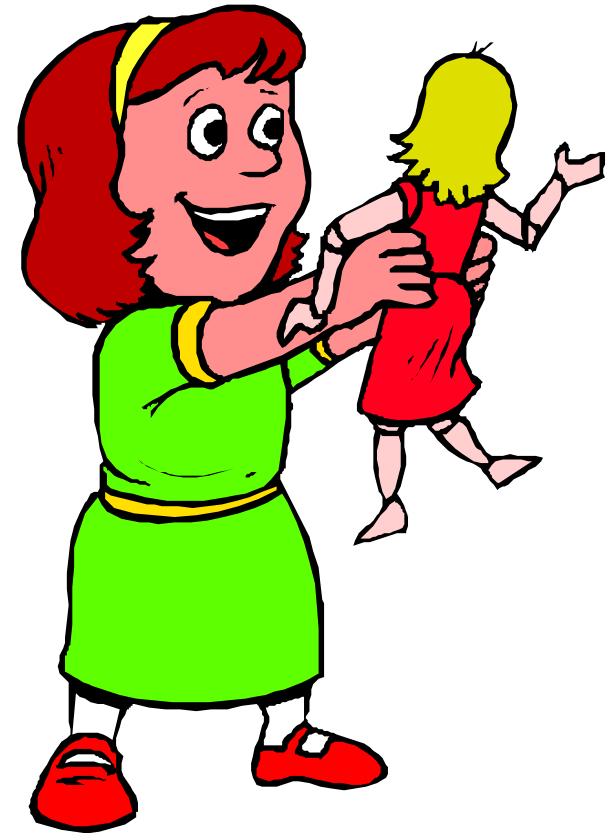
Give commands politely and respectfully.

▸ Give commands in a normal tone of voice.

▸ Teaches children to obey polite and respectful commands.

▸ Avoids child learning to obey only if yelled at.

▸ Prepares child for school.

Explanations should be used before a command or after the child has obeyed.

▸ "We are about to leave for the store. Please put on your coat."

▸ "Please pick up the cars. (Child obeys). Thank you for picking up the cars. Now the house is safer and we won't trip on the cars."

▸ Gives child attention for obeying.

▸ Discourages child from using "why" as a delay tactic.

Commands should be used only when necessary.

▸ Too many commands may frustrate child.

▸ Many things we use commands for we can give choices instead.

▸ Makes it easier to follow through.

The Steps of the Parent Directed Interaction: Welcome to PDI

Rhea M. Chase, Ph.D.

