

Integrating Parent Child Interaction Therapy (PCIT) with ERP for Young Children with Comorbid Disruptive Behavior Disorders

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Learning Objectives

Participants will be able to:

1. Describe the basic components of PCIT
2. Name the two phases of PCIT treatment
3. Relate how PCIT can augment ERP treatment in young children with comorbid disruptive behavior and OCD

Audience poll

Raise your hand if you are:

- Familiar with ERP
- Familiar with PCIT
- A medical, mental health, or allied health professional
- A teacher
- Other school personnel
- Parent
- Parent of a child with OCD

Why are we talking about this topic?

Department of
Psychiatry

- Specialty OCD clinic
- Specialty training clinic in PCIT



Case 1

6y.o. female

Psychiatric History: Disruptive Behavior Disorder, Anxiety, Tics, and ADHD

Anxiety triggered tantrums



CYBOCS=30

Obsessions:

- Contamination: bodily fluids, insects, sticky residues
- Aggression: harming others, harm coming to self, violent/horrific images, blurting out obscenities, act on unwanted impulses
- Doing something embarrassing
- Concern with right/wrong
- Bothered by certain sounds

Compulsions:

- Rereading, rewriting, and erasing
- Counting: tapping
- Ordering/Arranging
- Involving others for reassurance
- Need to tell, ask, confess
- Picky eating
- Need to touch, tap, or rub
- Repeat until “just right”
- Skin picking
- Hitting self in head with hands as punishment

What is PCIT?

Parent-Child Interaction Therapy (PCIT)

Evidence-based treatment for children with disruptive behavior

- Developed by Dr. Sheila Eyberg, University of Florida
- Combines elements of attachment and learning theories, systems theory, and behavior modification
- Involves direct coaching of parent with child
- Assessment driven
- Short-term – avg. 14-16 weekly sessions



What defines PCIT....

CORE PROCEDURES

- Parent and child together
- Coding
- Coaching

CORE STRUCTURE

- Child Directed Interaction
- Parent Directed Interaction

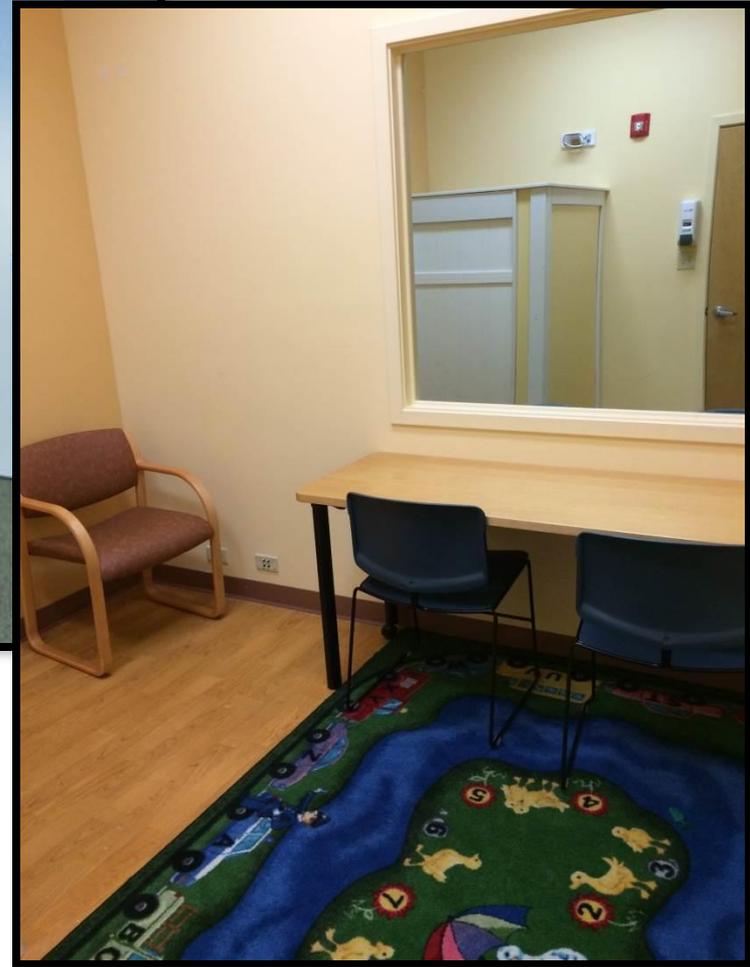
CORE PRINCIPLES

- Theoretically grounded
- Assessment driven
- Performance based
- Empirically tested

What does PCIT look like?



Parent and child are seen together in the playroom...



Parent-Child Interaction Therapy

Balances Two Factors...

1. Positive Interaction with the Child

- Child Directed Interaction (CDI)
- Increase positive attention
- Decrease negative attention



2. Consistent Limit Setting

- Parent-Directed Interaction (PDI)
- Consistency, Predictability ,& Follow-Through

