

Parent-Child Interaction Therapy

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Parent-Child Interaction Therapy (PCIT) is an evidence-based treatment for children ages 2.5 to 7 with behavioral and emotional issues. While PCIT was initially developed in the 1970s for children with a primary diagnosis related to disruptive behaviors, such as Oppositional-Defiant Disorder, it has since been adapted to treat children with a history of trauma, as well (Child Welfare Information Gateway, 2013). Young children suffering from posttraumatic stress may experience symptoms including inattention, aggression, and frequent tantrums (National Child Traumatic Stress Network, 2015). PCIT has been empirically shown to significantly reduce these types of behaviors (Brinkmeyer & Eyberg, 2003; Gallagher, 2003; McNeil & Hembree-Kigin, 2010; Nixon, Schuhmann, Foote, Eyberg, Boggs, & Algina, 1998). PCIT is recognized as an empirically supported treatment and promising practice by the National Child Traumatic Stress Network (2015) and is a well-supported treatment by the California Evidence-Based Clearinghouse for Child Welfare (2013).

PCIT is characterized by two phases, Child-Directed Interaction and Parent-Directed Interaction, with each phase garnering benefits for traumatized children. In Child-Directed Interaction, clinicians teach parents to engage their children in child-led play using play therapy skills. Children with complex trauma often have difficulty forming secure attachments (National Child Traumatic Stress Network, 2015). The Child-Directed Interaction phase draws heavily on attachment theory and posits that the skills acquired by parents in this stage help

children and caregivers form a more secure attachment with one another (Allen, Timmer, & Urquiza, 2015). Furthermore, children often experience a sense of loss of control following a trauma (National Child Traumatic Stress Network, 2015), and child-led play gives children the opportunity to have control. During the Parent-Directed Interaction phase, parents are taught a consistent and structured discipline approach that increases child compliance (Gallagher, 2003). This phase provides parents with an effective way to manage their children's behavior. As a result, PCIT has been found to prevent future child abuse in families with a known history of physical abuse (Chaffin et. al, 2004; Hakman et al., 2009; Chaffin et al., 2011).

Because standard PCIT does not address trauma directly as part of treatment, some clients may benefit from other treatment in addition to PCIT in order to fully heal from trauma. Clinicians can enhance PCIT for traumatized clients by providing trauma-specific psychoeducation to the caregiver and child, and tailoring coaching to explain the child's behavior in the context of posttraumatic stress rather than oppositionality. Some clients may benefit from receiving Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) following PCIT in order to process their trauma once their behaviors have significantly improved.

Looking for a PCIT provider in Central Texas? Five clinicians at Austin Child Guidance Center are currently receiving training in Parent-Child Interaction Therapy through the Texas Children Recovering from Trauma initiative.

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