February 8, 2013

PCIT INTERNATIONAL
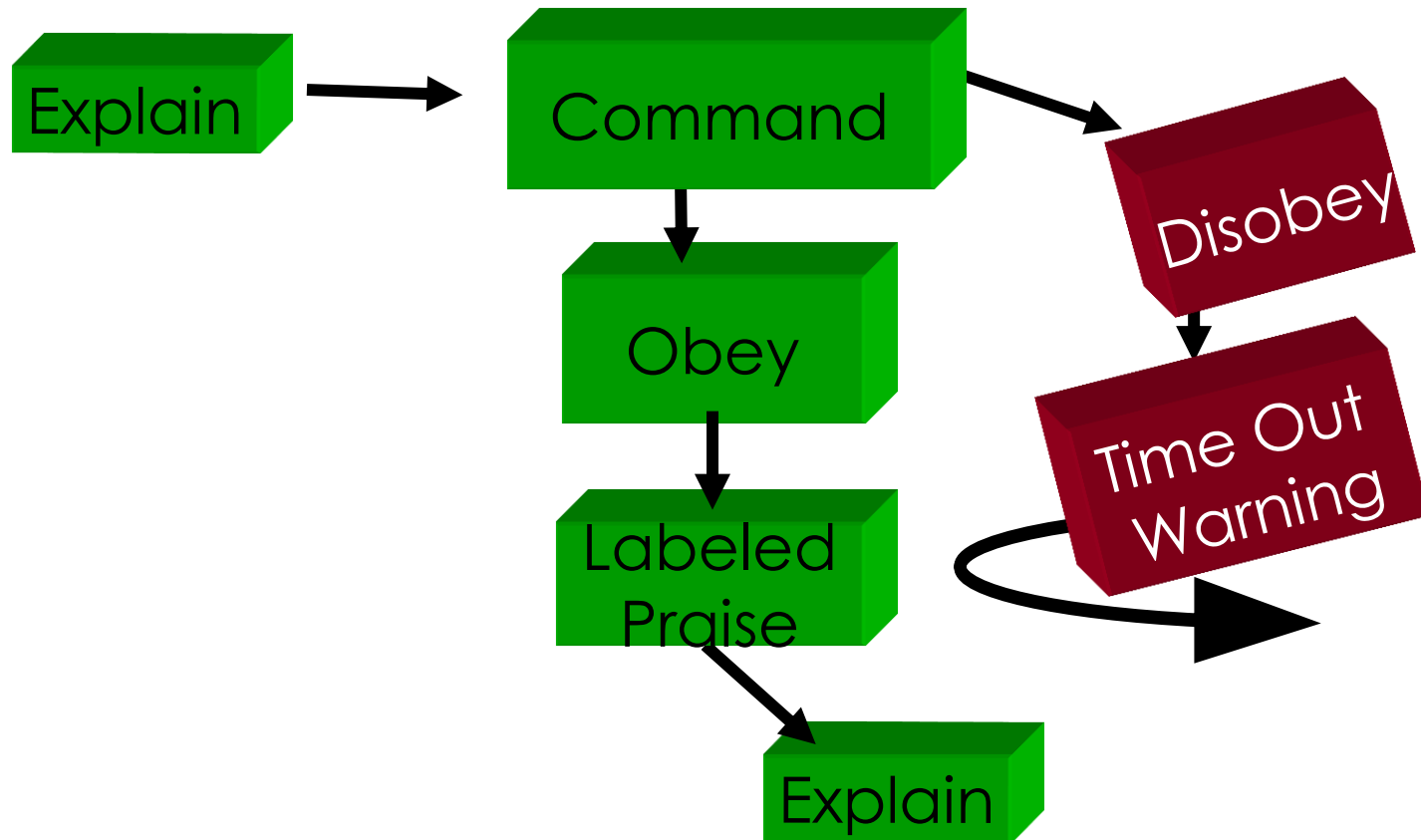
The Command

The Warning

If you don't [original command],
you'll have to sit on the time out chair

Obey

Labeled Praise

Explain

Disobey
(UH-OH!)

