

# Parent-Child Interaction Therapy (PCIT) in a School Setting

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**Promoting Student Mental Health and Positive School Climate**

# MARY'S CENTER

Mary's Center, founded in 1988, is a Community Health Center that provides health care, family literacy and social services to individuals whose needs too often go unmet by the public and private systems. Mary's Center uses a holistic, multipronged approach to help each participant access individualized services that set them on the path toward good health, stable families, and economic independence. The Center offers high-quality, professional care in a safe and trusting environment to residents from the entire DC metropolitan region, including individuals from over 100 countries, through 8 locations.



Mary's  
Center

# Objectives

1. Participants will learn two treatment phases involved in PCIT that are required for parents to graduate from the program.
2. Participants will learn at least three skills taught in PCIT as well as the rationale behind them.
3. Participants will be able to review best practices to implement PCIT at the schools, including at least two successes and two challenges.

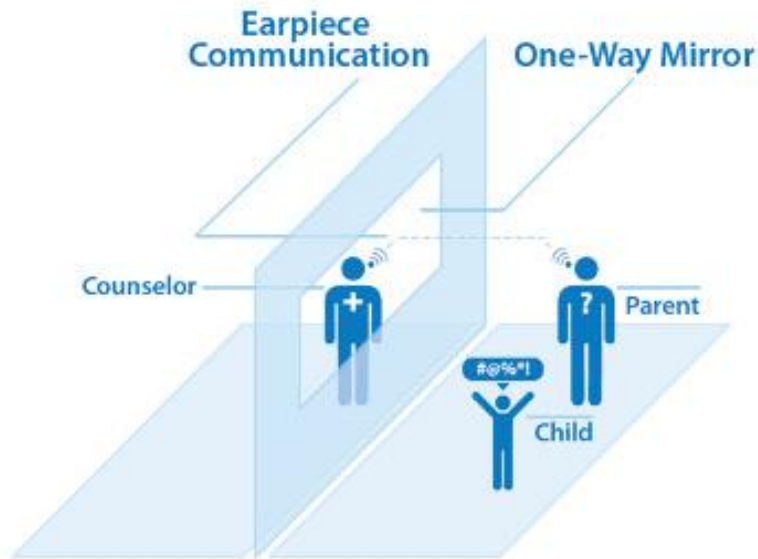
# Introduction

- Developed by Dr. Sheila Eyeberg in the early 1970s, PCIT is a two-phase therapeutic approach designed to:
  - enhance a secure attachment between parent and child,
  - and reduce behaviors that interfere with daily functioning.
- Characteristics:
  - Structured
  - Predictable
  - Safe
  - Short-Term Treatment with Long-Term Benefits

# Eligibility criteria

- Children must be between 2y-7y old.
- Parent must be willing to engage actively and commit to weekly sessions.
- Child must have a receptive language of at least 2yo.
- Parent cannot have been identified as a sex offender of any kind (alleged or founded)
- If the parent abuses substances, they must be involved in their own treatment already.
- Parent must have custody of child over 50% of the time.
- Parent cannot participate if their cognitive functioning is low.

# Logistical Nuts & Bolts



- Progress is measured BOTH qualitatively and quantitatively.
- Parents complete a weekly inventory to measure progress
- Parents are provided materials on all of the skills learned.
- Parents have DAILY homework.
- More than one child can participate

Source: [handsonparenting-pcit.com](http://handsonparenting-pcit.com)

# The 7 D's: What to look for

1. Disruptive: Interfering with daily life
2. Detached: Insecure attachment with a primary caregiver
3. Defiant: Refuses to do basic tasks
4. Dangerous: Aggressive, risky or an escape artist
5. Dysregulated: Tantrumming or excessive crying
6. Dawdling: Inability to complete tasks in a reasonable amount of time
7. Distracted: Easily drawn to other stimuli

# Timeline

- If the stars align, PCIT can last about 20-24 weeks.
- Typically a case will last about 6-8 months giving room for engagement and real life to occur.
- Follow-up happens:
  - 30 days post-grad
  - 3 months post-grad (can be a phone call)
  - 6 months post-grad
  - 1 year post-grad (can be a phone call)



