Parent-Child Interaction Therapy (PCIT)/ Best Practice /NO PUNISH

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March 31, 2017

Title: Parent-Child Interaction Therapy (PCIT)

COUNTRY/REGION: The Netherlands

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DESCRIPTION OF THE GOOD PRACTICE:

Target group: Parent-Child Interaction Therapy (PCIT) is intended for children aged 2-7 years old with serious behavioural problems (oppositional-defiant, antisocial and aggressive behaviour) and for parents experiencing parenting challenges.

Behaviour is considered oppositional-defiant when the child goes against the guidance of adults, such as refusing to do what is asked of him/her or reacting with tantrums to correction or when forbidden from doing something. Behaviour is considered antisocial if the fundamental rights of others are violated (e.g. fighting and stealing) or when age-appropriate standards and rules are disobeyed (e.g. lying). A particular form of antisocial behaviour is aggressive behaviour. Behaviour is considered aggressive if deliberate damage is done to another person or object.

PCIT can also be specifically used with foster families, families where there is an issue with physical child abuse and multi-problem families.

Objectives: The ultimate objective of Parent-Child Interaction Therapy (PCIT) is to reduce the child's serious behavioural problems. This is done by increasing the parents' parenting skills and improving the quality of the parent-child relationship, which should result in a reduction in the behavioural problems and with it, the parents' stress levels, thus putting an end to the physical abuse.

Intervention structure: Parent-Child Interaction Therapy is a protocol lead treatment programme for young children with serious behavioural problems and their parents. In PCIT, parents and children are trained together in a playroom, where the therapist coaches the parent from behind a one-way screen using an in-ear microphone. The therapy is focused on improving the parent-child interaction and on improving the child's obedience levels. In the initial treatment phase, an assessment is made of the severity of the behavioural problems and of the parents' stress levels. In the second

phase (KGI), the parents learn to use positive attention skills such as responding sensitively and praising good behaviour. In the third phase (OGI), the parents learn behaviour-focused management strategies, such as effectively setting tasks, responding appropriately to the child's cooperation or resistance and using timeout procedures. PCIT lasts for 9-20 weeks, depending on the level of skills the parent has and on the generalization from the play situation into real-life daily situations

Methodology: In the initial phase of PCIT, an assessment will be made, comprised of an interview with the parents, completion of a survey designed to determine the severity of the behavioural problems and the parents' stress levels, as well as an observation of the parent-child interaction in three situations (child-focused play, parent-focused play and tidying up.)

The child-focused and parent-focused phases of PCIT begin with an instruction session. In these sessions, parents learn the skills they will need for the respective phases. The instruction sessions begin with an explanation by the therapist of the skills that are key to the respective phase, followed by examples provided by the therapist, after which parents are invited to practise these skills. In contrast to the coaching sessions, the child is not included in these sessions.

The coaching sessions follow the instruction sessions. Each coaching session has (broadly speaking) the same structure. The coaching session starts with a discussion of the home exercise forms provided to the parents at the previous session. One parent will then play with the child, using all the skills they have learned. The therapist will score the skills used by the parent, from behind a one-way screen. Using this score, he/she will choose one or two skills that require extra focus during the coaching session. These are the skills not yet fully mastered by the parent. The coaching will then start, during which the parent will play with the children while receiving instructions and feedback in their ear from the therapist. Once the coaching has finished, the second parent will swap places with the first and begin the scoring and coaching process (if two parents are present).

After the coaching with the second parent, the therapist will discuss progress (applied skills) using the DPICS (Dyadic Parent-Child Interaction Coding System) and ECBI (Eyberg Child Behaviour Inventory) score of the parents. The DPICS helps the therapist to determine the type and quality of interaction between child and parent, gives the therapist the opportunity before every session to establish the coaching objectives and makes it possible for the therapist to give the parents feedback on the progress of their skills. The parents will fill in the ECBI prior to the session, with regard to the child's behaviour.

At the end of the session, the therapist will hand out the new home exercise form. Parents need to practise the skills at home as well as during the sessions. Each day, parents should set aside five minutes of playtime with the child so that they can practise and take ownership of their new skills.

In the child-focused phase of PCIT, the parents are trained in Child Directed Interaction, aimed at strengthening the bond between parent and child. Parents learn to use positive attention skills (giving direct compliments, repetition, copying, commenting on desirable behaviour and having fun) and to 'actively ignore' mildly disruptive behaviour. In this phase, parents learn to minimize setting tasks, asking questions and being critical. The pedagogical skills learned by the parents are discussed in the first child-focused session and an explanation is given (about what the effect of these can be.)

In the parent-focused phase of PCIT, parents are trained in the so-called Parent Directed Interaction. They learn effective, behaviour-focused management strategies such as setting tasks, responding to cooperation and resistance from the child and using time-out procedures. The focus in this phase is on improving the child's obedience. When the parent responds appropriately to the child, this leads to an improvement in the child's cooperation and obedience levels. The pedagogical skills learned by the parents are discussed during the first parent-focused session and an explanation is given (about what the effect of these can be.)