To the chair
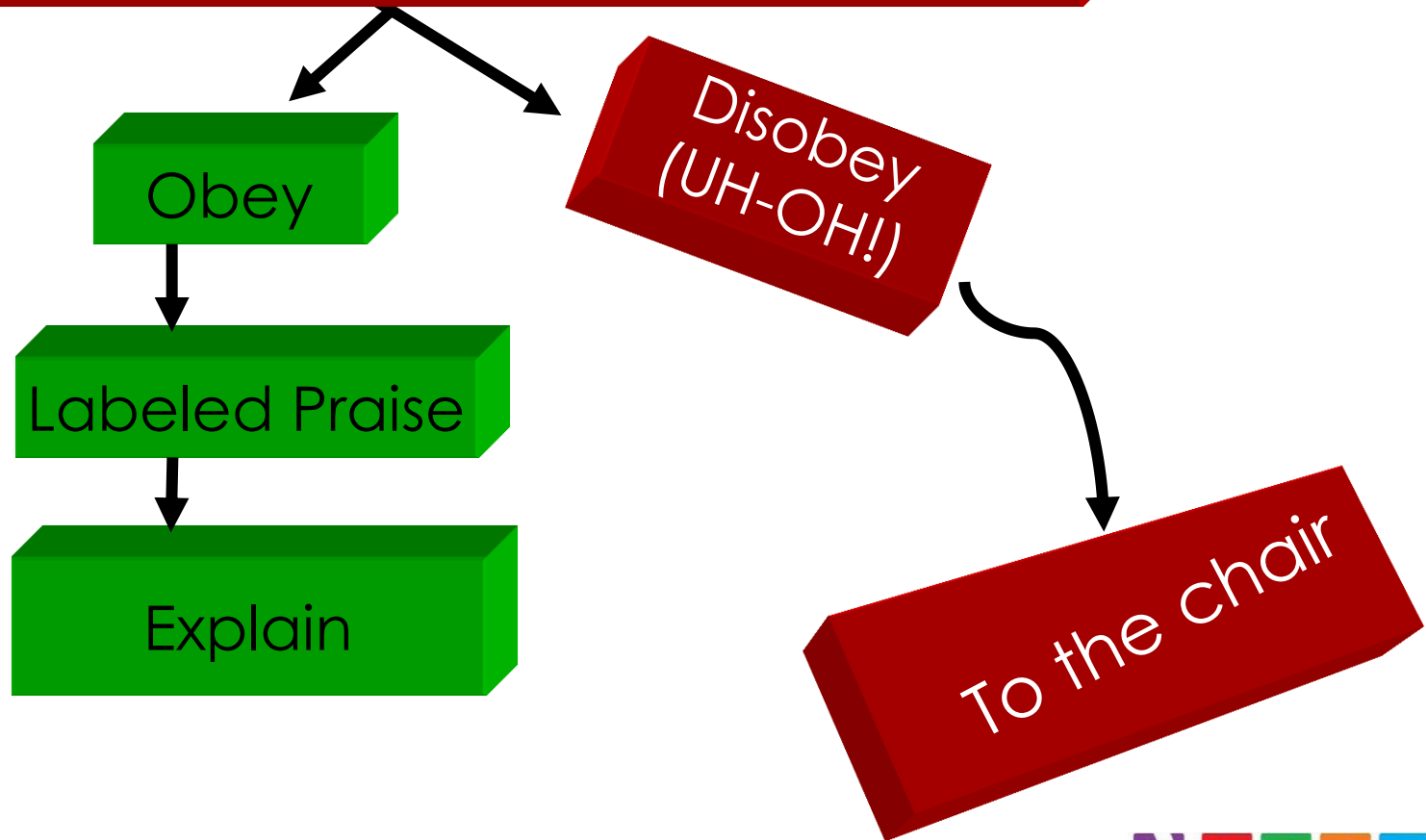
The Chair

"You didn't do what I told you to do, so you have to sit in the timeout chair.
Stay on the chair until I say you can get off."
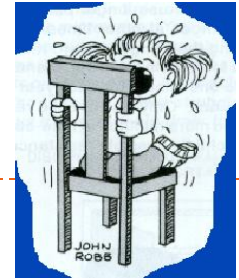
Or doesn't (UH-OH!)

Child Stays on Chair
3 min plus 5 sec quiet

You're sitting quietly in the chair.
Are you ready to [original command]?

Child indicates "yes"

Obey

Acknowledge

Back to Play!

Command → Obey → Praise → Explain → Back To Play!

Time Out Room

Child Gets Off Chair

Room Warning (once only)
"You got off the chair before I said you could.
If you get off again, you'll go to the time out room.
Stay on the chair until I say you can get off."

Child Gets Off Again

"You got off the chair before I said you could, so you have to go the time-out room."

Time Out Room 1 min + 5 sec Quiet

Back To Chair

Back to the Chair

"Stay on the chair until I say you can get off."

Child Stays on Chair
3 min plus 5 sec quiet

You're sitting quietly in the chair.
Are you ready now to [original command]?

Child indicates "yes"

Obey

Acknowledge

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Back to Play!

Command

Obey

Praise

Explain → Back To Play!_

Building on CDI

▸ Labeled Praises

▸ Avoiding Questions

▸ Ignoring

Creating Time Out Chair
& Time Out Room at Home

▸ Safe for child

▸ No Distractions

▸ Examples of Time Out Room at home
  ▸ Parent Bedroom
  ▸ Baby gate across the hall
  ▸ Laundry Room

The Back Up Procedure

- Children try to find loop holes (especially oppositional ones!)

- Back up procedure is essential
  ▸ Timeout is a removal from parental attention

  ▸ The back up must be a further removal from that attention

But what if my agency doesn't have a timeout room?!

- Consider alternatives:
    - Empty (i.e., non-occupied) therapy room
    - Constructing something in play room

- The Swoop and Go
    - Only empirically supported alternative
    - Therapy room becomes the timeout room

- Swoop and Go is not feasible at home or in public

- Timeout room as part of long-term plan

Mastery of PDI Skills

Assess at least 4 commands in 5 minutes

▸ At least 75% "effective" commands
- ▸ Direct   - Positively Stated
- ▸ Single   - Give opportunity to obey

▸ At least 75% correct follow-through
- ▸ Labeled praise after obey
- ▸ Warning after disobey

▸ If child disobeys warning
- ▸ Procedure must continue correctly
- ▸ Must end with compliance to original command and correct follow through (either labeled praise or acknowledgement-command-labeled praise)

House Rules

▶ PDI uses running commands

▶ House rules are ***standing commands***

- Aggressive behavior
- Destructive behavior

▶ The Procedure

- Label behavior for child
- Explain rule to child
- No chair warnings
- It's over when time is up

Public Behavior

▸ The Procedure

- Make plan before leaving home

- Describe desired behavior

- Take along "time out chair"

- Discuss back-ups

Trainer Led Role Play

Coding the Parent-Directed Interaction

Melanie M. Nelson, Ph.D

February 8, 2013

In-session PDI Coding Sheet

In-Session PDI Coding Sheet for Therapists

Command DC or IC?	No Opp	Obey	Dis-obey	Praise LP or UP?	Chair Warning	Obey	Dis-obey	Praise LP or UP?	Time-out chair	Stays on	Gets off	Obey	Dis-obey (back to chair)	Acknowledge obey after chair ("fine")	TO room (make ✓ each time)
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															

* Note that the timeout room warning occurs only once (ever), the first time the child gets off the chair.

