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# Parent-Child Interaction Therapy

## *Ebeveyn-Çocuk Etkileşim Terapisi*

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**ABSTRACT**

Parent-child interaction therapy is a parent-mediated therapy approach that focuses on solving internalization-externalization problems observed in children aged 2-7. The approach based on parenting styles, attachment theory, behavioral theory, and social learning theories aims to teach play therapy skills to parents. In this direction, each stage was organized as teaching and coaching sessions in an approach that included two phases: a child-directed interaction phase and parent-directed interaction. The first stage, which is the child-directed stage, it is aimed to developing a sincere and warm relationship between the parent and the child by following the child's lead.. In the second phase, the parent-directed interaction phase, effective discipline methods are taught to parents and coached at the point of use, depending on the goal of increasing their child's adaptation skills. Therapy is not time-limited and is performance-oriented. In this study, the general characteristics of parent-child interaction therapy, its historical development, theoretical foundations, the structure of therapy sessions, the intervention process, and parent-child interaction therapy research are included. As a result of the review, depending on the international literature, can be said to be parent-child interaction therapy is an early-term, parent-oriented and evidence-based approach that is effective on early childhood compliance and behavior problems, including children with neurodevelopmental problems, parenting stress, parental efficacy perception, and family harmony.

**Keywords:** Parent-child interaction therapy, early childhood, evidence-based intervention

**ÖZ**

Ebeveyn-çocuk etkileşim terapisi 2-7 yaş aralığında yer alan çocuklarda gözlenen içselleştirme ve dışsallaştırma problemlerinin çözümüne odaklanan ebeveyn aracılı bir terapi yaklaşımıdır. Temelde ebeveynlik stilleri, bağlanma kuramı, davranışçı kuram ve sosyal öğrenme kuramlarına dayanan yaklaşımda oyun terapisi becerilerinin ebeveynlere öğretilmesi hedeflenir. Bu doğrultuda çocuk yönlendirmeli etkileşim evresi ve ebeveyn yönlendirmeli etkileşim olmak üzere iki evreyi barından yaklaşımda her evre öğretim ve danışmanlık (koçluk) oturumları olacak şekilde düzenlenmiştir. Çocuk yönlendirmeli evre olan birinci aşamada çocuğun liderliğinin takip edilmesi yoluyla ebeveyn-çocuk arasında samimi ve sıcak bir ilişkinin geliştirilmesi hedeflenir. İkinci evre olan ebeveyn yönlendirmeli etkileşim evresinde ise çocuğun uyum becerilerinin artırılması hedefine bağlı olarak ebeveynlere etkili disiplin yöntemleri öğretilir ve uygulama noktasında danışmanlık yapılır. Terapi zaman sınırlı olmayıp performans odaklı ilerlemektedir. Bu çalışma da ebeveyn çocuk etkileşim terapisinin genel özellikleri, tarihsel gelişimi, kuramsal dayanakları, terapi seanslarının yapısı, uygulanma süreci ve ebeveyn-çocuk etkileşim terapisi araştırmalarına yer verilmiştir. Derleme çalışması sonucunda uluslararası alan yazına bağlı olarak ebeveyn-çocuk etkileşim terapisinin nörogelişimsel problemleri olan çocuklarda dahil olmak üzere erken çocukluk dönemi uyum ve davranış problemleri üzerinde, ebeveynlik stresi, ebeveyn yeterlik algısı ve aile uyumu üzerinde etkili olan erken dönemli, ebeveyn odaklı ve kanıta dayalı bir yaklaşım olduğu söylenebilir.

