

Parent Child Interaction Therapy: Reducing Disruptive Behavior using the Parent as a Therapeutic Agent

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Where Exactly Am I Taking You?

- What is PCIT?
- A quick tour of research regarding PCIT
- A couple of tips on reducing disruptive behavior
- A little video





What is Parent-Child Interaction Therapy?

PCIT is now one of the prominent evidence-based practices (EBPs) and empirically supported treatments (ESTs) world-wide for young children with disruptive behavior problems.

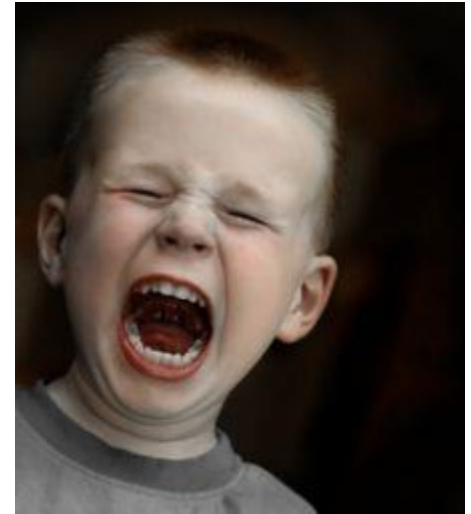
PCIT Original Target Population



- ✓ Ages 2 – 7 years
- ✓ Primary or secondary disruptive behaviors
- ✓ Receptive language @ 2yo
(able to understand simple commands)
- ✓ Parent with IQ above 75
(equivalent to high school diploma)
- ✓ ECBI (parent report of behavior)
Intensity Raw Score ≥ 131
- ✓ Therapist fluent in family's primary language

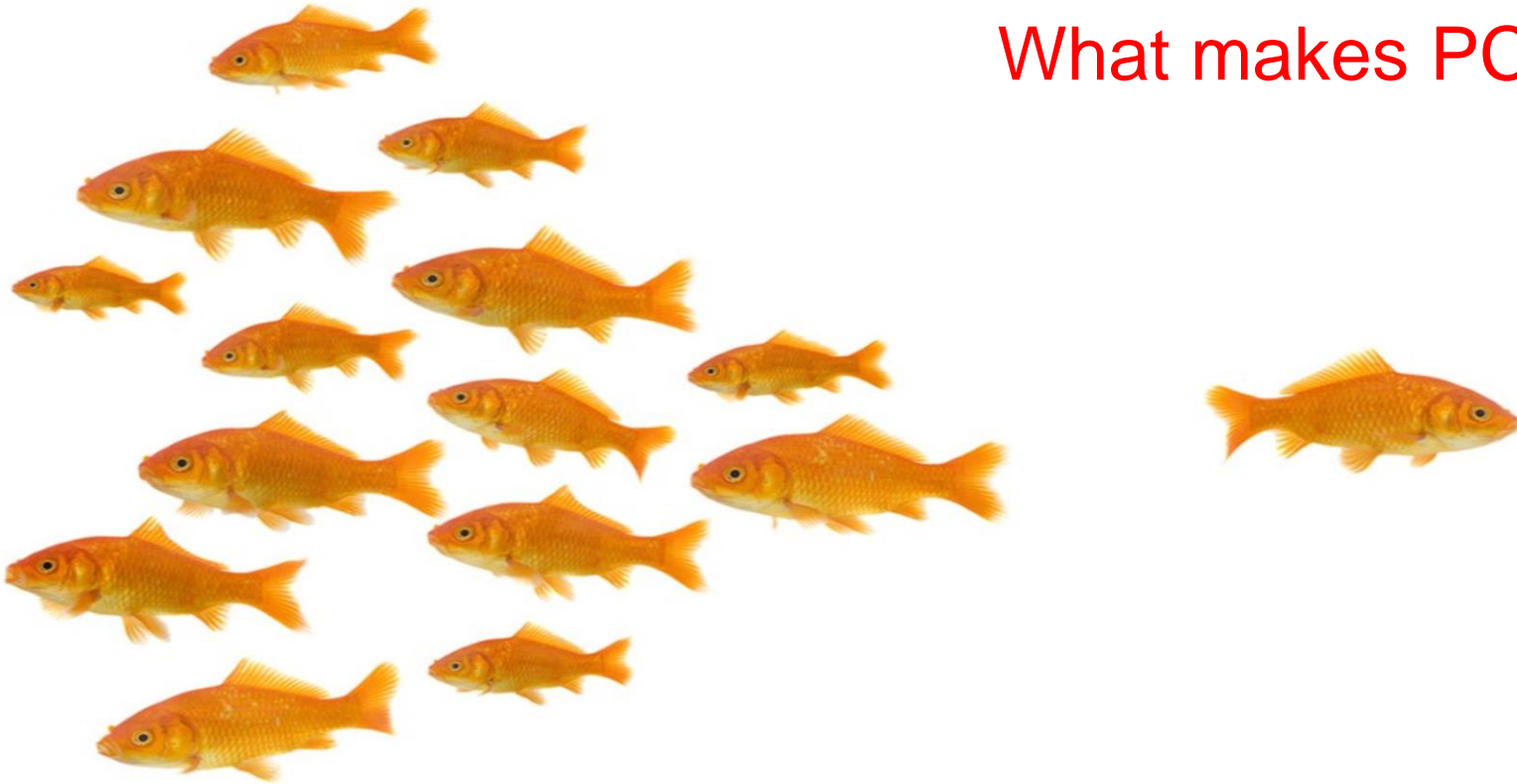
Typical referral

- Presenting concerns:
 - ▶ Temper tantrums
 - ▶ Doesn't listen or has difficulty following instructions
 - ▶ Aggressive behaviors
 - ▶ Preschool having difficulty managing behaviors
 - ▶ Parents seeking help in managing their child's behavior problems at home and in public



What makes PCIT unique?

What makes PCIT **unique**



AMONG PARENT TRAINING PROGRAMS?

It's not a parent training program.

Parents are trained in therapeutic skills

PCIT

Balances Two Factors...