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In-session PDI Coding Sheet

In-Session PDI Coding Sheet for Therapists

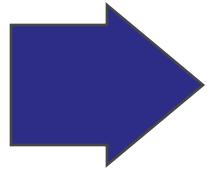| Command (IC or DC?)	No Opp	Obey	Dis-obey	Praise LP or UP?	Chair Warning	Obey	Dis-obey	Praise LP or UP?	Time-out chair	Stays on	Gets off	Obey	Dis-obey (back to chair)	Acknowledge obey after chair ("fine")	TO room (make ✓ each time)
1 **Pl. pick up pen**		X		LP		go to next line									
2 **Write yr name**			X		X	X		LP		go to next line					
3 **Put pen down**			X		X		X		X		X X			X	X X
4 **Give me yr paper**		X		LP	You're done!	go to next line									

Coaching the PDI

Melanie A. Fernandez, PhD, ABPP

PDI Coaching Principles

■ Similar to PDI treatment principles

■ Different from CDI coaching principles

- CDI principles (coach lets parent lead)*
  - Differential Social Attention
  - Client-Centered Therapy

- PDI principles (coach leads the parent)
  - Social Learning Theory
  - Fading

Coaching PDI

The Parents' DO's

- **Use direct commands**
- **Praise compliance**
- **Warn after first noncomply (NC)**
- **Use TO chair after second NC**
- **Give direction to stay**
- **Use TO room if chair escape**
- **Return to chair after room**
- **Ask for readiness**
- **COPE**
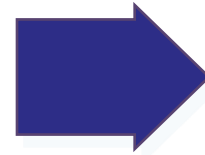
The Parents' DON'Ts

Don't say don't

- **Give indirect commands**
- **Repeat commands**
- **Question**
- **Criticize**
- **Dawdle**
- **Use extra words in COPE**

Command → Obey → Praise → Explain

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Leading

- Coaching begins with a command
  - "Okay, give a very simple direct command."

- Coach rewards parent compliance [EVERY TIME]
  - "Good direct command!"

- Coach does not ignore noncompliance [EVER]
  - "Make it direct – hand me…"
    - Coach requires compliance to the PDI steps

Keep one eye always on the goals…

The Most Basic Goals
Mastery Criteria

CDI

- 10 Behavioral descript
- 10 Reflections
- 10 Labeled praises

- <3
  - Questions
  - Commands
  - Criticisms

PDI

- Commands 75% Effective
  - Direct
  - Single
  - Positive (do)
  - Alpha (opportunity)
- 75% Correct follow-through
  - Labeled praise after comply
  - Warning after noncomply
- If TO, must end with compliance to original command

Coaching to Reach PDI Criteria

■ **Leading (the basic rule)**
  ● Help parent stay in control
    — "Nice command to get her back to the table."
    — "Just ignore everything but her obey."

■ **Using the exact words**
  ● If close, reflect their words correctly
  ● If not close, have them re-do it
    — "Make it direct, <u>Give</u> me…"
    — "Make it direct. Good."
    — "Whoops."

General Coaching Guidelines

- Be brief (and stick to the script)
- Be quick (comment on behavior immediately)
- Be positive (focus on the half-full glass)
- Be enthusiastic (usually)
- Be supportive (when needed)
- PAY ATTENTION (ALWAYS)
- Be one step ahead...

What Exactly Do Coaches Say?

More directive coaching

- Make it direct. Hand me…
- Tell her <u>why</u> it's good.
- Just ignore that.
- Now go back to CDI.
- Take the toy from his hand.
- Think what you'll say when he finishes.
- If she gets off the chair, you will say, "You got off…etc.
- Praise her.
- She listened so quickly this time.

Less directive coaching

- Thank-you <u>for what?</u>
- He's off the chair.
- You might play with the toys yourself…
- Do you know how much time is left?
- Time's up.
- You can give another command when you're ready.
- Do you want to get him to put the block back?

PCIT INTERNATIONAL

Labeled Praises for Good Skills

- Good direct command.
- Great labeled praise.
- Nice, fast follow-through.
- Excellent ignoring.
- Perfect timing.
- Good matter-of-fact tone.
- Good judgment call.
- Nice remembering to separate that toy.
- You got the words exactly right.
- Good choice of what to praise.