Warmth

Permissive

- Indulges child, little control

Authoritative

- Builds mutual trust and respect
- Both perspectives honored

Uninvolved

- No communication
- No parenting

Authoritarian

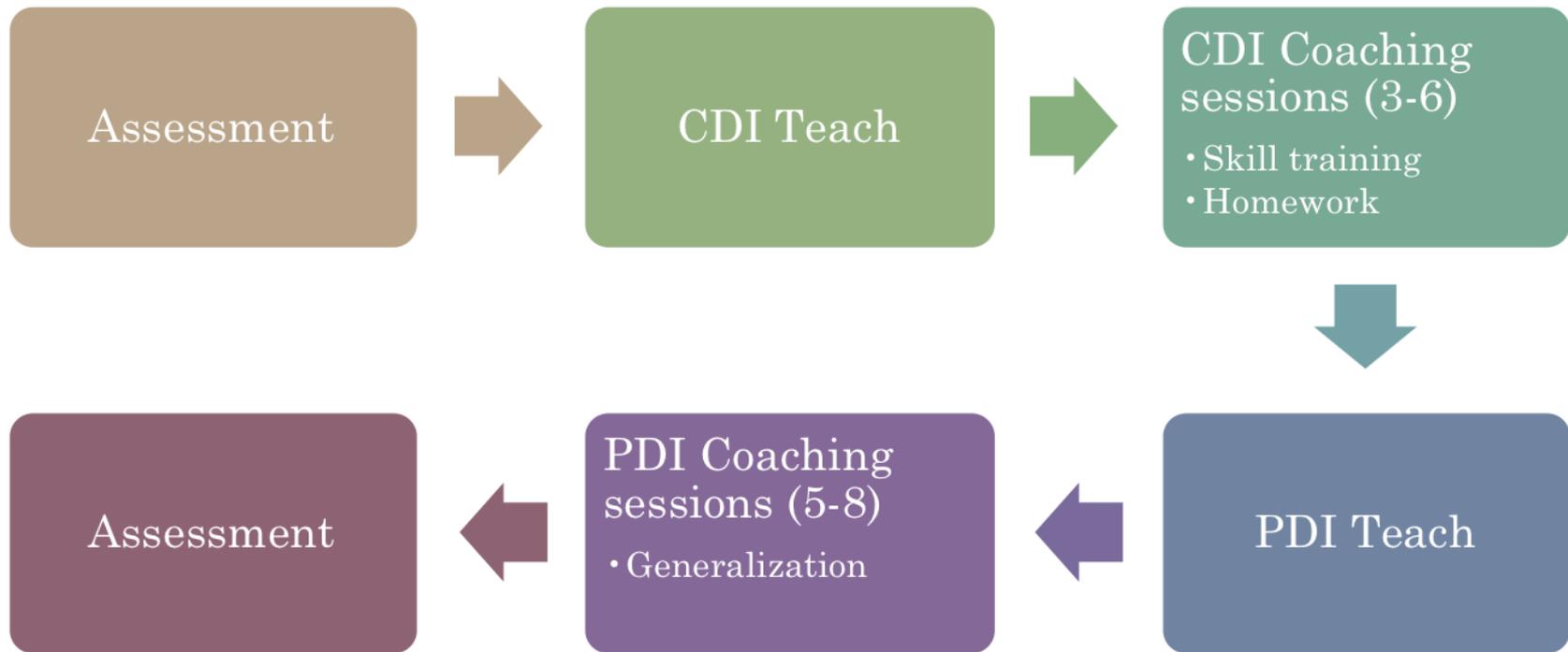
- Control
- No differing perspectives
- Unidirectional communication

Diana Baumrind

Research on parenting styles

Limits

Progression of PCIT Treatment



What does PCIT look like?

Therapist observes the parent and child from another room using a one-way mirror...



What does PCIT look like?

The parent wears a “bug-in-the-ear” to allow the therapist to talk to them as they play with their child and implement the PCIT skills....



Traditional PCIT Populations

Children ages 2-6 with disruptive behavior disorders:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder
- Conduct Disorder



Additional PCIT Populations

Children ages 2-6 with:

- History of maltreatment/trauma
- Autism
- Anxiety
- Depression
- Prenatal substance exposure

- ▶ Toddlers at risk for disruptive behavior



Empirical Support

PCIT intervention is associated with:

- Positive changes in child disruptive behavior problems
- Increases in parents' use of positive parenting skills
- Decreases in parents' use of negative parenting behaviors
- Decreases in child noncompliance
- Improvement in school behavior
- Reductions in maternal depression
- Improvements in parent-child attachment
- Reduced likelihood of re-abuse
- Continued maintenance of behavior for 3-6 years





Child Directed Interaction (CDI)

Child Directed Interaction (CDI):

- ▶ The Basic Rule:
- ▶ Follow the child's lead



Increases warmth and attachment

Differential Social Reinforcement

Shapes behavior

CDI: The DON'T Rules

NO Commands

Direct : Sit here.

Indirect : Could you sit here?

Let's sit here.

Can you sit here for me?

Commands take a lead

Risk negative interaction



CDI: The DON'T Rules

NO Questions

Questions ask for an answer

- Take lead from the child
- Often hidden commands
- Can suggest disapproval
- Can suggest not listening



CDI: The DON'T Rules

NO Criticism

Examples

- That doesn't go that way
- No Stop Quit Don't

Points out mistakes rather than correcting them

- "That's wrong" is a criticism
- "It goes like this" allows correction without criticism