1. Therapeutic Child Led Interaction.
Helps parent get into child's world.
2. Consistent and Clear Limit Setting
Consistency
Predictability
Follow-Through

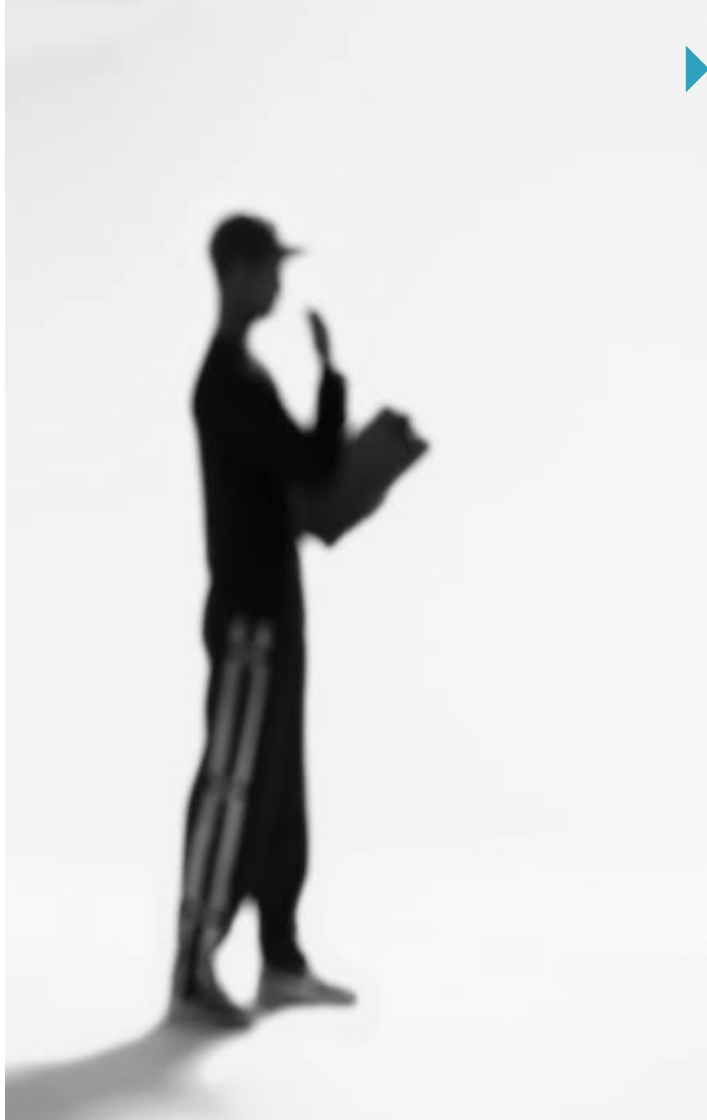


PCIT: Core Features

- ▶ Active coaching of parent with their child
- ▶ Emphasis on restructuring interaction patterns
- ▶ Assessment-driven
- ▶ Not time-limited
- ▶ Empirically supported
- ▶ Qualified clinicians
- ▶ Grounded in developmental theory



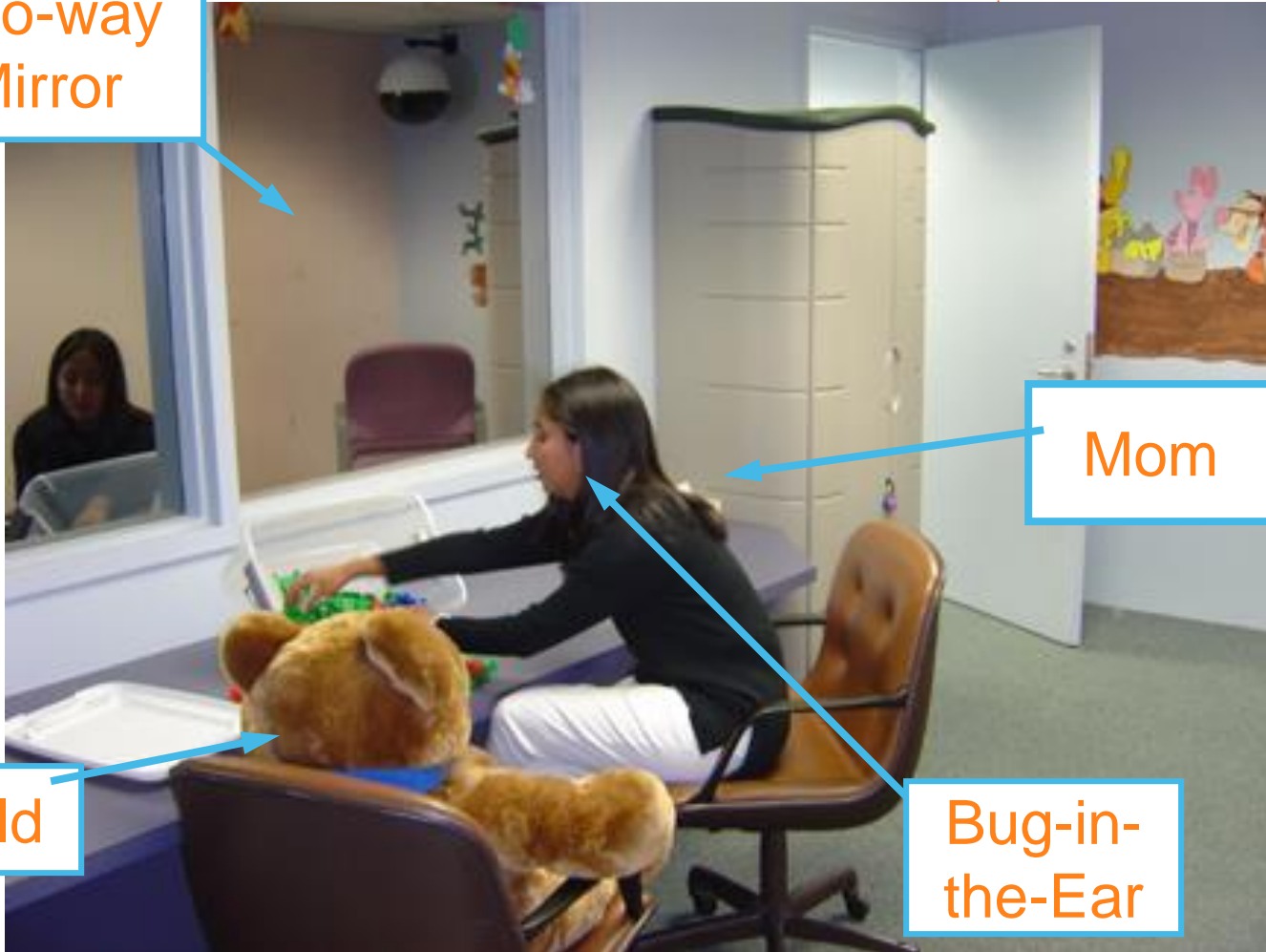
PCIT: Coaching



- ▶ 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

Two-way
Mirror



Mom

Child

Bug-in-
the-Ear

PCIT: Coaching



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





ASSESSMENT DRIVEN

Not time-limited

- Treatment continues until family meets graduation criteria
- Average 12-16 weeks, could be shorter or longer