**Anahtar sözcükler:** Ebeveyn-çocuk etkileşim terapisi, erken çocukluk dönemi, kanıt temelli müdahale

## Introduction

Early childhood Developmental Theorists argue that adverse life experiences between the ages of 2-7 years are the primary source of psychopathologies in adulthood. Considering the prevalence of early childhood psychological and neurodevelopmental disorders, early-age intervention approaches are at a vital point. There are various approaches for intervention in early childhood adjustment and behavior problems, which can be therapist-oriented or parent-oriented. Parent-child interaction therapy (PCIT), one of the parent-mediated approaches, is an evidence-based parent training program. In this therapy approach, simultaneous counseling is provided by the therapist to the parent in order to establish and strengthen a healthy interaction between the child and the parent. A one-way mirrored room is used for counseling, and the parent is equipped with a headset and microphone (McNeil and Hembree-Kigin 2010). In this way, the parent's verbal and non-verbal behaviors toward their child are shaped within the scope of positive parenting skills. The characteristics of PCIT are

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outlined in Table 1 (McNeil and Hembree-Kigin 2010).

**Table 1. Characteristic features of PCIT**

| Primary feature | Description |
|---|---|
| Parent and child work together. | Parents greatly influence on children's emotional and behavioral development, and some incorrect parental practices have been reported to contribute to various behavioral problems in children. Since parents are at the center of children's lives in early childhood, they are more open to parental influence than in school age or adolescence. Parental influence makes the process of behavioral change in children faster, more permanent, and generalizable with therapist referrals in parent-child partnership instead of therapy approaches focused on one-on-one therapist-child work.. |
| Direct counseling is given to the parent-child interaction. | At this point, direct counseling, an essential feature of PCIT, has many advantages compared to non-direct counseling (e.g., individual skills are taught to parents, they are expected to practice them at home, and they are evaluated in the next session). First, the parent's misbehavior is corrected immediately, whereas, in asynchronous interventions, the misbehavior is only addressed in the next session. Parents may initially feel anxious or inadequate regarding skill use in asynchronous interventions, and this is prevented with encouragement during counseling. |
| Data is used for the therapy plan. | Agendas are set in each therapy session by coding the quality of parent-child interaction and progress. Coding the quality makes PCIT a performance-oriented approach rather than a time-limited approach. |
| PCIT is a sensitive approach to children's developmental tasks. | In this context, parents are guided to set the right expectations for their children. |
| It is an early intervention. | It is designed for children between the ages of 2-7. |
| Various behavioral and adjustment problems fall within the scope of intervention. | Equipment such as playroom, monitoring room, unstructured toy sets, headphones and microphones, etc. |
| It needs a specialized environment and equipment. | It has a non-judgmental philosophy with a focus on positive behavior and expressions. |

In this context, the purpose of this review study is to introduce Parent-Child Interaction Therapy (PCIT), a relatively new approach for Türkiye, which has been demonstrated in the international literature to be effective in intervening in various early childhood adjustment and behavior problems, in terms of organizational foundations, implementation process and structure, and different research results.

## Development and Theoretical Foundations of PCIT

PCIT is an approach developed by Dr. Sheila Eyberg based on Dr. Constance Hanf's (1969) parent education program. The two-step structure of PCIT is similar to Dr. Hanf's original program, but it differs from this approach in the content and structuring of the steps. These steps of PCIT are the child-directed interaction (CDI) step, where the child's leadership is monitored, and the focus is on developing a sincere and warm relationship, and the parent-directed interaction (PDI) step, where the child's behavior is shaped. Attachment theory, parenting styles, play therapy, and behavioral therapy principles were used to form these steps (Hembree-Kigin and McNeil 2013, Niec 2018). At this point, Baumrind (1967) used two basic criteria when grouping parenting styles: developing an intimate, warm relationship and setting boundaries. Eyberg, on the other hand, focused the child-directed interaction stage on developing a sincere, warm relationship between parent and child. In contrast, the parent-directed interaction stage focused on setting boundaries for the parent to shape and discipline the child's behavior. He also utilized Patterson's coercion theory and social learning theory in the PDI step (Patterson 1982, Hembree-Kigin and McNeil 2013).

## Structure and Implementation Process of Therapy Sessions

The therapy process is conducted by PCIT therapists adhering to the PCIT Protocol (Eyberg and Funderburk 2011). What is to be done in each session and the therapist's responsibilities are clearly outlined. It should be noted that the PCIT Protocol is a flexible and adaptable structure considering the diversity of parents and children who will participate in the therapy (e.g., the nature of the interaction between parent and child, the nature and level of the behavioral problem observed in the child). In addition to the protocol, there is also a standardized coding system (DPICS) used by PCIT therapists (Eyberg et al. 2014). This coding system and the protocol are integrated into the therapy process. In the PCIT process, the therapist simultaneously guides the parent in the playroom through a headset from a one-way mirrored room (monitoring room).