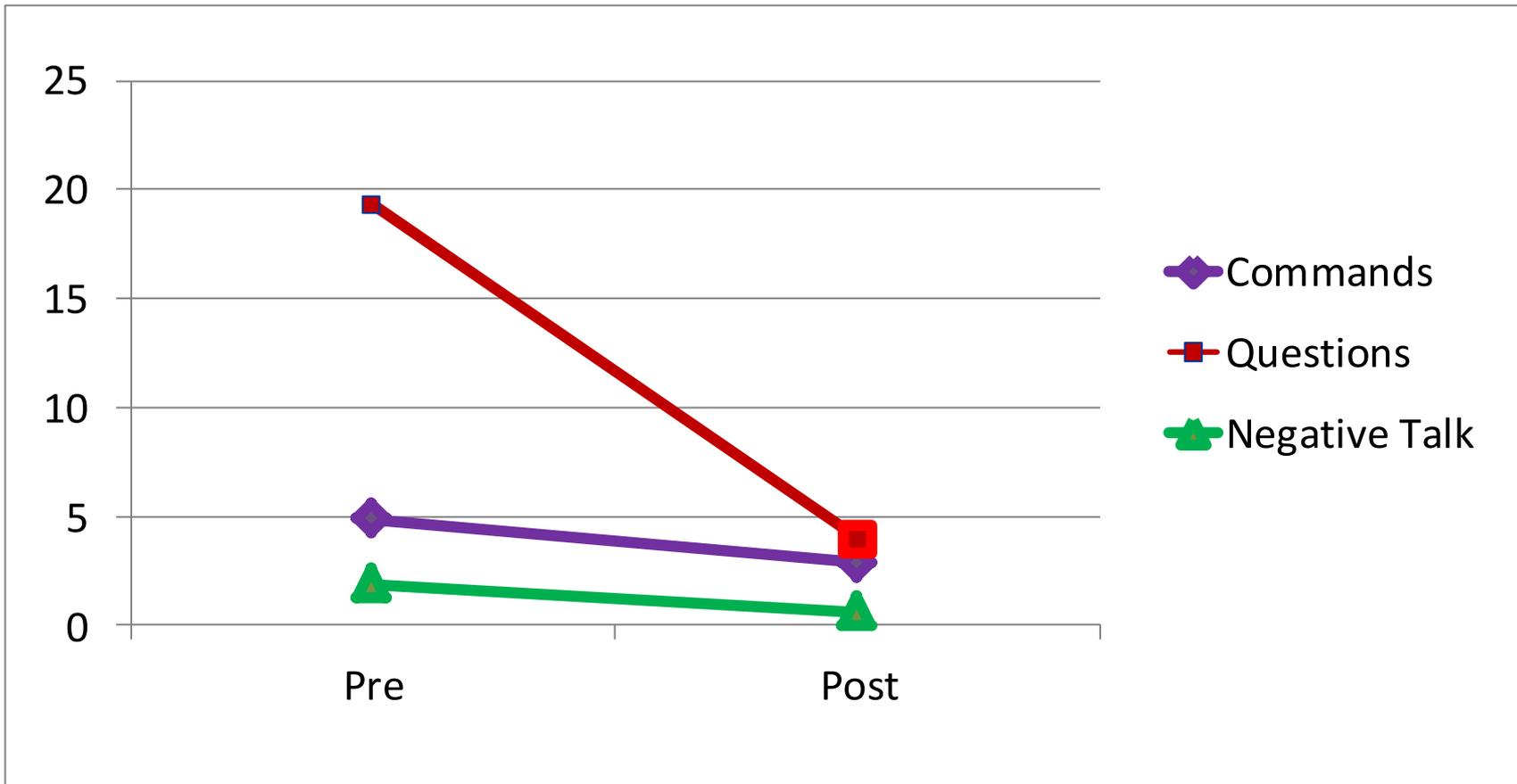
Lowers self-esteem

Creates unpleasant interaction

Can model negative speaking patterns to the child



Mothers' Changes in the Don't Skills during CLP



CDI: The DO Rules

Praise

Reflect

Imitate

Describe

Enjoy

CDI: The DO Rules

PRAISE

Unlabeled praise is nonspecific

- Good!
- That's great!

Labeled praise identifies specific behavior

- Thank you for using your indoor voice
- Increases the behavior it follows
- Increases child's self-esteem
- Increases positive feeling between parent & child



CDI: The DO Rules

REFLECT



- Repeating or paraphrasing

Child: “Mom, the doggy has black nose!”

Parent: “Yes, the dog’s nose is black!”

- ▶ Allows child to lead the conversation
- ▶ Shows that parent is listening
- ▶ Shows that parent understands
- ▶ Improves and increases child’s speech

CDI: The DO Rules

IMITATE

Doing the same thing the child is doing

- Allows the child to lead
- Teaches parent how to “play”
- Shows approval of child’s activity
- Teaches child how to play with others
- Sharing
- Taking turns



CDI: The DO Rules

DESCRIBE

Describing exactly what the child is doing

- “You’re drawing a sun”
- Allows the child to lead
- Shows parent is attending & interested
- Shows approval of child’s activity
- Teaches vocabulary and concepts
- Holds child’s attention to the task



