# Parent-Child Interaction Therapy for Families Involved in Child Welfare



# What is Parent-Child Interaction Therapy? (PCIT)

PCIT is a parent-focused treatment and coaching program for families of children ages 2.5 to 7 years.

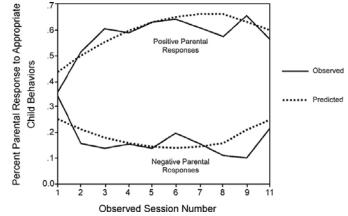
- ♦ PCIT is based in attachment theory, social learning, and behavioral principles.
- ♦ PCIT includes two phases:
  - 1) Relationship Enhancement—To help strengthen the caregiver-child relationship.
  - 2) Behavior Management—To help improve caregiver discipline strategies and child compliance.

# PCIT is recommended as an evidence-based intervention for families involved in child welfare by:

- ◆ The National Child Traumatic Stress Network<sup>7</sup>
- The National Crime Victims Research and Treatment Center at the Medical University of South Carolina<sup>6</sup>
- The Center for Sexual Assault and Traumatic Stress in Seattle, WA<sup>6</sup>
- The Chadwick Center for Children and Families

# Outcomes for families involved in Child Welfare who receive PCIT are positive including:

- ♦ Increases in proactive, positive parenting skills and more effective discipline practices, as well as decreases in child behavior problems. In a study comparing different treatments, these outcomes were the strongest for families receiving standard outpatient PCIT compared to families receiving standard community parenting groups or families receiving PCIT plus non-coordinated wraparound services.<sup>2</sup>
- Reduced rates of child abuse re-reports for families receiving PCIT. Families who received standard outpatient PCIT only were significantly less likely to have a future report of child maltreatment (19%), compared to families receiving standard outpatient PCIT plus non-coordinated wraparound services (36%) or community parenting groups (49%).<sup>2</sup>
- Strengthened maternal-child relationship, and reductions in internalizing and externalizing behavior problems for children.<sup>3</sup>
- Reductions in problematic sexual behaviors for children with a history of sexual abuse.<sup>4</sup>
- ♦ Rapid increases (see figure) in the use of positive parenting skills and simultaneous decrease in less helpful parenting practices within their first three sessions.<sup>5</sup>
- PCIT (alone with no supplemental services) delivered in-home has also demonstrated positive outcomes<sup>8</sup>.



Within Pennsylvania there continues to be a need for increased family completion of PCIT. PCIT within BHRS has the potential to lead to greater treatment completion and strong outcomes for families.

### Individual and System-Level Cost Savings have been found for PCIT.

◆ PCIT was associated with significant long-term savings (nearly \$3,500 per child) for families in treatment and taxpayers combined, compared with treatment as usual within a state-wide child welfare system.¹

# PCIT is available in many Pennsylvania Communities.

• Over 304 behavioral health clinicians in 126 Pennsylvania outpatient programs across 61 counties have been trained to provide PCIT.

Note: Included references have been summarized from a total of over 250 studies on PCIT.

Prepared by Laurel Brabson, M.S. and Amy Herschell, Ph.D. and supported by the National Institute of Mental Health (R01 MH095750). For additional information, please contact Amy Herschell, Ph.D. at Amy.Herschell@mail.wvu.edu.

#### References

- <sup>1</sup>Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci, A. (2004). *Benefits and costs of prevention and early intervention programs for youth*. Olympia, WA.
- <sup>2</sup>Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V, Balachova, T., ... Bonner, B. L. (2004). Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology*, 72(3), 500–510. https://doi.org/10.1037/0022-006X.72.3.500
- <sup>3</sup>Timmer, S. G., Ware, L. M., Urquiza, A. J., & Zebell, N. M. (2010). The effectiveness of Parent-Child Interaction Therapy for victims of interparental violence. *Violence and Victims*, *25*(4), 486–503. https://doi.org/10.1891/0886-6708.25.4.486
- <sup>4</sup>Allen, B., Timmer, S., & Urquiza, A. (2016). Parent–Child Interaction Therapy for sexual concerns of maltreated children: A preliminary investigation. *Child Abuse and Neglect*, *56*, 80–88. https://doi.org/10.1016/j.chiabu.2016.04.008
- <sup>5</sup>Hakman, M., Chaffin, M., Funderburk, B., & Silovsky, J. F. (2009). Change trajectories for parent-child interaction sequences during Parent-Child Interaction Therapy for child physical abuse. *Child Abuse and Neglect*, *33*(7), 461–470. https://doi.org/10.1016/j.chiabu.2008.08.003
- <sup>6</sup>Saunders, B. E., Berliner, L., & Hanson, R. F. (2004). *Child Physical and Sexual Abuse: Guidelines for Treatment*. Charleston, SC. Retrieved from http://eric.ed.gov/?id=ED472572
- <sup>7</sup>Chadwick Center for Children and Families. (2004). *Closing the quality chasm in child abuse treatment: Identifying and disseminating best practices*. San Diego, CA.
- <sup>8</sup>Timmer, S. G., Zebell, N. M., Culver, M. A., & Urquiza, A. J. (2010). Efficacy of adjunct in-home coaching to improve outcomes in Parent-Child Interaction Therapy. Research on Social Work Practice, 20(1), 36–45. http://doi.org/10.1177/1049731509332842