Standard PCIT therapy is a two-step process, with each step consisting of two dimensions. These steps are called child-directed interaction (CDI) and parent-directed interaction (PDI). Each step consists of teaching sessions where parents are provided with skill instruction and counseling sessions where they are given immediate feedback on using skills. Parents are ensured to participate in the teaching sessions alone, and this process is aimed at modeling the skills through role plays and didactic teaching. In the CDI step, skills are divided into two groups. The skills that parents are expected to learn are behavior description (e.g., the parent saying, "you are building a tower" while the child is building a tower with sand), reflection (e.g., the child saying, "I am using the blue sand mold" to his/her mother while the child is building a tower with sand and the mother saying "you are using the blue sand mold") and labeled praise (e.g., "You are great at building a tower!" when the child is building a tower out of sand), while the skills that parents should avoid are asking questions (e.g., "Are you building a tower?" when the child is building a tower out of sand), giving commands (e.g., "Give me sand" when the child is building a tower out of sand), and negative talk (e.g., "No, do not use that mold" when the child is building a tower out of sand). For CDI to achieve its goal, parents are expected to use these skills at an expert level. The quality of the interaction between child and parent is anticipated to change positively. To this end, in each CDI counseling session, the day's agenda is specified by performing five minutes of DPICS coding. During the therapy session, the parent is guided to use all CDI skills, especially this agenda. At the end of the process, the parents and the therapist conduct an evaluation. If both mother and father participate in the process, this cycle is repeated similarly.

The skills specified in the protocol for the PDI step are giving effective commands and effectively following the given command. In this context, commands must meet eight criteria to be considered effective. For example, when a parent gives a command to his/her child as "Will you come here with me?" although this situation reports an action, it contains options for the child. "Yes, I am coming," or "no, I do not want to come." However, effective commands should be straightforward. In another example, when a parent gives a direct command to his/her child, such as "do not scatter the toys! do not run!" this command will not be effective. Commands should express what the child is expected to do, not what to do. Such an approach points to the use of positive sentence structure, which is another feature of commands. In addition to being an effective command, commands should be efficiently followed up. For example, after a parent's command to his/her child, such as "Put your toys in the box because it is time for dinner," the child will either show compliance or non-compliance with this command.

In this context, the parent should appropriately praise compliance if there is compliance and follow time-out procedures if there is non-compliance. Accordingly, after the PDI teaching session is conducted, parents are called for counseling. Counseling starts with the CDI process, and CDI counseling is provided if necessary. Afterward, PDI coding is done, and the therapy agenda is decided. Since both CDI and PDI skills are worked on in the PDI phase, therapy sessions last longer than in the CDI phase. A graduation session is held for the parent who fulfills the expertise criteria of both steps, and the child's and parent's hard work is recognized. Furthermore, the parent is encouraged to use their skills (Herscell et al. 2002, Eyberg and Funderburk 2011, Hembree-Kigin and McNeil 2013, Eyberg et al. 2014). The PCIT process outlined above is summarized in Table 2 (Ulaş, 2022):

| **Table 2. Standard PCIT process** |
|---|
| **Child-Directed Interaction Phase (CDI)** |
| Step 1: Pre-intervention assessment of the child and family |
| Step 2: Teaching CDI skills |
| Step 3: Counseling CDI skills |
| **Parent-Directed Interaction Phase (PDI)** |
| Step 4: Teaching PDI skills |
| Step 5: Counseling PDI skills |
| Step 6: Assessment of the child and family |
| Step 7: Planning the follow-up session and support sessions if needed |

## PCIT Research

As with other evidence-based approaches, many studies have confirmed that parent-child interaction therapy (PCIT) is effective in adjustment and behavioral problems observed in children. Thomas et al. (2017) included 23 studies in a meta-analysis examining the effect of PCIT on child externalizing problems. This meta-analysis, which included a total of 1144 participants, reported that PCIT was effective in reducing child externalizing

problems as well as parental stress caused by the child. In the same direction, another meta-analysis by Ward et al. (2016) examined 12 studies and found that PCIT was effective on disruptive behavior problems.