Completion = Success



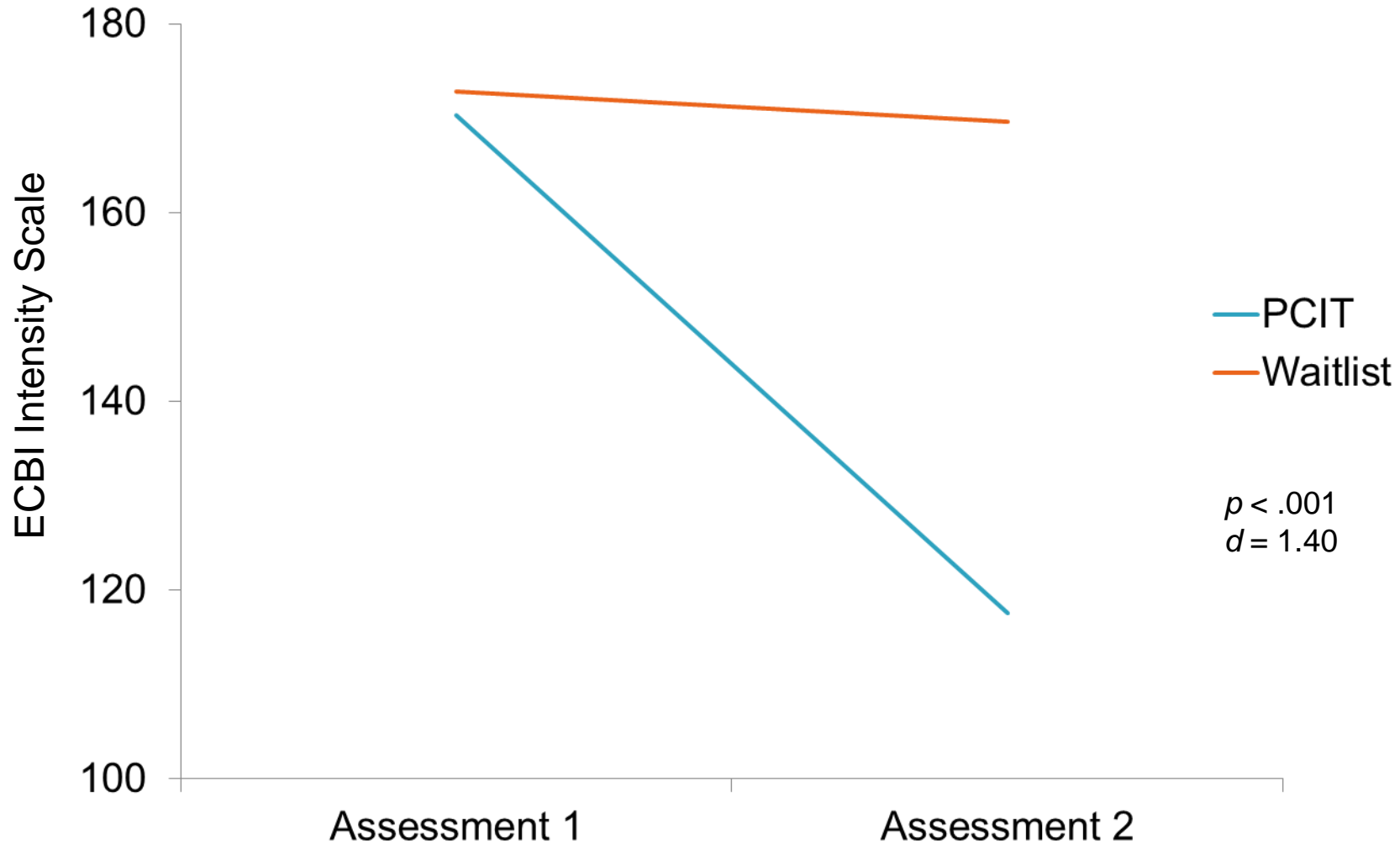
S U C C E S S

Because you too can own this face of pure accomplishment



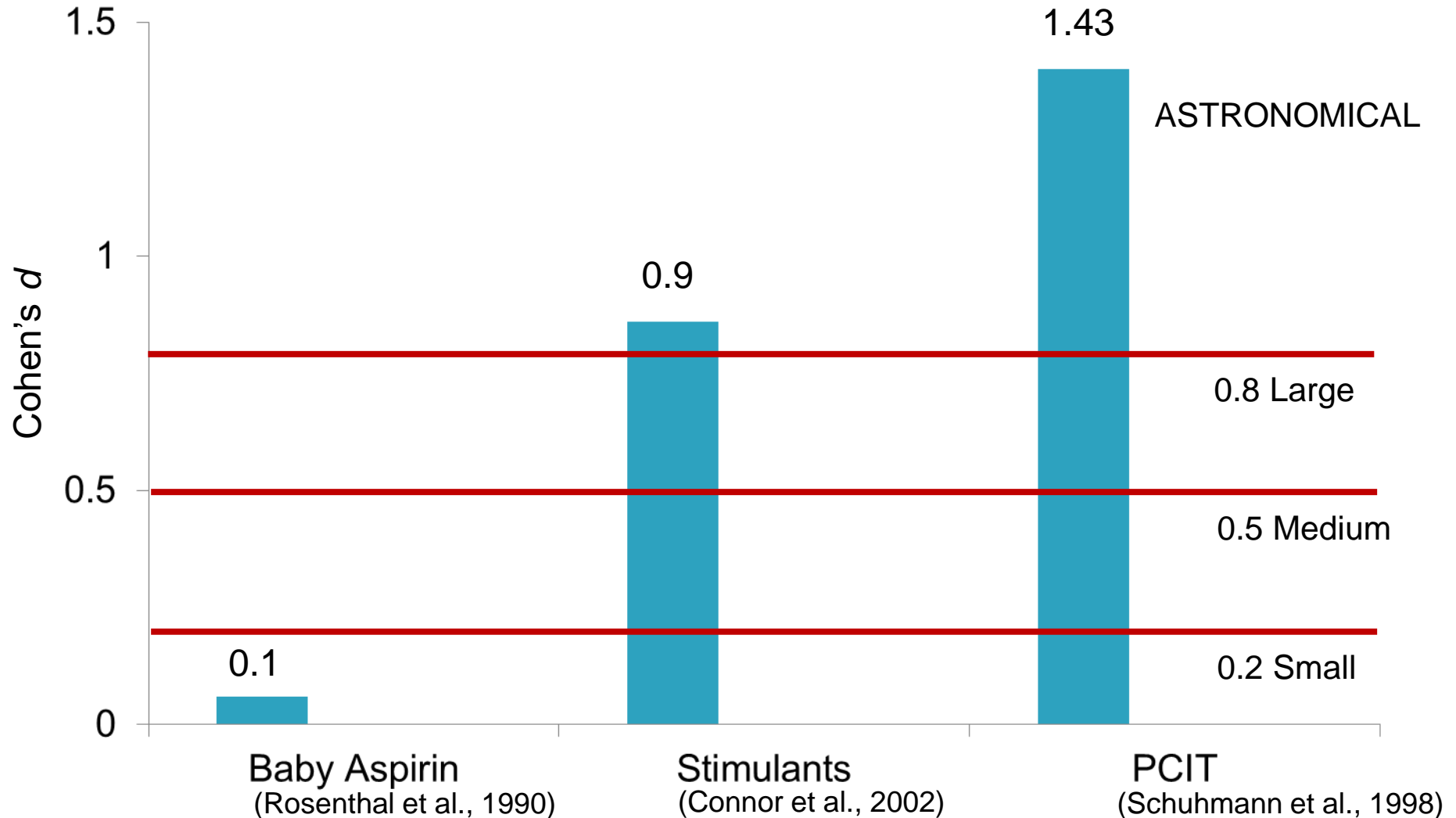
EMPIRICALLY
SUPPORTED

Efficacy of PCIT



(Schuhmann et al., 1998)