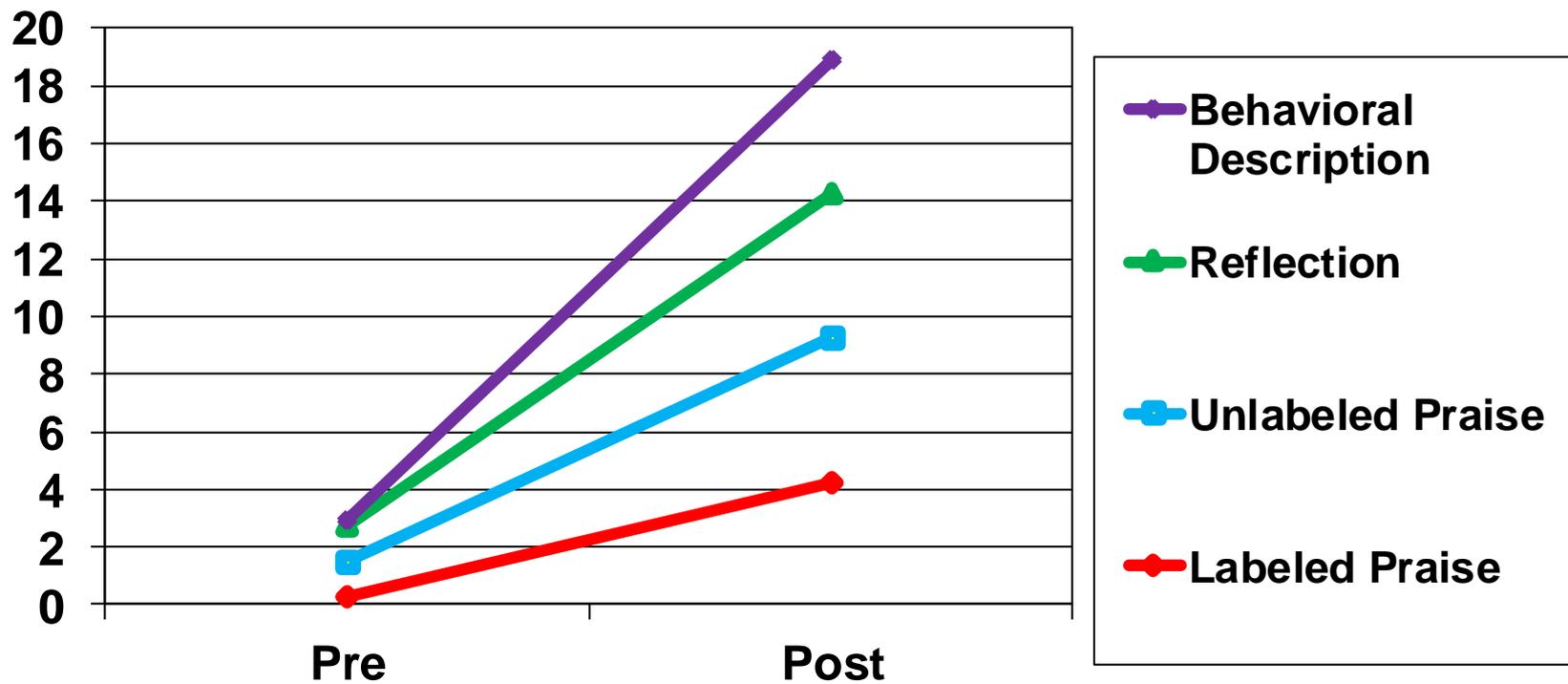
CDI: The DO Rules

ENJOY

- Show you are enjoying the play through:
 - Physical positives
 - Tone of voice
- Increases warmth of interaction
- Both parent and child have more fun



Mothers' Changes in the DO Skills



CDI: Coping with misbehavior

CHILDREN LOVE CDI

BUT . . .

- Sometimes they misbehave
- Parent can either:
 - Ignore
 - Stop the play

Ignoring

- What to ignore?
 - Inappropriate attention-seeking behaviors
 - Whining
 - Sassing
 - Crying for no reason
- But...
 - Ignored behavior gets worse before it gets better
 - Parent must follow through with ignoring
 - Should only ignore if they can continue through the worst of it!



Stopping the Play



- ▶ What stops the play?
 - ▶ Aggressive and/or destructive behaviors
 - ▶ Hitting
 - ▶ Kicking
 - ▶ Biting

- ▶ Try to re-initiate special play time later

CHILD DIRECTED INTERACTION

DO

- Praise
- Reflect
- Imitate
- Describe
- Enjoy

DON'T

- Questions
- Commands
- Negative Talk

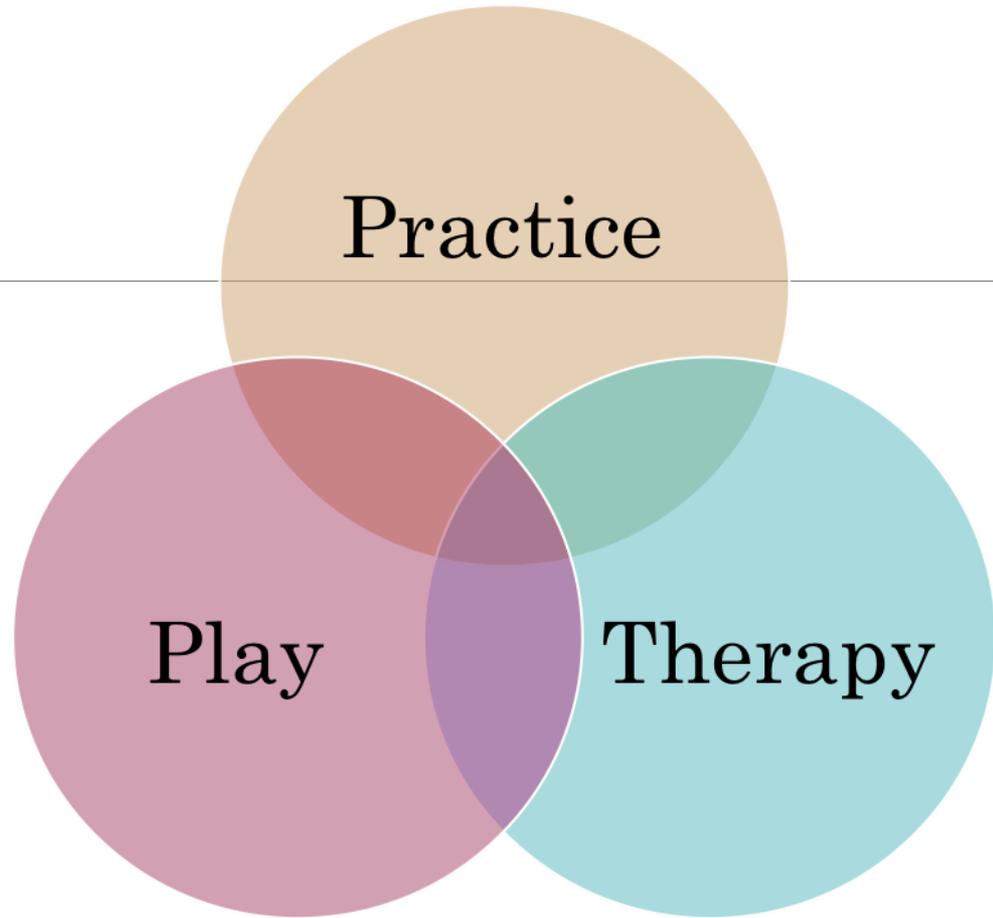
IGNORE

- Minor inappropriate behaviors

STOP

- Aggression
- Destruction

Homework



- “Special time”
 - the child’s “dose” of therapy
 - 5 min per day of CDI practice