Anxiety is a common comorbidity in externalizing problems (Chase and Eyberg 2008). PCIT was reported to be effective on children who did not have a diagnosis of anxiety but fulfilled many of the symptoms (Agazzi et al. 2017) and on children with a diagnosis of separation anxiety (Pincuss et al. 2008). In addition to the standard PCIT, the PCIT-SAD (Separation Anxiety Disorder) version was developed for separation anxiety (Pincuss et al. 2005). In this version, the bravery-directed interaction (BDI) step is applied instead of the PDI, the second step of the standard PCIT. Preliminary data obtained from the study conducted by Pincuss et al. (2008) on the effectiveness of PCIT-SAD revealed the effectiveness of PCIT-SAD in anxiety intervention.

In addition, the PCIT-SM version was developed for selective mutism, which is one of the anxiety disorders. This version has two steps: the CDI step and the verbal directed interaction (VDI) step. Catchpole et al. (2019) applied PCIT-SM for selective mutism in a longitudinal study. In this study, in which family and teacher opinions were also received, PCIT-SM was shown to be effective, and these effects were maintained at 3-month and 12-month follow-ups.

Similarly, the PCIT-ED (Emotion Development) module was added to the standard PCIT for depression and emotion regulation difficulties observed in preschool children (Lenze et al. 2011). In this version, time-limited CDI, PDI, and ED are administered instead of specialization criteria. Donohue et al. (2021) reported reductions in symptoms related to depressive and oppositional defiant disorders in 64 children to whom PCIT-ED was applied, and this effect was maintained even after 18 weeks. In their study, Lineaman et al. (2020), in which they applied standard PCIT for emotion regulation skills, concluded that standard PCIT was effective not only on child emotion regulation skills but also on parent emotion regulation skills. These results suggest that PCIT is a practical approach in the diagnosed group and those who are not diagnosed but show symptoms at the subthreshold level.

PCIT is an effective approach to intervene in the adjustment and behavioral problems of children with neurodevelopmental disorders and typical development. PCIT, an interaction-based approach, is especially relevant in addressing the adjustment and behavior problems of children with autism spectrum disorders. The main advantages of using PCIT in children diagnosed with autism are conducting a functional behavior assessment process and reinforcements with social attention. Thus, the antecedents and consequences of the behaviors in the child are systematically manipulated during the counseling process of the therapists to the parents. Therefore, each session includes a functional behavior assessment process.

Moreover, the skills taught to the parent during the therapy process expected to reach the level of expertise are considered social reinforcers. Parents are supposed to respond consistently to the social situations in which their children are involved. For example, mirroring the child's speech or praising the child with labels are considered reinforcers, which is done for all prosocial situations (Masse et al. 2007). In a study by Zlomke et al. (2017), PCIT therapies were carried out with 17 children diagnosed with autism. The study's findings reported that PCIT was effective in disruptive behavior and adjustment problems of children with autism, as well as a significant improvement in prosocial behaviors such as social skills and functional communication.

The researchers argued that if children with autism do not learn to focus attention and behave per the instructions given in the early period, they may hinder the effects of various intervention practices they will receive due to their limited attention and repetitive behavior patterns. In this regard, PCIT's focus on adaptation and social responsiveness skills constitutes an important rationale for the effect of PCIT on children with autism. Similarly, Scudder et al. (2019) examined the impact of PCIT on children diagnosed with autism and children on the waiting list and their parents. Scudder et al. (2019) concluded that effective parenting skills improved significantly in parents who received PCIT, with significant reductions in disruptive behaviors observed in children. Zlomke and Jetter (2020) comparatively examined children with and without autism diagnosis in terms of the effectiveness of PCIT. PCIT was found to significantly improve disruptive behavior and adaptation problems in children with an autism diagnosis compared to children without an autism diagnosis. Another important finding of the study was that there were improvements in autism-related symptoms of children with autism.