PCIT Effect Size





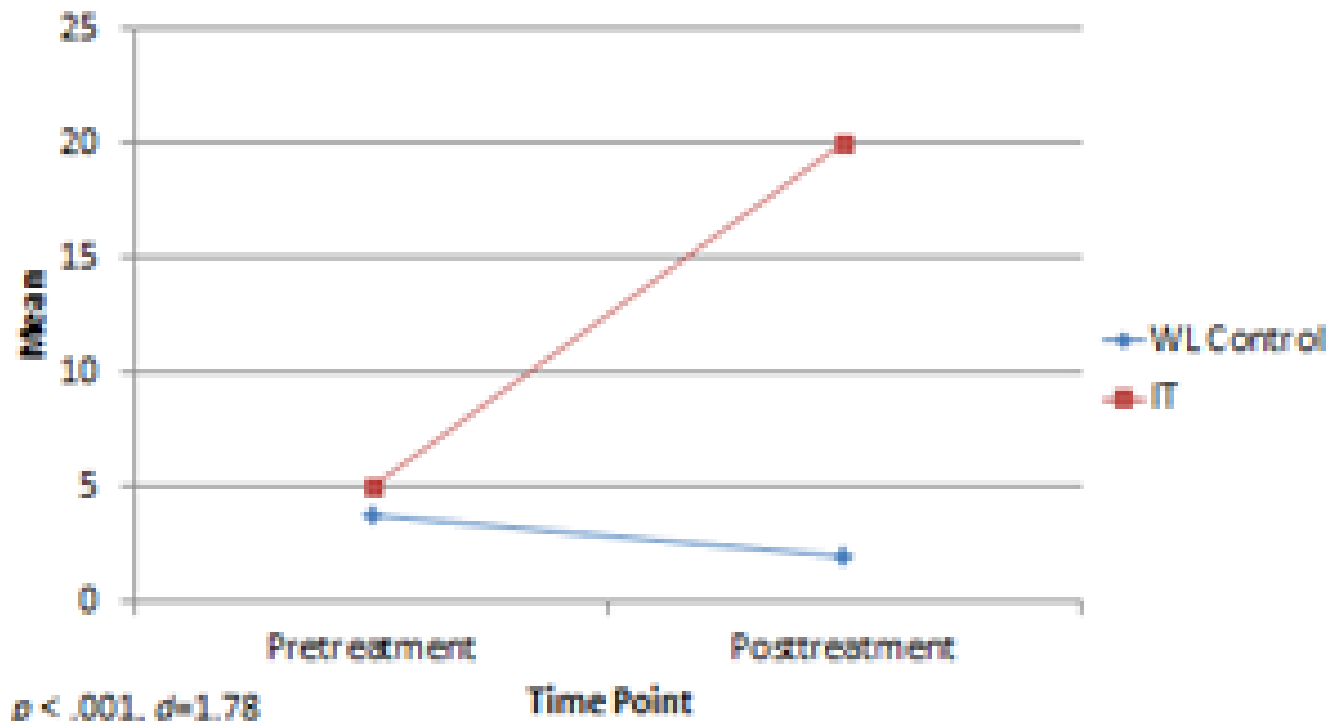
PCIT & Autism: Research

Do Parents Change?

- Use of more therapeutic parenting skills
 - Agazzi, 2013; Armstrong & Kimonis, 2013; Ginn et al., 2015; Lesack et al., 2014; Masse et al., 2016; Zlomke, 2017
- Parenting stress results are mixed
 - Masse et al. found p-c dysfunctional interaction improved
 - Ginn et al. found positive trend with difficult child subscale
 - Solomon et al. found stress remained at clinical levels
- Satisfaction is high (Masse et. al 2016)

Improvement in Parents' Therapeutic Skills

DPICS “Do” Behaviors



Do Children Change?

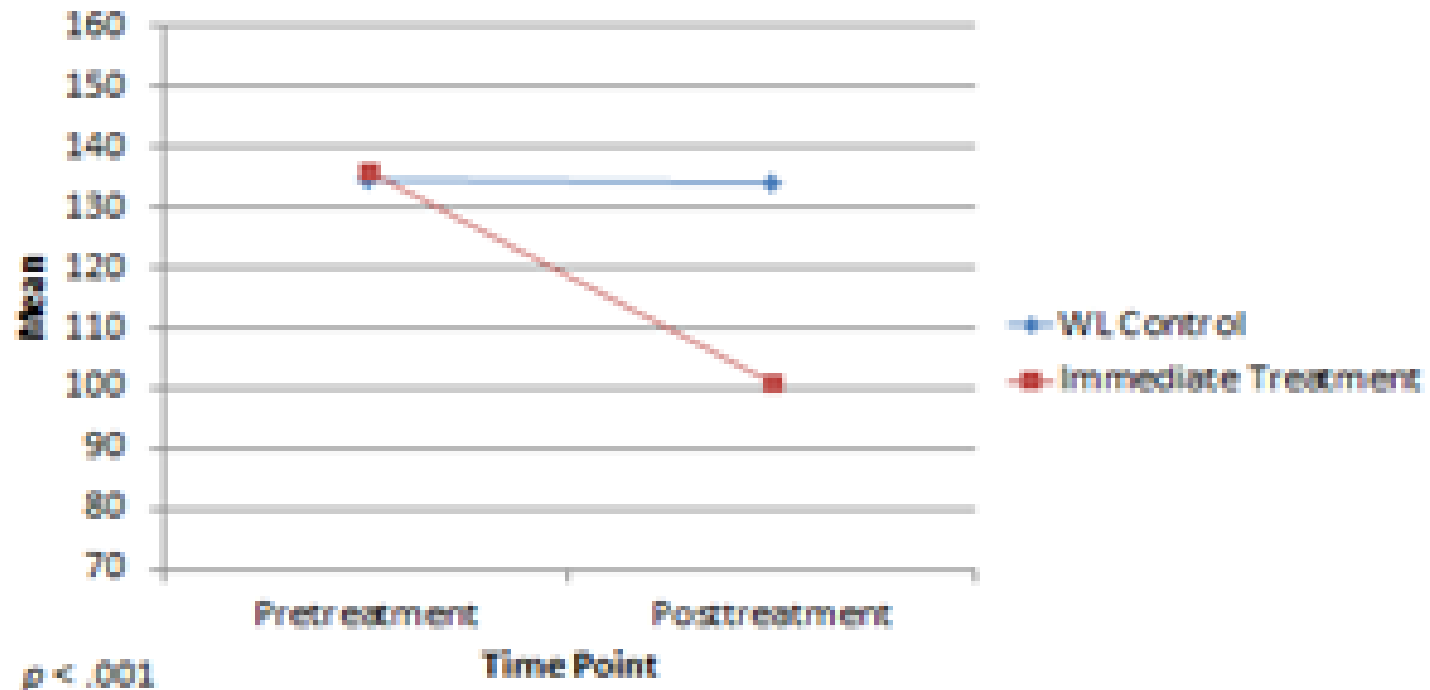
- Disruptive behavior moves into non-clinical range

Armstrong & Kimonis, 2013; Ginn, Clionsky, Eyberg, Warner-Metzger, & Eyberg, 2015; Hatamzadeh et al., 2010; Lesack et al., 2014; Masse et al, 2016; Solomon, 2008

- Improvement with social awareness/social cues
Ginn et al.
- Adaptive functioning improvement: child flexibility with situations, people, things Solomon et al.; Zlomke et al., 2017
- Atypicality improved: ex, rocking and repeating behavior Solomon et al.