The coaching given to the parents is related to a number of pedagogical principles:

- make sure attention is focused on positive behaviour (positive communication)
- give clear feedback (state the desired behaviour, firmly and briefly)
- ignore unsuitable and inappropriate behaviour
- take action in the event of dangerous behaviour and destructive behaviour (use time-outs).

Phasing in the therapy comes from the 'measurement directed' approach. Only once the parents have a significant enough grasp of the important parenting skills will they move on to the next phase of the treatment.

Costs related: The protocol and treatment sessions of PCIT are set out in a Dutch language handbook. The handbook is a translation and version of the American handbook, PCIT Handbook - Parent-Child Interaction Therapy (S. Eyberg, 2011).

Psychologists and (psycho)therapists who have undertaken specialist PCIT training conduct Parent-Child Interaction Therapy. A PCIT therapist is ordinarily trained to graduate level at a scientific university (WO in the Netherlands). Experience with working with parents and children is a prerequisite. The therapist has a wide range

of therapeutic skills to ensure that parents apply the skills practised during the sessions, more often at home in their daily life.

The training to become a PCIT therapist is comprised of four elements and takes place across a 12-month period:

1. Participation in seven training days.
2. 21 consultation hours
3. Skills assessment in eight recordings
4. Practical experience with at least two families and a portfolio of these two cases

Certification becomes possible if the therapist has demonstrated sufficient practical experience, has treated two families using PCIT and the treatment has been completed. After certification, therapists can be included in the database of PCIT therapists with a valid licence. In order to safeguard the treatment integrity of therapists following certification, licences are granted once or twice annually, under the ultimate responsibility of the Dutch Knowledge Centre for PCIT.

The costs of training and coaching can be requested from De Bascule and PI Research.

Further information: Contra-indications:

- Multi-problem families where the problems are so significant that they may prevent treatment:
  - Parents who have serious, untreated personal problems (e.g. trauma).
  - Parents with prevailing marriage problems.
  - Parents struggling with problems such as unemployment or housing issues, who as a result are not able to offer regularity or structure.
- Parents who are known to be perpetrators of sexual abuse.
- Parents with an IQ below 50

Resources available: A detailed description and contact details are included in the database of the Nederlands Jeugdinstituut (Dutch Youth Institute). (See. http://www.nji.nl/nl/Databank/Databank-Effectieve-Jeugdinterventies.

DIMENSIONS:

Please make the cross if the good practice meets the proposed items. Also, try to expand the information in each section.

1. EVIDENCE OF POSITIVE AND/OR PROMISING RESULTS IN ORDER TO ELIMINATE CORPORAL PUNISHMENT

Training/Education

The program increases the use of positive disciplinary methods for parents and educators/teachers:

☒ Promoting the positive parenting (promoting positive relationships, care and development the child's capacities, offering recognition and guidance to the child, establishing limits that allow the full development of the child).

☒ Offering alternative educational strategies to corporal punishment, that promotes democratic family educational model.

☒ The program promotes to caregivers, the knowledge and skills for protect the children.

☒ The program promotes a positive dynamic and healthy family relationships.

Promotes protection

☒ The program will focus attention on children to understand their worries and circumstances.

☒ The program works on emotional education as a protective factor for violent behavior.

Empowerment

☒ The practice provides skills for children, promote their resilience and resources to deal with situations of violence.

☒ The practice promotes and improves parental skills such as: behavior of control and emotional self-regulation.

Living environment approach

☒ The program has references to the real living environment of parents and children (social environment, living environment, etc.).

☐ The program takes into account, cultural differences in the intervention.

Formal networking

☒ The program implies networking and cooperation with other Institutions: with comprehensive services for care, recovering, children reintegration, teens at risk or victims of corporal punishment.

☒ There is a networking/cooperation with other stakeholders in the local and professional environments.

☒ The program is included in the structure of the national/regional system and it depends on several people.

Please, detail the elements/components that provide a full explanation about evidence of positive results and/or promising results in each section (Training education, promotes protection…etc.)
PCIT is recognized by the sub-committee of Youth Care and Psychosocial/Pedagogical Prevention dated 12-06-2015 Assessment: Effective according to initial indications Note: The theoretical foundation of PCIT is strong. Much of the focus has been on the implementation: there is an assurance system, a clear training plan and the intervention is straightforward to implement. Research has initially shown PCIT to have a positive effect on the behaviour of children between the ages of 2 to 8 and on the parenting skills of parents. The reference to the document is: Anke Breg, Mariëlle Abrahamse, Willemine Heiner, Frederique Coelman De Bascule, Amsterdam (October 2014). Database of effective youth interventions: description of 'Parent-Child Interaction Therapy (PCIT). Utrecht: Netherlands Youth Institute. Download from www.nji.nl/jeugdinterventies PCIT was developed in the 1970s at the University of Oregon. The first formal pilot study was conducted in 1974, aimed at measuring its efficacy. In the following period, many efficacy studies and generalization studies were carried out with the families involved, by the University of Florida. Significant differences were observed in the interaction of the parent with the child, including reflective listening, physical closeness, pro-social speech and a decrease in the use of criticism and sarcasm. Children displayed less disobedience and disruptive behaviour towards their parents and teachers. The success of the research resulted in a subsidy for the first Randomized Controlled Trial (RCT) study into the efficacy of the treatment (1995) and further research into the generalization of the treatment within the family and over time. Practical experience studies were also aimed at the use of PCIT for children with disruptive behaviour and intellectual disability (2007). PCIT went on to expand outside the laboratory at the University of Florida and was adapted for use in various diagnostic problems and various cultural groups. A. Abrahamse, Junger, van Wouwe, Boer & Lindauer (in preparation; (2014) B. Randomized controlled research was carried out in which families (N = 43) were given PCIT or an alternative treatment condition (Family-Creative Therapy; FCT). The children were referred due to behavioural problems and were aged between 2-8 years old. They were monitored using