Han et al. (2021) compared the effect of PCIT on children with and without an autism diagnosis and their parents. The results showed that the change observed in children with an autism diagnosis and their parents was significantly higher than in children without an autism diagnosis and their parents. Vess and Campell (2022) investigated the effectiveness of PCIT with four children diagnosed with autism in early childhood (2-4 years). After four months of therapy, PCIT helped to increase positive parenting skills, decrease negative parenting

skills, increase parents' self-confidence in parenting after the therapy process, improve their attachment and participation processes with their children, improve social and behavioral improvements related to autism symptoms, and children were better at following commands. These changes were maintained in the follow-up sessions conducted one month later. This study draws attention to the importance of PCIT interventions, especially in early childhood.

In a study by Cibralic (2020) on children diagnosed with autism, a PCIT adaptation, the PCIT-Toddlers version, was found to be effective in attachment, emotion regulation, disruptive behavior problems, and receptive language skills of children diagnosed with autism. Pascarella (2022) explored the effectiveness of PCIT on four children and their parents with autism spectrum disorder and comorbid anxiety. However, in this study, PCIT-CALM (Coaching Approach Behavior and Leading by Modeling), structured with 12 sessions, was applied instead of standard PCIT. Significant improvements were noted in positive parenting skills, parents' stress, and children's anxiety levels. Similarly, Ulaş (2022) found that PCIT was effective on anxiety, emotion regulation, school refusal of children diagnosed with autism, parenting stress, emotion regulation difficulties, caregiving burden, and parents' quality of life.

In a review study of PCIT on autism spectrum disorder and attention deficit and hyperactivity disorder (ADHD), Vetter (2018) concluded that PCIT is effective for behavioral problems observed in children with autism and ADHD. In the studies examined in this context, the age range of children with ADHD (2 years and eight months to 7 years and seven months), the presence of comorbid diagnoses (oppositional defiant disorder, conduct disorder, enuresis, separation anxiety), the number of sessions of therapy (between 12 and 29 sessions) were considered as criteria. PCIT-ED version was used, as well as PCIT standard version.

The rationale for using PCIT for ADHD is the high rate of comorbidity of behavioral problems in children with ADHD. In addition, PCIT will help parents to provide a very engaging and stimulating environment for their child by using the skills taught to parents in the CDI, the first step of PCIT. PCIT helps children with ADHD to increase their focusing time and sustain attention to the given tasks. As a consequence of all this happening in a play context, appropriate social skills are modeled, and these desirable behaviors are consistently and systematically reinforced. For the attention deficit dimension, the superior skill is behavioral definitions, which help the child to focus on a task or an activity for a considerable time. In other words, although working on ADHD symptoms is not the primary goal, the skills used are those that will increase attention span (Wagner and McNeil 2008).

In a study designed by Azahdri et al. (2022a) with experimental and control groups, children with ADHD were treated with PCIT, and the effects were then compared. At the end of the study, it was reported that the disruptive adjustment and behavioral problems of the children in the experimental group significantly improved compared to the control group. In another experimental study, Azahdri et al. (2022b) compared the effects of PCIT and mindfulness-based intervention by establishing two experimental and one control group. The first experimental group received PCIT, and the second received a mindfulness-based intervention. Both experimental groups showed improvements in ADHD symptoms and oppositional defiance, social anxiety, and separation anxiety symptoms. The effects observed in these two experimental groups were compared in the next step of the study. PCIT was significantly more effective than mindfulness-based intervention in alleviating ADHD signs and symptoms. Leung et al. (2016) showed a decrease in behavioral and attention problems of children in the experimental group, a decrease in parenting stress levels and negative parenting behaviors of parents, and an increase in positive parenting skills. Hosogane et al. (2018) reported two children with ADHD (combined type) in their study. The first was a 2-year-old girl with extreme hyperactivity and aggression, while the second was a 4-year-old boy. In the second case, there were problems such as restlessness, intolerance to daily events, getting excited quickly, and problems following instructions. In both cases, PCIT was shown to be effective in children's problem behaviors. Furthermore, the stress scores of the mothers who participated in the therapy declined, and their self-confidence in assuming the responsibilities of their children increased.