⭐ **Observations/Descriptions**

■ **Describing components of theory**

- He loves your attention.
- Time out works because time in is so good!
- Those 5 seconds really teach him to calm himself.

■ **Describing changes in the parent**

- That command was very specific.
- All of your commands have been direct today.
- You seem even more confident today.

■ **Describing changes in the child**

- He's obeying your commands much more quickly.
- He's handling frustration better this time.
- She's quieting more quickly in the chair.

PCIT INTERNATIONAL

Sequencing PDI Coaching Skills

■ In early sessions

— Tell parent what to do ("anticipate")

— Praise parent for doing what you said

■ In mid-PDI

— Direct parent only if they hesitate or make a mistake

— Praise each step, whether directed or independent

— Describe effects in terms of theory

■ Final PDI coaching sessions

— Praise chunks and sequences

PCIT INTERNATIONAL

PDI Coaching Demonstration

Importance of Treatment Integrity

John Paul Abner

Why is treatment integrity so important?

‣ Ethical practitioners want to use treatments that work.

‣ Consumers want to benefit from treatments that work.

‣ Third party payers do not want to pay for a treatment that doesn't work.

INTERNATIONAL

Mid Life Crisis Metaphor

Am I really about to use the word "brand?"

- ▸ We know the EBT works.
    - ▸ We don't know if untested modifications work.
- ▸ Using untested modifications may damage the "brand" name.
    - ▸ AHHGGGHHHH!!! I sound like I'm in marketing!!! Who cares about the "brand?"
        - ▸ Damaging the "brand" may damage the funding sources.
        - ▸ May create unwarranted negative perceptions in the field.

PCIT and training

▸ For more information
  ▸ Visit www.pcit.org
  ▸ Master trainers
    ▸ Complete list on the website
    ▸ Training dates announced
    ▸ Contact information
  ▸ Regional trainers
    ▸ Coming soon!
  ▸ Within program trainers

Disseminating PCIT

▸ The goal: Build a network of PCIT trainers and therapists so that PCIT is affordable and accessible to children without sacrificing treatment integrity.

▸ Snowball model of training

Why Get Trained?

▸ Enhances treatment integrity

▸ Agencies want clinicians skilled in EBT's

▸ Third party payers may eventually demand evidence of training.

▸ PCIT training is a lot of fun.

- Thanks you for sitting so quietly. (LP)
- You are great! (UP)
- Have a great weekend. (DC)

For more information, please go to the main website and browse for workshops on this topic or check out our additional resources.

Additional Resources
Online resources:
1. Society of Clinical Child & Adolescent Psychology: http://effectivechildtherapy.com
2. PCIT International: http://www.pcit.org/
Books:
Eyberg, S.M. & Funderburk, B.W. (2011). Parent Child Interaction Therapy Protocol. PCIT International, Gainesville, FL.
Selected Peer-reviewed Journal Articles:

1. Boggs, S. R., Eyberg, S. M., Edwards, D. L., Rayfield, A., Jacobs, J., Bagner, D., and Hood, K. K. (2004). Outcomes of Parent-Child Interaction Therapy: A comparison of treatment completers and study dropouts one to three years later. *Child and Family Behavior Therapy, 26*(4), 1-22.
2. Eyberg, S. M., Funderburk, B. W., Hembree-Kigin, T. L., McNeil, C. B., Querido, J. G., and Hood, K. K. (2001). Parent-child interaction therapy with behavior problem children: One and two year maintenance of treatment effects in the family. *Child and Family Behavior Therapy, 23*(4), 1-20.
3. Eyberg, S. M., and Robinson, E. A. (1982). Parent–child interaction training: Effects on family functioning. *Journal of Clinical Child Psychology, 11*(2), 130-137.
4. Lyon, A. R., and Budd, K. S. (2010). A community mental health implementation of Parent–Child Interaction Therapy (PCIT). *Journal of Child and Family Studies, 19*(5), 654-668.
5. McNeil, C. B., Eyberg, S., Eisenstadt, T. H., and Newcomb, K. (1991). Parent-child interaction therapy with behavior problem children: Generalization of treatment effects to the school setting. *Journal of Clinical Child Psychology, 20*(2), 140-151.
6. Nieter, L., Thornberry, T., Jr., and Brestan-Knight, E. (2012). The effectiveness of group Parent–Child Interaction Therapy with community families. *Journal of Child and Family Studies*, 1-12.

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