Good Activities

- Toys with no rules
- Construction toys
- Play sets
- Creative toys



Not-so-good Activities

- Board games
- Messy activities
 - Finger painting
- Aggressive toys
 - Guns
 - Action figures
- Pretend-talk toys



CDI Teach



- One-hour session with parents
- Didactic presentation of skills
- Modeling & role-play

CDI Coaching



- One hour sessions
- Parent and child together
- Review of homework and skills assessment at beginning of session
- Majority of session spent coaching (~30 minutes)
- Review of progress at end of session

Example of CDI

Add video

The Parent
Directed



Interaction (PDI)

Elements of PDI

Commands—giving good instructions

Contingent praise or consequence

Gradual generalization from clinic minding exercises to “real life” discipline

Planned responses to

- Refusing consequences
- Impulsive or dangerous behaviors
- Behavior disruptions in public settings

PDI

PDI Teaching session

PDI focuses on teaching the parent effective discipline strategies

- Effective commands
- Effective follow-through when the child complies
- Discipline protocol when the child does not comply

Explain both rules and rationale

Parent(s) alone with therapist

Modeling and role Play



Why focus on giving good commands?



➤ Increases likelihood of compliance in young children



➤ Helps parents be more mindful of giving commands



Effective Commands



Direct (telling, not asking)

- Makes it clear the child needs to do something

Positive (what to DO, not stop doing)

- Avoids criticism and makes desired behavior clear

Effective Commands

Single (one at a time)

- Helps children remember, helps parents praise each compliance.



Specific (very concrete & observable)

- Helps child understand.
- Makes compliance or non-compliance clear



Effective Commands

Age-appropriate (both language & ability)

- Helps child understand, reduces frustration

Polite and respectful (tone, wording)

- Positive modeling, increases compliance to teachers, teaches child to obey without escalation to yelling



Effective Commands



Explained *before* given or ***after*** compliance

- Reduces dawdling & distraction, increases listening



Used only when really necessary*

- Reduces frustration, makes follow-through feasible, allows choices, teaches that commands must be followed