# Populations that we have served

- Multiple caregivers (moms, dads, extended families, adoptive parents, step-parents, grandparents, etc).
- Multiple siblings (between 2-7y)
- Spanish-speaking families
- Families with low literacy levels
- Foreign parents who speak enough English to be coached
- Children on the Autism Spectrum
- Children with Selective Mutism

# TOYS RECOMMENDED

- Building blocks
- Legos
- Tinker toys
- Magnetic blocks
- Lincoln logs
- Play sets such as farms, houses, garages
- Mr. and Mrs. Potato Heads
- Crayons and paper



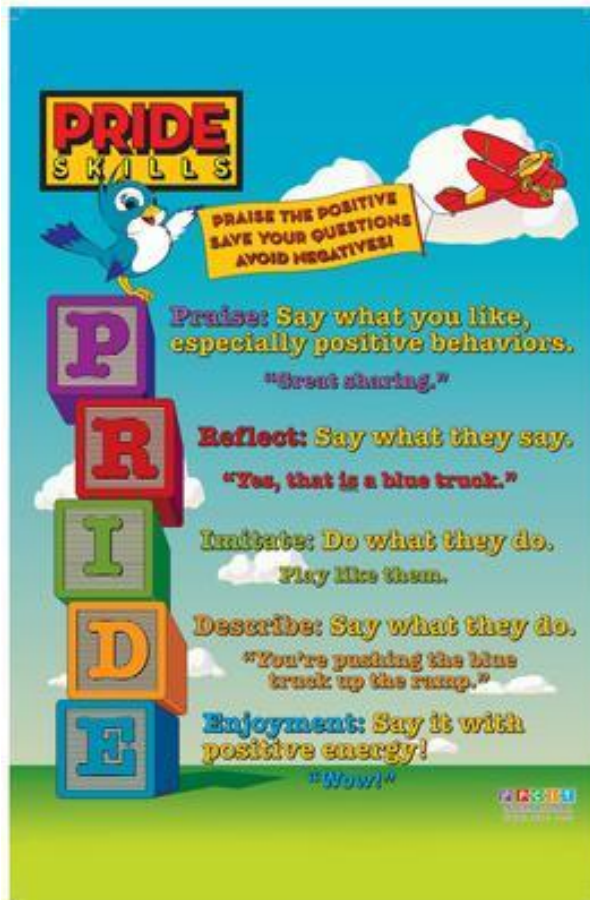
# TOYS NOT RECOMMENDED

- Toys that lead to rough and aggressive play: bats, balls, punching bag, guns, swords, soldiers, super-hero figures.
- Toys that might require limit testing: paints, markers, bubbles, scissors
- Toys that require pre-set rules: board games, card games.
- Toys that discourage conversation: books, videogames.
- Toys that encourage acting as if another person: puppets, costumes



# Two Fundamental Pillars

## Child-Directed Interaction



**PRIDE SKILLS**

**DRAISE THE POSITIVE  
SAVE YOUR QUESTIONS  
AVOID NEGATIVES!**

**P** **Praise:** Say what you like, especially positive behaviors.  
"Great sharing."

**R** **Reflect:** Say what they say.  
"Yes, that is a blue truck."

**I** **Imitate:** Do what they do.  
Play like them.

**D** **Describe:** Say what they do.  
"You're pushing the blue truck up the ramp."

**E** **Enjoyment:** Say it with positive energy!  
"Wow!"

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## Parent-Directed Interaction

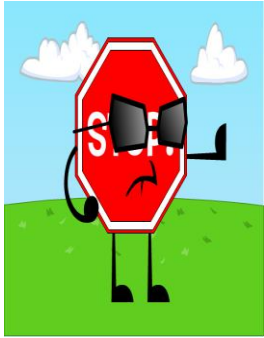


- **Calm**
- || **Attuned**
- + **Present**
- |||| **Predictable**
- ~ **Don't Escalate**