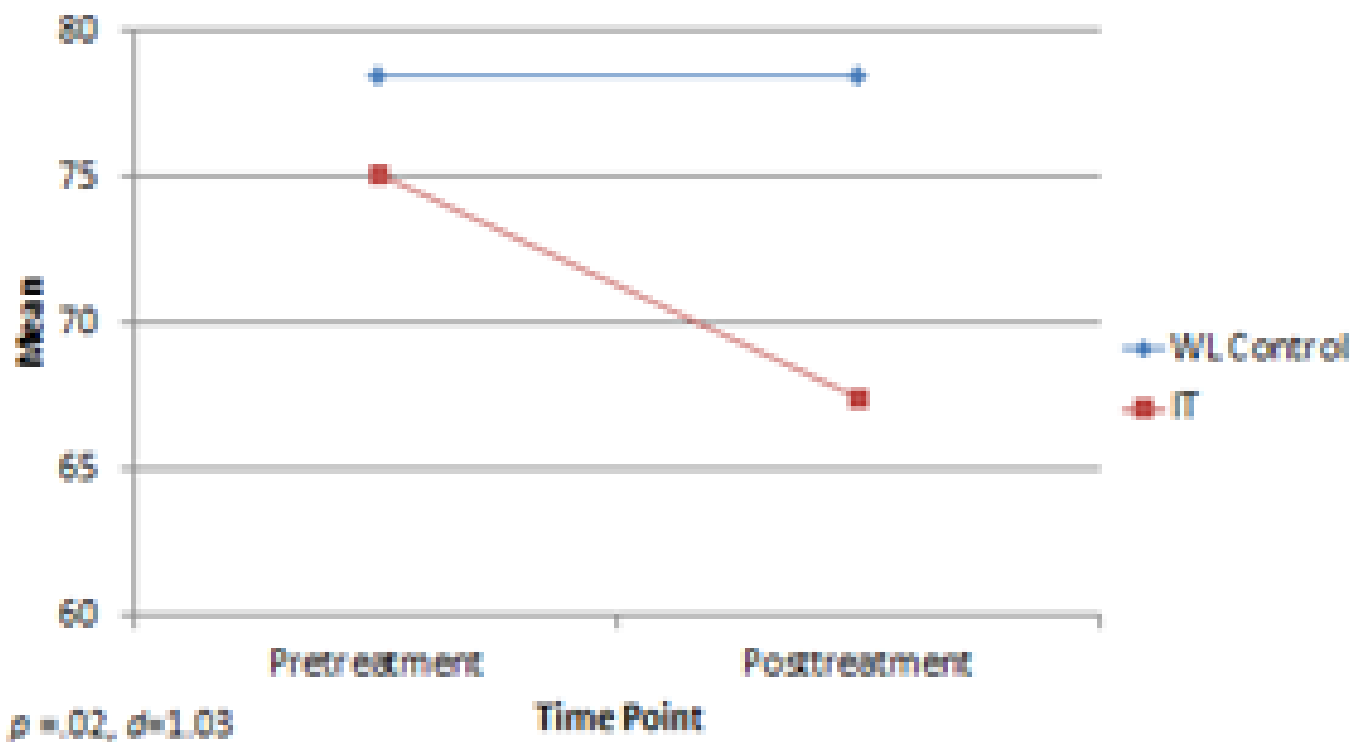
Decrease in Child Disruptive Behaviors

ECBI-Intensity



Decrease in Child Social Awareness Problems

Social Awareness Difficulties



Severity of ASD symptoms as they occur in natural social settings, such as interactions with parents or peers


Wait, there's more!

- Shared positive affect improved (Solomon et al., 2008)
- Child compliance improves (Masse et al., 2016; Zlomke, 2017)

Where We Are (hopefully) Going

Outcome Measures:

- Emotional availability
- Social skills/Social Responsiveness
- Language capabilities
- Joint attention
- Constructive play
- Adaptive functioning



Treatment of Behavior Problems among School-Age Children with Autism Spectrum Disorders

John Harrington, Korrie Allen,
Cathy Cooke, James Paulson





Background

► Purpose

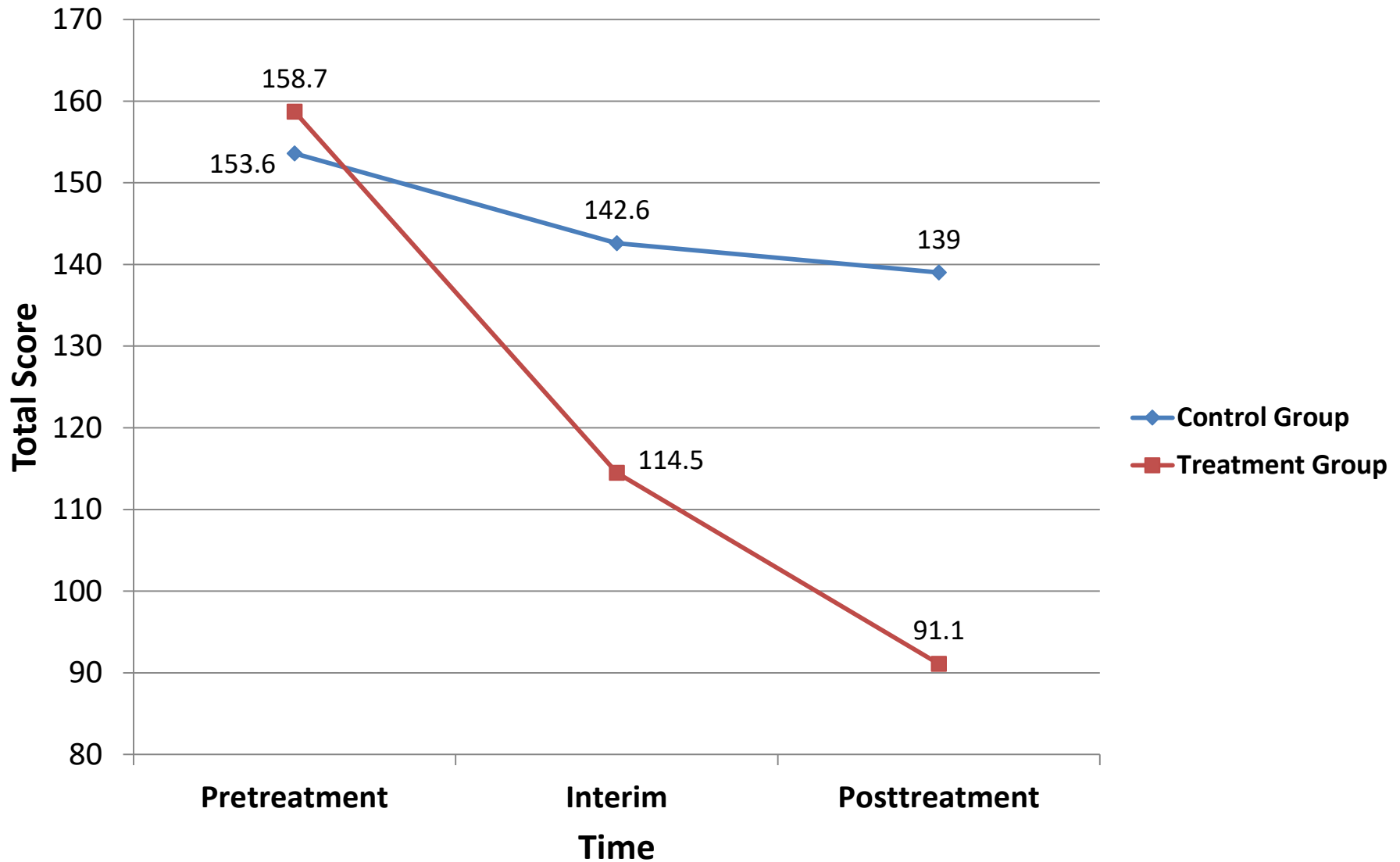
- Evaluation effectiveness of PCIT in reducing disruptive behaviors among school age (5-10 years old) children with ASD