Consequences



Emphasize praise for compliance

Help parents effectively implement time-out from positive reinforcement

All About Time-Out

What is time-out

Setting up time-out place

How long

Getting to time-out

Staying in time-out

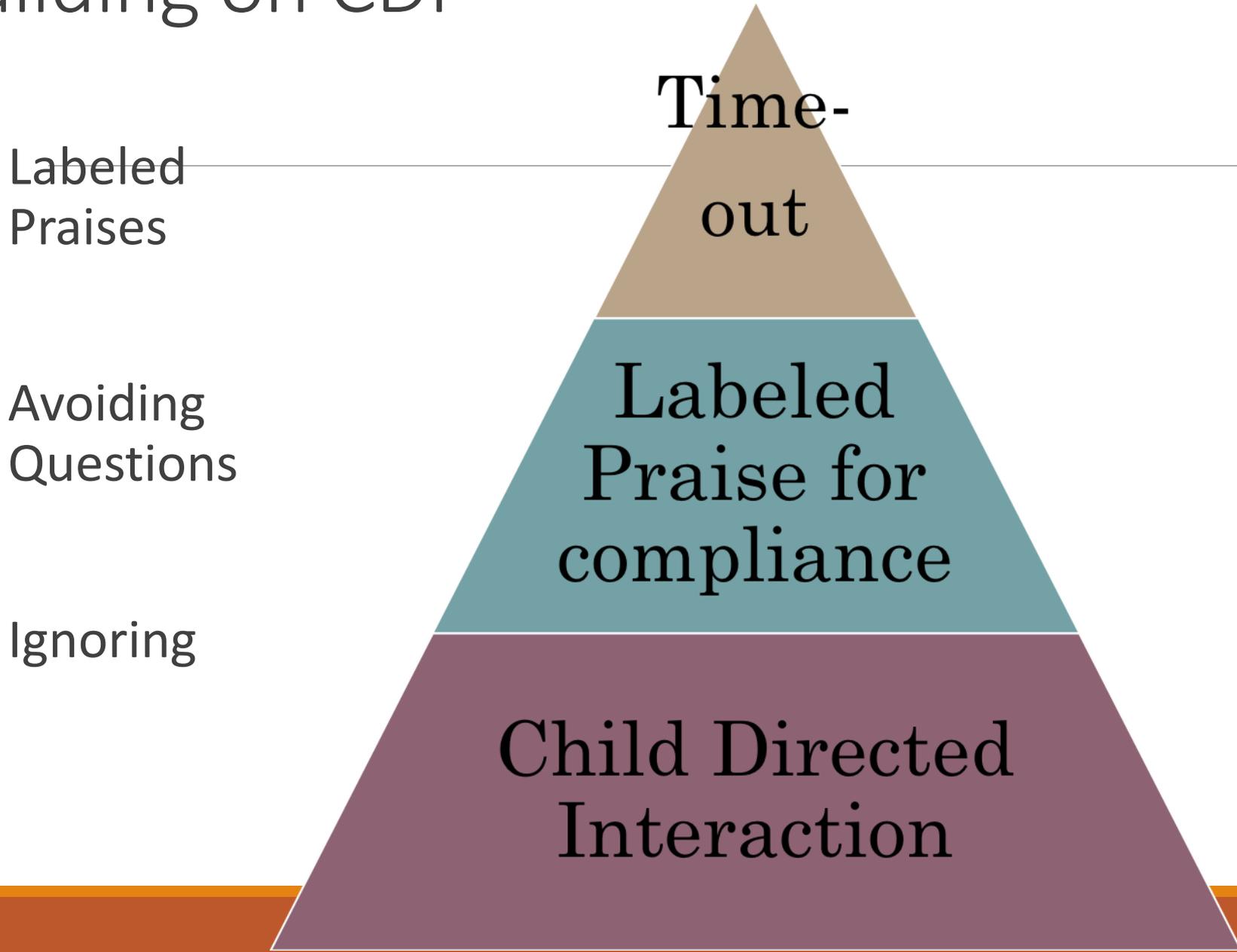
Getting out of time-out

Back-ups

After time-out



Building on CDI



Time-
out

Labeled
Praises

Avoiding
Questions

Labeled
Praise for
compliance

Ignoring

Child Directed
Interaction

Generalization of minding skills



Increasing challenge

In clinic with play-based commands

In clinic with “real-life” commands

At home with play-based commands

At home with a few “real-life” commands

At home with “real-life” commands as needed

At home with running commands for dangerous or destructive behaviors

In public

PDI Skills Criteria



$\geq 75\%$ of commands given are effective commands

$\geq 75\%$ of effective commands have correct follow through

Criteria for graduation

- ▶ Caregivers' CDI skills at mastery levels
- ▶ Caregivers' PDI skills at mastery levels
- ▶ Child's behavior rated as well within normal limits
- ▶ Caregivers report feeling comfortable using the skills



PCIT Adaptations for Childhood Anxiety

Rationale for applying PCIT to young children with anxiety

PCIT incorporates parenting strategies that research has identified as essential at reducing children's fearful behaviors

- Positive attending skills
- Setting appropriate, consistent limits

Two adapted models

Bravery Directed Interaction

- Introduces a BDI phase in between the standard CDI and PDI phase
- Developed mostly for separation anxiety

PCIT-CALM program

- Includes exposure exercises in with CDI sessions
- No PDI phase
- Designed for separation anxiety, social anxiety, generalized anxiety, and/or specific phobias in children ages 3-8

Bravery Directed Interaction

3 added sessions

- Includes
 - Psychoeducation on anxiety in children
 - Using CDI skills in separation situations
 - Psychoeducation on non-avoidance
 - Separation practice using Bravery Ladder (hierarchy)
- Do → give extra praise for approach behavior
- Don't → attend to complaining/whining

CALM Program

Coaching

Approach behavior and

Leading by

Modeling

CALM Program

12 sessions

Includes

- Psychoeducation/hierarchy
- CDI teaching and practice
- DADS teaching and practice
 - DESCRIBE the situation
 - APPROACH the situation
 - DIRECT COMMAND
 - SELECTIVELY ATTEND to child behavior

OCD Treatment with young children

How OCD can develop



Exposure Response Prevention Therapy

Exposure Response Prevention Therapy provides an experience that is inconsistent with the irrational obsession.

- This teaches the child that their obsessive fear or prediction usually does not come true.

Cognitive Behavioral Therapy / Exposure Response Prevention Therapy breaks the anxiety cycle

- Patient approaches their feared behaviors
- Anxiety initially increases then decreases
- Patient experiences alternative outcomes
- Challenges the need to continue to engage in compulsions and maladaptive thoughts

ERP At Different Ages

ADOLESCENTS/ADULTS

- Build a hierarchy
- Rate challenges on a SUDS scale
 - - 1- 10
 - - 1-100
 - - Easy, Medium, Hard
- Check in with distress level throughout the challenge
- Give lots of encouragement
- Refrain from using accommodation, reassurance, and coping skills
- Start from the bottom and work up.

YOUNG CHILDREN

- Build a hierarchy
- Give choices
- Rate Challenges on a scale
 - Green, Yellow, Red
- Check in with distress level throughout the challenge
- Give labeled praises
- Utilize coping skills
- Start from the bottom and work up.

Belly Breathing

Typically during the treatment of OCD we do not encourage the use of coping skills due to their ability to artificially bring down anxiety, however they can be extremely helpful in young children as they learn to regulate their emotions.



Rules to Follow

Only engage in challenges with the child that you would be willing to do yourself.

Refrain from making the child engage in a challenge that they are not willing to do.

Have the child come up with ideas for challenges they would like to work on as well as give them ideas that you have and utilize choices.



Naming OCD



- Separates the child's thoughts and behaviors from the OCD thoughts and compulsions
- Helps everyone differentiate between the child's behavior and when the child is engaging in obsessions and compulsions

Naming OCD

Once the child chooses a name for their OCD and you see them engaging in obsessions or compulsions you can ask :

- Is that a worry monster thought or a “you” thought?

The more you begin help the child to differentiate between their thoughts and OCD the easier it will become and the more the child will be able to recognize what their OCD thoughts are and when to challenge them. This can help take the power away that OCD currently has over the child’s thoughts and behaviors.



Family accommodation



Providing safety and support for children promotes healthy psychological development

Oftentimes in OCD, excessive support becomes *accommodation*

Family accommodation

Most accommodating behaviors:

- Providing reassurance
- Participating in rituals
- Assisting in avoidance of feared situations

Most often found among kids with contamination fears, but occurs across the OCD spectrum

Linked to OCD severity, depression, anxiety, and behavior problems in kids



Common Ideas When Challenging Accommodation

WHEN SETTING GOALS

Meet your child where their current abilities are, not where they “should” be.

Take small steps.

Set S.M.A.R.T. goals.