standardized surveys and independent observation prior to the intervention, directly afterwards and after a further six months.
C. When comparing the effects between the treatments, it appeared there was a significant time/treatment interaction effect regarding the degree of behavioural problems (ECBI) and the positive behaviour of parents during play with their child (DPICS). This means that the decrease in the child's behavioural problems and the increase in the parent's positive behaviour after PCIT was greater than after FCT. This effect can also be shown in the happiness levels of parents in relationship to the form of treatment they received. Parents receiving PCIT were significantly happier about the treatment and the skills learned than families receiving FCT. Per group, it was found that families receiving PCIT experienced far better improvements with regard to other outcomes, such as the child's externalizing and internalizing behaviour (CBCL) as well as the parents' parenting stress levels (NOSI-K).

The efficacy of PCIT has since been empirically supported in over 100 studies, with specific regard to
American studies, but also in Australia and China, where randomized research has been conducted into the efficacy of PCIT.

A. Kennedy, Kim, Tripodi, Brown & Gowdy ((2014).
B. Meta-analysis has been conducted into the efficacy of PCIT in the prevention of physical abuse. Over the years, an increasing number of studies have appeared in which PCIT has been used
to prevent child abuse and has been used as treatment in families where abuse has taken place. Six studies were used within this meta-analysis.
C. Despite limited effects on 'Child Abuse Potential' and stressful upbringing, there was a medium
treatment effect with regard to new incidents of physical abuse. These results indicate that PCIT has the potential to prevent physical child abuse in the future.

2. DATA ON IMPACT OF THE PRACTICE

Effectiveness of the elimination of corporal punishment

The practice has demonstrated a good impact on:

☒The decreases of corporal punishment.

☒The increase in positive interactions parents / mother / infant caregivers.

☒The increase in timeshare.

☒The improvement of communication and resolution of conflicts without using corporal punishment.

☒ A significant increase in knowledge, skills and confidence of parents or caregivers.

☐ An improvement of the welfare of the participants.

Sustainability of the impact

☐The effects on the target group are sustainable.

Please, detail the evidence on data or research about the impact of the practice
Look above

3. COMPREHENSIVE NATURE

Please, tick the items the practice address to:

Dimension 1: Social and cultural context towards corporal punishment and alternative methods (including MEDIA analysis)

☒ The program promotes support and guidance to parents in developing a responsible parenthood that will reduce corporal punishment.

☐ The program supports teachers and school support staff in improving their skills and management skills of non-violent learning methods.

☐ It involves parents and tutors through established participatory Organizations (AMPA and others), prevention and elimination of corporal punishment.

☐ The practice promotes the child-youth movement through the creation and / or consolidation of representative organizations in communities.

Dimension 2: Legal framework conditions and other procedural, judicial frameworks related with the implementation of the law

☐ The practice responds to the objectives of education and social reintegration provided by law.

☒ It is consistent with the existing legal framework for protection of violence against children and teenagers, to ban explicitly corporal punishment.

Dimension 3: Awareness and training efforts concerning corporal punishment and alternative methods:

☒ The program raises awareness about the importance in eliminating corporal punishment.

☒ The practice provides training about corporal punishment elimination methods.

Dimension 4: Resources available on positive parenting techniques and complementary knowledge

☒ The practice provides resources available on positive parenting techniques and complementary knowledge.

Please, detail the elements/components that provide a full explanation about the dimension addressed
Look above

4. INNOVATION

☐ The program has an innovative character, or implies innovative aspects (e. g. actual knowledge, new ideas or methodology, etc.).

Please, detail the elements/components that provide a full explanation about the innovation of the program

5.COST-EFFICIENCY

☐ The cost-efficiency is adequate.

☐ There are no lower cost alternatives to achieve the same impact.

Please, detail the elements/components that justify the cost-efficiency of the program/practice

6. TRANSFERABILITY POTENTIAL

☒ There is access to the methodology and how the program has been implemented (e. g. process description, manual etc.).

☒ The program has already been successfully transferred to another region.

The program can be transferred to other frame conditions in international contexts:

- ☒ The program does not rely too much on specific aspects of the national/regional system.
- ☒ The program does not depend too much on one/few specific professional qualifications and/ or profiles.

☒ The program can be transferred if the material, program or license are paid.

Please, detail the elements/components that justify the transferability of the program/practice
Look above