► Overall completion rate of 83% (44 families)

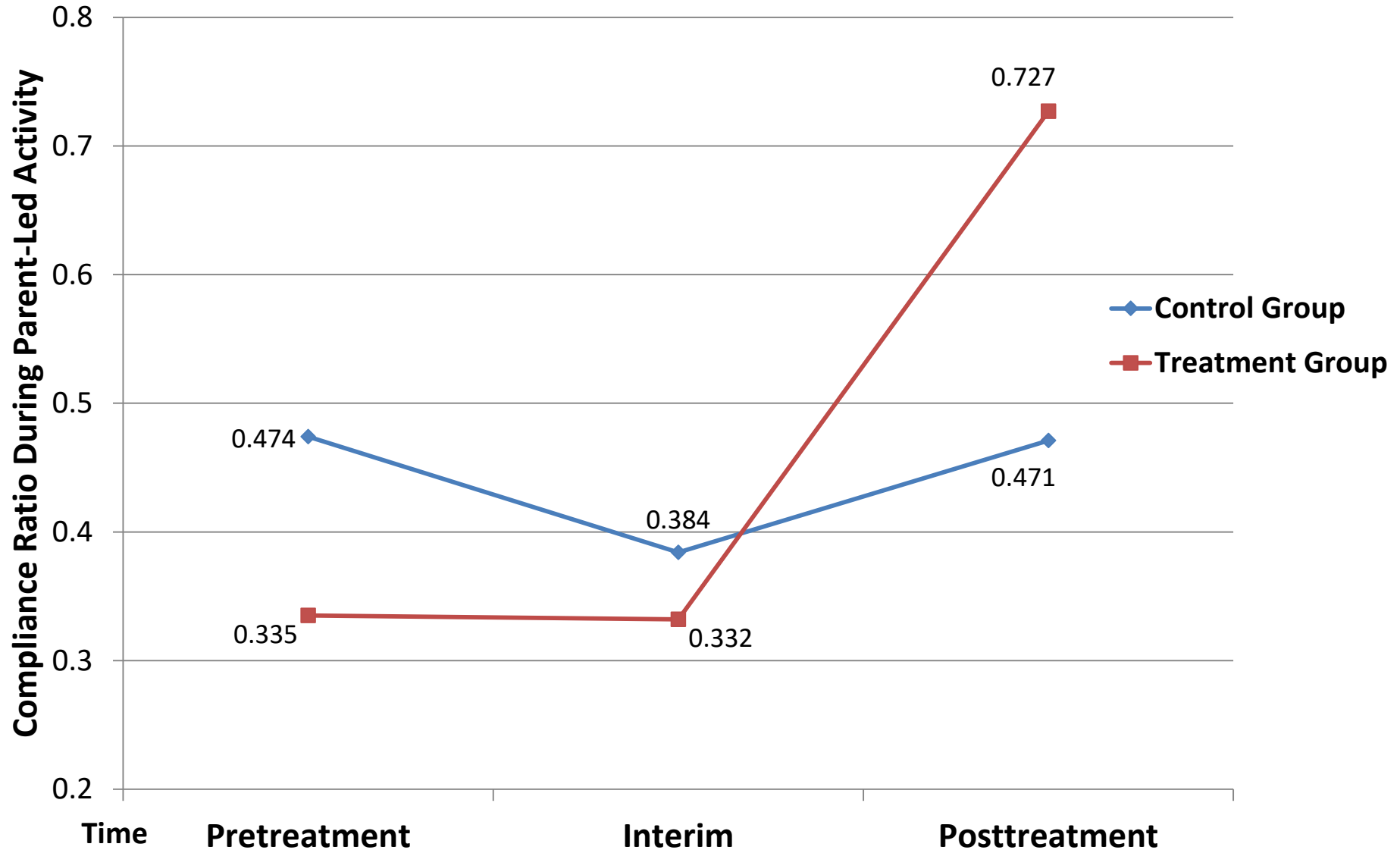
- 25 TG families completed PCIT (100%)
- 19 CG families completed the study (67%)