- Specific, measurable, agreed-upon, realistic, time-bound

Pick your battles. Don't try to fix everything at once.

Wait until one goal is mastered before changing it.

Don't settle. Continue to lovingly challenge your child.

AFTER GOALS ARE SET

Try not to engage in excessive discussion or arguments about the goals.

Catch your child being good. Reward progress!!

This is hard for you too. Reward yourself!!

Allow your child to experience natural consequences.

Be consistent. Try not to “bail them out.”

Consider how your own anxiety may be influencing the situation.

- Learn to tolerate your child being upset.
- Be ok with imperfection.

Options for Challenging Reassurance Seeking

ADOLESCENTS/ADULTS

Determine if its OCD

- “Who is asking you or OCD?”

Delay your response

- “Come ask me again in 10 minutes.”

Don't answer the question at all.

- “That sounds like reassurance seeking, I'm not going to answer that question”

Limit your number of responses.

- Try using reassurance coupons and gradually reducing the number allotted per day.

Answer the question vaguely:

- “Will I get sick if I eat this?”
- “Maybe; maybe not.”

YOUNG CHILDREN

- Utilize the PRIDE Skills

- Praise their efforts

- Imitate (do the exposure with them)

- Describe what you see them challenging

- Use appropriate ignoring

- Give choices for exposures



Managing Resistance



Expect some resistance from you and your child.

Resistance is a natural and healthy part of change.

Putting all
this into
practice



Case 1

6y.o. female

Psychiatric History: Disruptive Behavior Disorder, Anxiety, Tics, and ADHD

Anxiety triggered tantrums

Completed PCIT

Referred for ERP for OCD



Other Scores

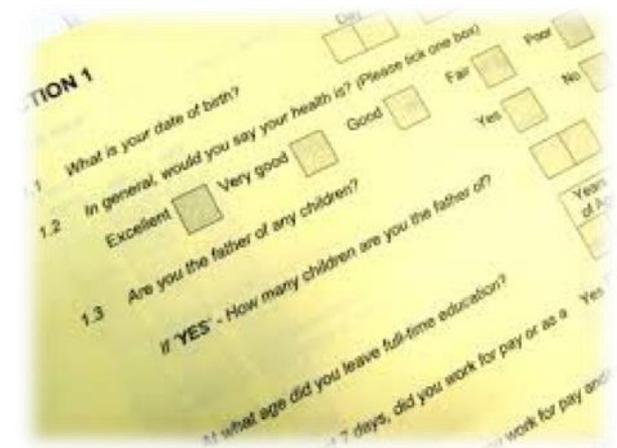
Disruptive behavior (parent rated)

- ECBI: 138

Anxiety (child rated)

- RCMAS:65

Both clinically significant



Treatment

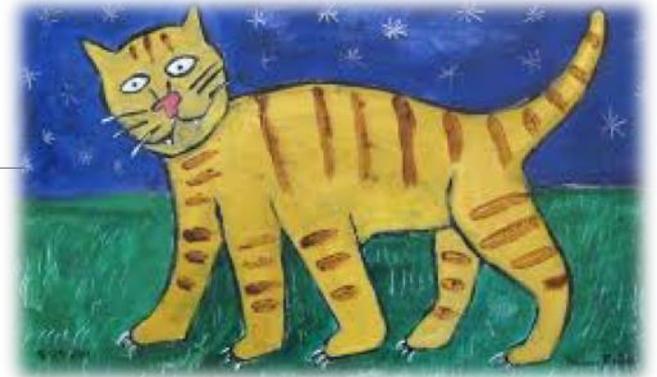
Hierarchy

Exposures

Utilization of PCIT skills during treatment

Ex) 5 legged cat “not right”

- Tantrum screaming/kicking/throwing items
- Parent and therapist left room
- Returned when pt less aggressive
- Gave LP for calming down and practiced belly breathing
- Stated “the drawing is wrong”
- Continued LP for challenging “worry monster”



Results

After 15 sessions, family graduated from ERP

- Emotional regulation better
- Tantrums were less severe, shorter duration and less frequent
- Distress tolerance was higher
- Returned to PCIT therapist for check-ins/maintenance

Case 2



4y.o. female

Psychiatric History: Disruptive Behavior Disorder and Anxiety

Referred for intrusive thoughts and rituals

Anxiety and time limits triggered tantrums

Top concerning behaviors: dressing routine, car seat use, bowel movements, cursing, hitting

CYBOCS=20*

Obsessions:

- Offending others
- Contamination: dirt/germs, bodily waste/secretions, feeling of contamination
- Exactness/symmetry
- Certain sounds/noises
- Somatic

Compulsions:

- Checking: harm to self, something terrible happening, mistakes, morning and night routines, toilet routine, somatic concerns
- Ordering/arranging
- Involving others for reassurance
- Need to touch/tap/rub (including her parents)

Other Scores

Parent report of disruptive behavior

- ECBI:
 - Mother: 147
 - Father: 173

Both clinically significant

The image shows a portion of the ECBI Parent Rating Form. At the top, it reads "ECBI - Eyberg Child Behavior Inventory™ Parent Rating Form by Sheila Eyberg, Ph.D.". Below this, there are fields for "Your Name", "Relationship to Child", "Child's Date of Birth", and "Child's Name". A "Directions" section explains that the form is a questionnaire for parents to rate their child's behavior. A legend indicates that the scale ranges from 0 (Not at all) to 4 (Very much). A table of items follows, with columns for "Total Score" and "Clinical Significance". The total score is 173, which is marked as "Clinically Significant".