In a case study by Druskin et al. (2022), a 6-year-old child with ADHD and disruptive behavior problems was examined. Yet, in this study, the parent had a diagnosis of depression. The study reported that despite the aggravation of the mother's depressive symptoms, the child's disruptive behaviors, emotion regulation skills, and positivity in parent-child interaction improved. The main emphasis of this study is that PCIT effectively improves ADHD symptoms and disruptive behaviors of the child despite various other negative factors. Chronis-Tuscano et al. (2016) stated that ADHD is common in early childhood and may cause undesirable consequences in the long term and that parents' poor emotion regulation skills and mothers' depression may carry these consequences to a severe level and may result in any comorbidity. In this context, the researchers modified the PCIT-ED version and developed the PCIT-ECo (Emotion Coaching) version. This version aimed to help younger

children with ADHD recognize their emotions and express them in appropriate ways through the coaching of their parents. The sample implementation from the researchers' study is as follows;

> *Child: (While building a tower, his tower collapses, and he hits his parent with his disappointment)*
>
> *Parent: "You hit me; now you have to go to the time-out chair" and completes the time-out procedures of the PDI phase. However, in this adaptation, the parent additionally labels the emotion related to the experience by saying that you are disappointed that the tower collapsed.*
>
> *The child responds: "I do not like it."*
>
> *Parent: "You did not like it. Thank you for expressing yourself verbally. I am sure that the next time you experience disappointment, you will tell me in words like this".*

The study's findings revealed that PCIT-ECo improved positive parenting skills and children's emotion regulation skills and ameliorated behavioral problems.

One of the application areas of PCIT is trauma. Therefore, researchers have added a Trauma-Directed Interaction (TDI) phase to a PCIT. In this respect, the standard PCIT does not tend to focus directly on the child's traumatic experiences, but the PCIT-TDI version addresses this issue. In this context, while adhering to the standard PCIT, psychoeducation about trauma, parental responses to the child's traumatic reactions (SAFE skills), and coping skills for both the child and the parent to manage these traumatic reactions (COPE skills) were also included (Gurwitch and Warner-Metzger 2022). In the review study of Warren et al. (2022), 40 articles were analyzed. The review concluded that PCIT has a therapeutic effect on children and parents in terms of various factors, including reducing parenting stress on a traumatized population, child behavioral problems, traumatic child symptoms, parental mental health concerns, negative parenting strategies, and reducing the risk of reoccurrence of abuse and neglect.

## Conclusion

Parent-child interaction therapy (PCIT) is an evidence-based early intervention approach used to intervene in various behavioral and adjustment problems seen in children between the ages of 2 and 7 through parents' expert use of positive parenting skills and effective discipline techniques. Although there are other parent-mediated approaches in the literature (e.g., parent-child relationship therapy), the most significant difference of PCIT from these approaches is that the therapist provides simultaneous feedback to the parent on the use of skills belonging to both child-directed interaction and parent-directed interaction phases. Through this immediate feedback, parental behaviors are corrected as soon as they are noticed so as not to hurt the child. Besides, the flexibility of the PCIT, which can be adapted and developed according to the nature of the behavior and adaptation problems observed in children with typical and atypical development, renders it practical.

In this respect, this review study will contribute to the diversification of intervention approaches to child behavior problems by disseminating parent-child interaction therapy for mental health professionals and increasing its visibility in the literature. The therapy for children, who are the focus of the therapy, can resolve various childhood internalizing and externalizing problems. Considering the outcomes in the parent dimension, increasing parents' competence, decreasing parenting stress, and increasing family cohesion by teaching play therapy-based skills and shaping child behavior are important secondary outcomes. Moreover, the aim of PCIT, which is not therapist-oriented, is to enable parents to use play therapy skills at an expert level. Using these skills allow for a widespread impact that is not limited to the child who comes to therapy.

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