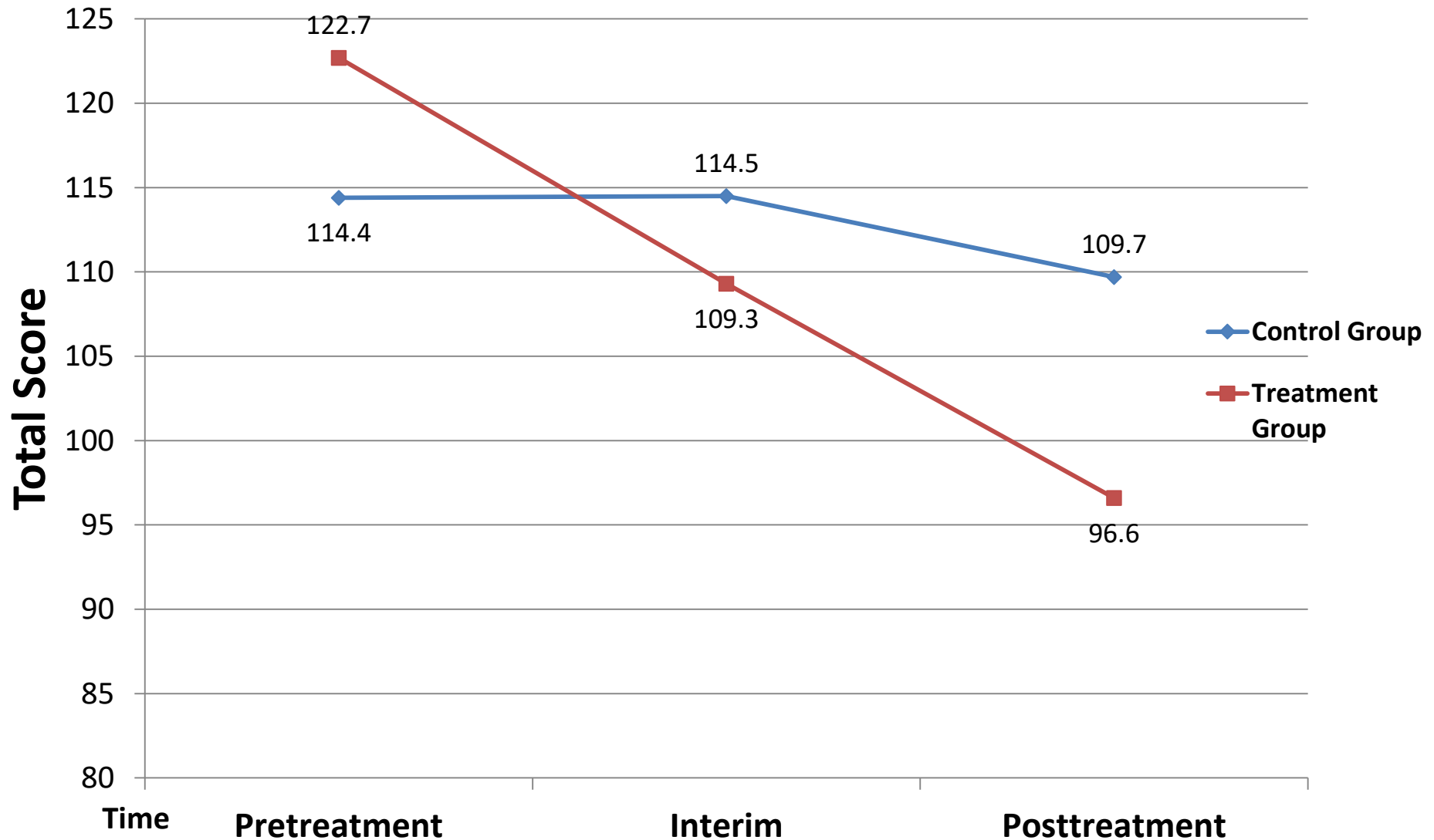
Change in ECBI Intensity



Change in Compliance

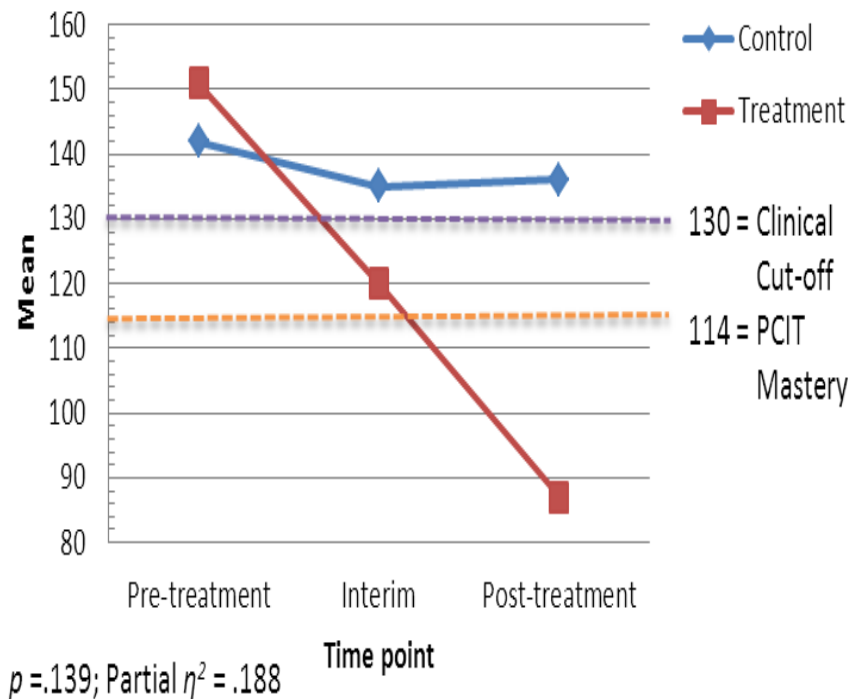


Change in Parent Stress



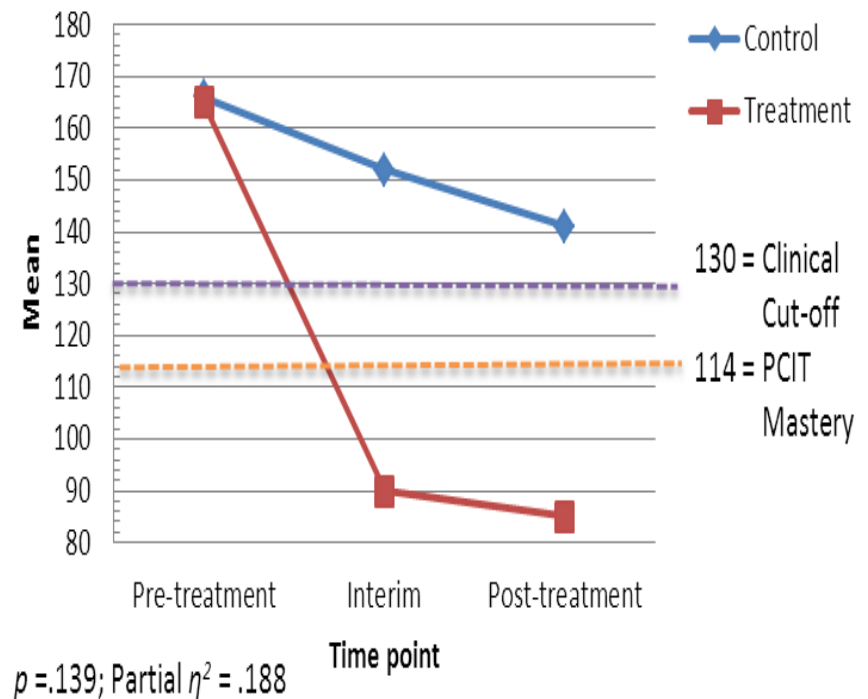
“Our hypothesis about the different trend in treatment response was that the less severe or high functioning children responded similar to neurotypical children. The parents of more severe children seemed to benefit from learning how to respond to their child and engage in play and once the interactions improved most of the behaviors improved as well.”

ECBI-Intensity for CARS $t \leq 50$



Less Severe Autism

ECBI-Intensity for CARS $t > 50$



More Severe Autism

Autism Speaks Grant

20 families of children with ASD (ages 2.6-6 years) will be randomized to either PCIT training or a wait-list control group.

Treatment will involve 20 weekly, one-hour parent-child coaching sessions.

In the future, investigators are interested in extending research on PCIT to assess the individual and combined efficacy of PCIT and psychopharmacological treatment.



Guitar story!