Item	Total Score	Clinical Significance
1. Attention deficit/hyperactivity	10	
2. Externalizing disorder	10	
3. Internalizing disorder	10	
4. Total score	173	Clinically Significant

Treatment

Hierarchy

Exposures during PCIT

- Making clothes not “just right” following special time coaching sessions
- LP for target behaviors and challenging “worry monster”
- Home visit for morning routine



Child behavior improved with consistency

Often better with school and therapists

Psychiatrist started child on Prozac which helped symptoms when parents had difficulty with consistency

Results

Family met graduation criteria for PDI except consistency for timeouts and ratings of child's behavior (want 114)

Child still has some OCD symptoms due to parental accommodation – symptoms in domains parents are consistent in (i.e., straps on car seat, symmetry in dressing) have improved

Most recent CYBOCS=16

ECBI – both below cutoff for clinical significance

- Mother: 124
- Father: 131

Case 3

5y.o. male

Psychiatric History: Anxiety

Referred for anxiety, rituals, and avoidance

Anxiety triggered severe avoidance and reassurance seeking

Top concerning behaviors: bedtime routine, avoidance of extracurricular activities, school avoidance if not with mother



© Can Stock Photo

CYBOCS=26

Obsessions:

- Contamination: dirt/germs, illness, sticky substances/residues
- Harm to self
- Somatic/Illness
- Need to know/remember
- Fear of upsetting others by saying the wrong thing/not saying the right thing

Compulsions:

- Checking: mistakes, length of clothing “just right”, night routines, somatic concerns
- Rereading, erasing, rewriting
- Hoarding/problems throwing items away
- Rituals involving others
reassurance
- Avoidance

Treatment

Hierarchy

Exposures utilizing PRIDE skills and rewards
– more about anxiety than disruptive behavior

- For psychoeducation knowledge, he “taught” sister ERP
- LP for target behaviors and challenging “worry monster”
- Utilized belly breathing
- Parents rewarded child for being brave with fun trips after sessions



Results



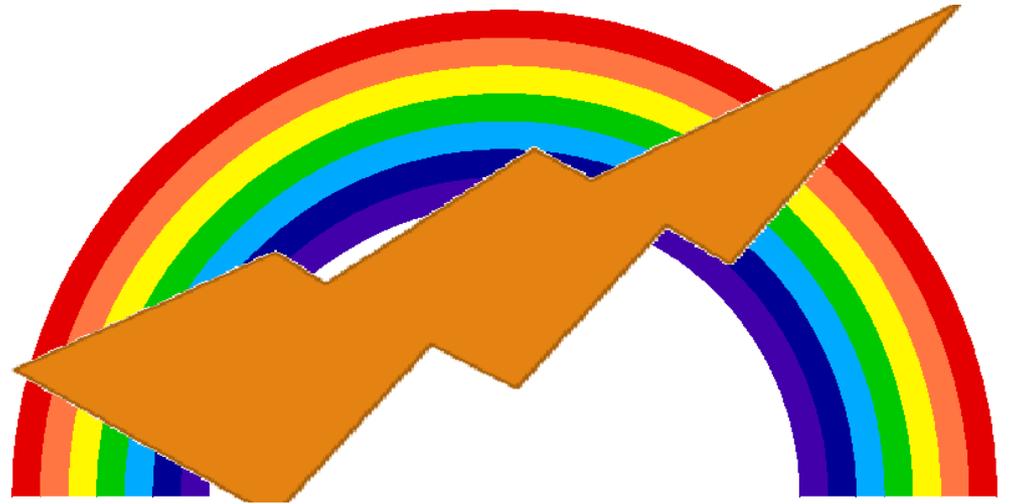
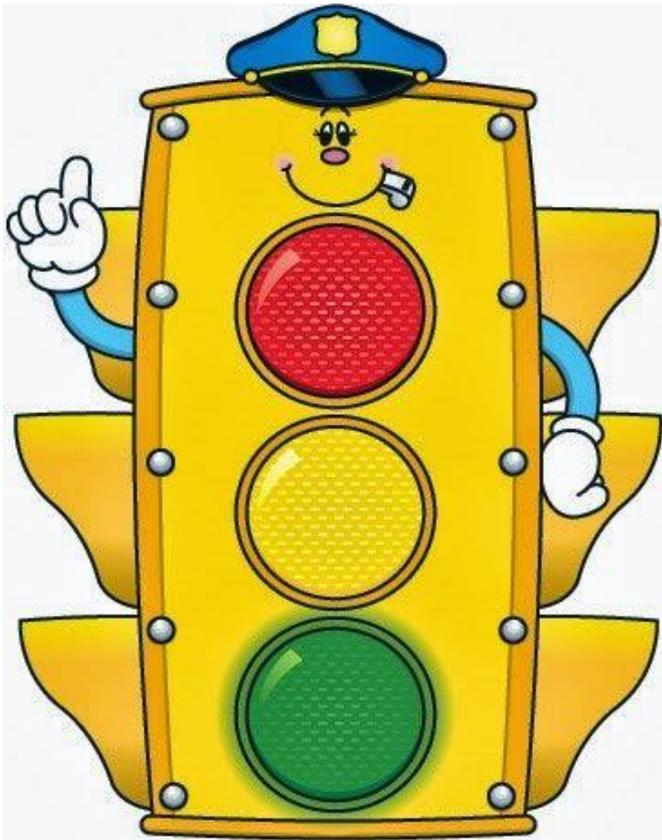
After 8 sessions:

Child's anxiety decreased and ability to challenge higher rated exposure items increased.

Parents were able to model and coach child through exposures.

Child was able to consistently attend extracurricular activities.

Modifications with Children



Thank you for your participation!

For more information:

- www.pcit.org (for more information about PCIT or to find a certified PCIT therapist)
- Fear.lab.uf@ufl.edu (for requests related to OCD conference materials)