**Multiplying Connections**  
[www.multiplyingconnections.org](http://www.multiplyingconnections.org)

# Child-Directed Interaction (CDI): Rationale behind PRIDE

<b>The Skill</b>	<b>The Why</b>
P is for Praise (Thank you for...)	<ul style="list-style-type: none"><li>● Strengths-based approach</li><li>● Increases self-esteem</li><li>● Targets actions we want to see more often</li></ul>
R is for Reflect (You DO like blue)	<ul style="list-style-type: none"><li>● Shows a child that a parent is listening</li><li>● Improves speech and language development</li><li>● Builds habits for reflective listening for the dyad</li></ul>
I is for Imitate (Parent flies an imaginary plane)	<ul style="list-style-type: none"><li>● Keeps a parent involved in play</li><li>● Communicates that a parent approves of their child's use of body</li><li>● Validates non-verbal communications (especially for children with ASD)</li></ul>
D is for Describe (You are building a house.)	<ul style="list-style-type: none"><li>● Validates in a verbal way what the child is doing</li><li>● Improves executive functioning</li><li>● Helps increase self-awareness</li></ul>
E is for Enjoy	<ul style="list-style-type: none"><li>● Affect is our first signal of connection</li><li>● Allows for a parent and child to connect on a physical and emotional level</li><li>● It's a lot more fun if everyone is enjoying each other's company!</li></ul>



# CDI: The DON'T Skills

<b>To Avoid</b>	<b>How come?</b>
<b>Questions</b>	<ul style="list-style-type: none"><li>● Stops the natural flow of thought</li><li>● Puts pressure on the interaction</li><li>● Interrupts play</li><li>● Shifts the leader from the child to the parent</li><li>● Train track analogy</li></ul>
<b>Commands</b>	<ul style="list-style-type: none"><li>● We are going to do these later in a more effective way</li><li>● Can create tension</li><li>● Too much room for a power struggle</li></ul>
<b>Criticisms</b>	<ul style="list-style-type: none"><li>● Counter-productive</li><li>● Lowers self-esteem</li><li>● Damages an attachment relationship</li></ul>

# CDI VISUAL CUES



# Parent-Directed Interaction

## Effective Commands:

1. Must be a direct command
2. Must be specific
3. Must be kind
4. Must be one at a time
5. Must be developmentally appropriate
6. Must be positively stated
7. Must give explanations only before or after the command
8. Must only be used WHEN NECESSARY!



# PDI: Effective Commands

1. Must be a direct command
2. Must be specific
3. Must be kind
4. Must be one at a time
5. Must be developmentally appropriate
6. Must be positively stated
7. Must give explanations only before or after the command
8. Must only be used **WHEN NECESSARY!**





# ORDER OF SESSIONS

- Intake, diagnostic, and assessment
- DPICS, assessment review: ECBI, SESBI
- CDI Teach
- CDI coaching sessions
- PDI Teach
- PDI Coaching sessions
- Graduation
- Review sessions

# ROLE-PLAY SKILLS

## Video: Parent and child at school



# SCHOOL-BASED PCIT SUCCESSES

- Within child's normal environment
- Accessibility
- Ongoing referrals for therapy
- Increased attendance
- Reduced no-show ratio and cancellations
- Meeting parents where they are
- Less mental health stigma
- Normalized treatment
- Regular access to child and parent for quick follow-ups
- Ability to use other therapeutic approaches as needed to target additional symptoms
- Well-equipped play therapy room
- Access to teachers and administration for additional coaching
- Easier to facilitate review sessions upon graduation

# PCIT CHALLENGES

- Inability to do PDI at school the first weeks of treatment
- Play therapy room with inappropriate toys for this particular model
- Bigger office space with less containment
- Increased distractibility in child
- Need of limit setting by therapist and redirections
- Resistance to go back to class at times
- Reduced confidentiality

# The PCIT Team

Name	Site(s)	Day of the week	Language offered
Marybeth Mangas	Tubman ES; Kalorama	Mondays	English
Ayla Badell	Fort Totten	Tuesdays	English
Inma Iglesias	Powell ES, HD Cooke ES; Kalorama	Wednesdays	English/Spanish
Claudia Camargo	Kalorama	Mondays, Tuesdays, Wednesdays	English/Spanish
Carmelita Naves	Bancroft ES; Fort Totten	Fridays	English/Spanish
Sarah Northe	Kalorama	Thursdays	English/Spanish
Jocelin Bailey	Fort Totten; Kalorama	Thursdays/Fridays	English
Georgette Saad	Fort Totten; Kalorama	Wednesdays, Thursdays, Fridays	English/Spanish

**DO YOU HAVE ANY QUESTIONS?**

**Please ask!**

**DO YOU HAVE ANY SUGGESTIONS?**

**Please share!**

## **Our contact information:**

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**Thanks!**