PCIT & The Autism Landscape





Statement of Problem

- 1 in 68 children identified with an autism spectrum disorder (ASD)
- More children diagnosed with ASD this year than AIDS, diabetes, and cancer combined
- Economic costs:
 - National cost at ~\$66 billion per year for children
 - \$175 billion for adults with ASD (Buescher, Cidav, Knapp, & Mandell, 2014; Knapp & Buescher, 2014).





Behavior Problems and ASD

- 68% display aggression toward a caregiver
 - ~25% diagnosed with ODD (Kaat & Lecavalier, 2013)
 - ~ 10% of DBD referrals (Brookman-Frazee et al., 2010)
- > 25% of children with ASD administered psychotropic medication for disruptive behavior



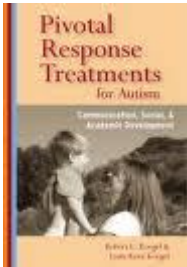


Review of Traditional Treatments

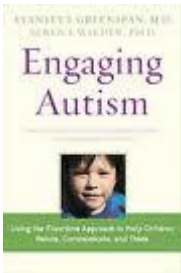
- Structured behavioral treatments using principles of operant conditioning
 - Example: Lovaas' Discrete Trial Training
 - One-on-one interaction
 - Short and clear instructions by therapist
 - Carefully planned procedures for prompting children to succeed in following instructions and fading of prompts
 - Immediate reinforcement of correct response
- “Well-established” treatment



Another Behavioral Approach: Naturalistic Teaching Strategies



- **Pivotal Response Training (PRT)** (Mohammadzhari, Koegel, Rezaee, & Rafiee, 2014)
 - Uses a developmental framework and behavioral principles to increase a child's motivation to participate in learning skills



- **Developmental, Individual-Difference, Relationship-Based model (DIR)** (Solomon et al, 2014)
 - Floor time: child leads the play in spontaneous, creative interactions



- **Treatment and Education of Autistic and Communication-Handicapped Children (TEACCH)** (Mesibov G. et al., 2005)
 - Goal to make play and socializing enjoyable by creating and practicing personally meaningful experiences in a social contexts



Implementation Difficulties

- Time-consuming
- Expensive
- Difficult to find
- Problems with community treatment
 - Not enough professionals with necessary training and experience
- Lack of manualized treatments
 - People are taking bits and pieces of treatments and combining them
 - Lack of treatment integrity





Public Health Challenge

- **Problem:** lots of children are diagnosed with ASD
- **Problem:** lots of those children are having behavioral difficulties and presenting to MH agencies
- **Problem:** most ASD treatments are costly, unavailable, and not recognized EBT's for behavioral issues





We Need a Treatment That Is...

- Effective
 - Children demonstrate long-term improvements on objective measures
- Practical
 - Affordable
 - Time efficient
 - Available
- Replicable
 - Manualized



EVIDENCE BASE UPDATE

Evidence Base Update for Autism Spectrum Disorder

Tristram Smith and Suzannah Iadarola

Department of Pediatrics, University of Rochester Medical Center

This evidence base update examines the level of empirical support for interventions for children with autism spectrum disorder (ASD) younger than 5 years old. It focuses on research published since a previous review in this journal (Rogers & Vismara, 2008). We identified psychological or behavioral interventions that had been manualized and evaluated in either (a) experimental or quasi-experimental group studies or (b) systematic reviews of single-subject studies. We extracted data from all studies that met these criteria and were published after the previous review. Interventions were categorized across two dimensions. First, *primary theoretical principles* included applied behavior analysis (ABA), developmental social-pragmatic (DSP), or both. Second, *practice elements* included scope (comprehensive or focused), modality (individual intervention with the child, parent training, or classrooms), and intervention targets (e.g., spoken language or alternative and augmentative communication). We classified two interventions as well-established (individual, comprehensive ABA and teacher-implemented, focused ABA + DSP), 3 as probably efficacious (individual, focused ABA for augmentative and alternative communication; individual, focused ABA + DSP; and focused DSP parent training), and 5 as possibly efficacious (individual, comprehensive ABA + DSP; comprehensive ABA classrooms; focused ABA for spoken communication; focused ABA parent training; and teacher-implemented, focused DSP). The evidence base for ASD interventions has grown substantially since 2008. An increasing number of interventions have some empirical support; others are emerging as potentially efficacious. Priorities for future research include improving outcome measures, developing interventions for understudied ASD symptoms (e.g., repetitive behaviors), pinpointing mechanisms of action in interventions, and adapting interventions for implementation with fidelity by community providers.

Autism spectrum disorder (ASD) is defined by difficulties with reciprocal social communication and stereotyped interests or behaviors (American Psychiatric Association [APA], 2013) that usually emerge in early childhood. About one third of children with ASD have delays in cognitive development and daily living skills (Autism and Developmental Disabilities Monitoring Network, 2014). Co-occurring behavior problems (tantrums, aggression, self-injury, impulsivity, anxiety, extreme food

selectivity, insomnia) and medical conditions (e.g., seizure disorder, gastrointestinal disturbance) are also common. Although ASD almost always persists across the lifespan, early intervention can alleviate symptoms (Rogers & Vismara, 2008).

ASD has a prenatal origin related to genetic risk and environmental events; however, the precise etiology has not been determined (Volkmar, Paul, Rogers, & Pelphrey, 2014). Although once considered rare, ASD is now estimated to occur in approximately 1 in 68 individuals (Autism and Developmental Disabilities Monitoring Network, 2014). It remains unknown whether the greater detection of ASD solely reflects changes in practice (broadened diagnostic criteria, heightened awareness,

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Best Practices for ASD Treatment

1. Family involvement in treatment and across settings
2. Increase child engagement by:
 - Utilizing positive reinforcement
 - Introducing preferred interests, activities, and objects into the treatment setting
3. Select treatment goals based on data-based assessment and continually monitor progress

We Need a Treatment That Is...



□ Effective

- ▣ Children demonstrate long-term improvements on objective measures



□ Practical

- ▣ Affordable: 1 hour of therapy
- ▣ Time efficient: 1 hour + 5 minutes daily; less than 6 months
- ▣ Available: Many PCIT therapists




□ Replicable

- ▣ Manualized: Yes!

And Also.....

- ✓ Involves caregivers
- ✓ Focuses on child engagement by using familiar activities and positive reinforcement for pro-social behaviors
- ✓ Uses data to determine treatment goals and progress



P C I T



□ VIDEO

Tips to decrease disruptive behaviors

- Give good commands
 - ▣ Make commands positive
 - ▣ Make commands specific
 - ▣ Make commands direct



Tips to decrease disruptive behavior

- Praise the positive opposite.



Tips to decrease negative behavior

- Wait 5 seconds



Embrace Affinities!



“What we began to realize is that just by loving what he loved, we were signaling to him a whole basket of things that parents are traditionally able to signal to their children. And the more we did that, the more he opened up.”

Another crucial element is sharing joy. “Owen was noticing our desire 24/7 to ‘fix’ him, but you can’t spend your life trying to fix someone. It’s not an appropriate relationship between a parent and a child. We realized we were not finding joy together, and that’s a big part of this equation.”