Parent Child Interaction Therapy (PCIT) - An Introduction
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Children with developmental disabilities, including autism spectrum disorders, are especially at risk to develop problem behaviors (Horner, Carr, Strain, Todd, & Reed, 2002). Many effective strategies for managing problem behaviors in children with autism spectrum disorders or other developmental disabilities are based on behavioral theory, with many utilizing parent training as the means to change the child’s behavior (Lerman, Swiezy, Perkins-Parks, & Roanne, 2000). Differential reinforcement (i.e., attending to and reinforcing desired behaviors while ignoring inappropriate behaviors) is often used to increase desired behaviors, while time out procedures are used to decrease undesired behaviors (McDiamid & Bagner, 2005). Parent training programs have been used in the past and continue to be used as a means to change child behavior (Feldman & Wemer, 2002; Lerman et al., 2000). Training parents in behavioral principles gives parents the tools to change behavior on a daily basis.

Parent-Child Interaction Therapy (PCIT)

Parent-Child Interaction Therapy (PCIT) is a parent training model that uses both play therapy and behavioral techniques. PCIT focuses on improving the relationship between the parent and the child in order to make parents more effective in managing their child’s behavior, producing increases in desired behaviors and decreases in undesired behaviors (Querido, Bearss, & Eyberg, 2002). PCIT incorporates principles and strategies that have been successfully used to manage problem behavior in children with developmental disabilities and is an empirically validated treatment for typically developing children with disruptive behavior disorders (Eyberg, 2005). PCIT uses a live coaching model to teach parents the necessary skills to improve parent-child interactions and manage problem behaviors. PCIT has been shown to decrease problem behaviors and decrease stress related to parenting.

Two Phase Treatment
• PCIT is comprised of two phases.
  • The first phase of treatment, Child Direction Interaction, focuses on improving the quality of the parent-child relationship by increasing the positive interactions between the parent and the child.
  • The second phase of the treatment, Parent Directed Interaction, focuses on decreasing inappropriate behaviors through selective ignoring, effective commands, consistent consequences and the use of time-out.
• Movement from one phase of the treatment to the next phase occurs when parent(s) have met the preset criteria for skill mastery in each phase.

**Key Components of Treatment**

• Involves both the parent and the child
• Teaches child during play (it’s fun for the child and parent!!!)
• Live coaching provides immediate feedback on skill use
• Assessment guides the treatment (observations of parent-child interactions, behavior ratings)
• Treatment is tailored to the individual family needs
• Progression through therapy is based on parent skill mastery and child behavior
• Average length of treatment is 12 sessions, with a one-hour session occurring per week.

**References:**


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