

PCIT and Children with Autism

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Research Background...

- ▶ Plethora of treatment options available
- ▶ All treatments should:
 - Be provided at earliest age
 - Involve parent training
 - Be intensive
- ▶ Parents are often looking for a “quick fix”
- ▶ Many therapies are unsupported by research, yet seem effective
- ▶ Important to scientifically show effectiveness

(Raber, S., Mast, W., & Segal, M. (2003). Advances in the Diagnosis and Treatment of Autism Spectrum Disorders. *Professional Psychology: Research and Practice*, 34(1), 36-31.)

(Schechtman, M. (2007). Scientifically unsupported therapies in the treatment of young children with autism spectrum disorders. *Psychiatric Annals*, 37, 639-645.)

Research Background

- ▶ PCIT is the best treatment option for children with comorbid developmental disabilities because it:
 - Needs little modification
 - Is evidence-based
 - Share features with other effective treatments

(McDiarmid, M. D., & Bagner, D. M. (2005). Parent-child interaction therapy for children with disruptive behavior and developmental disabilities. *Education and treatment of children*, 28(2), 130-141.)

- ▶ Examined how apt it is to use PCIT as primary treatment for children with high functioning autism
- ▶ Perhaps PCIT should be a gateway intervention

(Masse, J.J., McNeil, C.B., Wagner, S.M., & Chorney, D.B. (2007). Parent-child interaction therapy and high functioning autism: A conceptual overview. *Journal of Early and Intensive Behavior Intervention*, 4(4), 714-735.)

Research Background...

- ▶ After PCIT was applied to children with Autism:
 - Parents no longer perceived behaviors to be as distressing
 - PCIT improved adaptive child functioning
 - Led to improvements in parent and parent and child positive affect
- ▶ CDI may help autistic children:
 - Make language gains
 - Develop play skills in a short amount of time

(Solomon, M., Ono, M., Timmer, S., & Goodlin-Jones, B. (2008). The effectiveness of parent-child interaction therapy for families of children on the autism spectrum. *Journal of Autism and Developmental Disorders*, 38, 1767-1776. doi:10.1007/s10803-008-0957-3.)

(Abner, J. P., Ph. D. (2008). CDI: An effective brief intervention for children with autism spectrum disorders? A Pilot Study. *Parent-Child Interaction Therapy* pp. 1-19. Milligan College, East Tennessee Center of Excellence for Children in State Custody.)

Research Background...

- ▶ Parents often try to treat their child's non-compliance before tackling other behaviors
- ▶ PCIT has been an effective first-line treatment
- ▶ Not all children with ASD benefit from PCIT
- ▶ PCIT is effective because it uses therapy techniques used to typically treat children with ASD
- ▶ Adaptations of PCIT:
 - Ignoring repetitive behaviors
 - Increasing social skills
 - Distinguishing between non-compliance and verbal delays
- ▶ More research still needs to be done

(Masse, J. (2010). Autism spectrum disorders. In M.C. Roberts (Ed.), *Parent-Child Interaction Therapy* (237-254). New York: Springer.)

Recent Case Study

- ▶ Issues that arose:
 - Transitions
 - Mimicking of PDI
 - Dilemma: Do you obey or ignore?

Clinical advice from the “experts”

Joshua Masse

- ▶ Avoid defining repetitive behaviors as inappropriate unless they are dangerous or destructive.
 - Not typically reinforced by parental attention
 - Want to join with the child in play rather than ignoring majority of behaviors.
- ▶ PDI useful to target self-stimulatory behaviors
 - Compliance leads to expanded repertoire of behaviors.
- ▶ Success more likely with high functioning individuals.

Susan Timmer

- ▶ Coach caregivers to specifically describe what children are doing with their hands using active verbs when ASD children begin to get agitated or perseverate on a favorite toy.
 - Example: “You’re pushing the kitty next to the dog.”
- ▶ Helps children calm down and attend to the play.
- ▶ Behavioral descriptions work like magic!

Christy Warner–Metzger

- ▶ Do not have rule of “special time only at the table and ignore behaviors away from the table”
 - ASD kids will attempt to retreat from interaction.
 - Ignoring may not work well.
 - “Under the table” CDI
- ▶ Purposely challenge child’s restrictive behaviors and praise for child allowing it
 - Example: Child lines toys up. Coach parent to imitate by adding things to line.

Beverly Funderburk and Melanie Nelson

- ▶ Start with engagement
 - Begin with their stereotyped interests
 - Gradually praise the sharing, letting the parent join, etc
 - Gradually reinforce more spontaneous play/speech and start ignoring the repetitive, stereotyped play/speech as the child expands his/her capacity.
- ▶ “I’ll say this once, and then ignore” approach

More Warner–Metzger

- ▶ Reflect repetitive or echolalic verbalizations the first time:
 - Then use other pride skills
- Example:
 - Child: Scooby–Dooby Doo!
 - Parent: Scooby Doo. (RF)
 - Child: Scooby–Dooby Doo!
 - Parent: I like how you’re playing with Scooby. (LP)
 - Child: Scooby–Dooby Doo!
 - Parent: You’re putting Scooby in the house (BD)
 - Child: Scooby–Dooby Doo!
 - Parent: I’m putting Shaggy in the house, too. (TA)
 - Parent: I like playing with you. (LP)

My tips

- ▶ Remember that most kids on the autism spectrum can listen better than they can talk.
 - Use CDI and PDI to build expressive language skills.
- ▶ Consider CDI alone for
 - Lower functioning children.
 - Children on the autism spectrum without externalizing behavior problems.
- ▶ Always seek to expand the play
 - Imitation with expansion may be very helpful.
 - Examples:
 - "You're lining up all the cars. I'm lining up my cars for a big race."
 - Child draws his 108th guitar.
 - Parent: You are drawing a guitar. I'm drawing a guitar and a set of drums
- ▶ Consider stimulant medications
 - For the therapist not the child.