Managing Very Aggressive Behaviors in PCIT

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PCIT Training Center

Parent Child Interaction Therapy

FIRST 5 LA
Champions For Our Children
www.First5LA.org

LAC DMH
Los Angeles County Department of Mental Health

A Partner in NCTSN
The National Child Traumatic Stress Network

Overview

- Referrals for Aggressive behavior
- Barriers to CDI and PDI
- Modifications to CDI
- Modifications to PDI
- Case Example
- Reflective Thoughts

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Aggressive Behavior Referrals

- Most children referred to PCIT will have disruptive behaviors
- Some children present with extreme aggression
- Referrals for very aggressive behaviors have increased over time

McNeil & Hembree-Kigin, 2010

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Common Presentations

- Children with very aggressive behaviors commonly have histories of child abuse and/or exposure to domestic violence
- Typical clinical presentation is an unassertive mother who feels victimized by her child's aggression, and a father/partner with anger control problems/antisocial behaviors

McNeil & Hembree-Kigin, 2010

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To PCIT or not to PCIT?

- A common trend is to diagnose with bipolar disorder and use medication management instead of behavioral intervention
- PCIT can be effective with this population
- PCIT is a "high-risk" therapy with older children (ages 7-10) who have highly aggressive and defiant behaviors

McNeil & Hembree-Kigin, 2010

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Barriers to CDI

Common CDI Pitfalls with Aggressive Children

- Typical CDI activities/interactions may not be reinforcing to the child
- Ignore may not be appropriate or effective
- Parent does not yet have CDI skills to prevent or redirect behaviors
- Therapist may lose credibility with parent
- Modify CDI if session ½ are spent primarily managing disruptive behaviors

McNeil & Hembree-Kigin, 2010

CDI Adaptation Decisions

When to make CDI adaptations

- It's taken 2-3 sessions to get client into the clinic
- Client is unresponsive to structure of session
- Client has caused problems in the waiting room

McNeil & Hembree-Kigin, 2010

CDI Adaptations

Recommended modifications to CDI in the PCIT manual

- Modify the clinic environment
- Explain CDI "rules" in advance
- Therapist entering room for aggressive behaviors
- Parent leaving room for aggressive behaviors
- Build up CDI skills in advance
- Breaks and session time modifications
- Reward Program
- PDI before CDI
- Ending on a positive note

McNeil & Hembree-Kigin, 2010

Barriers to PDI

Common PDI Pitfalls with Aggressive Children

- Parents may have great difficulty following through
- Parents with anger management problems
- Children with extreme escalation
- Therapist liability
- Safety concerns

McNeil & Hembree-Kigin, 2010

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PDI Adaptations

Recommended modifications to PDI in the PCIT manual

- Few adaptations to PDI are needed; PDI was developed to target disruptive behaviors
- It may be helpful to enter the room when parent starts time-out procedure
- Physical guidance
- Use delayed consequence for older children at risk for dangerous behavioral escalations
- "Slow roll" Compliance Training

McNeil & Hembree-Kigin, 2010

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Case Example: "S"

A case of severe aggressive behaviors

- 6-year-old Caucasian Hispanic boy
- Lives alone with mom
- Referred by psychiatrist due to noncompliance, tantrums, and severe verbal and physical aggression
- Has previous dx of ADHD
- Child has been sent home from school every day and has no accommodations

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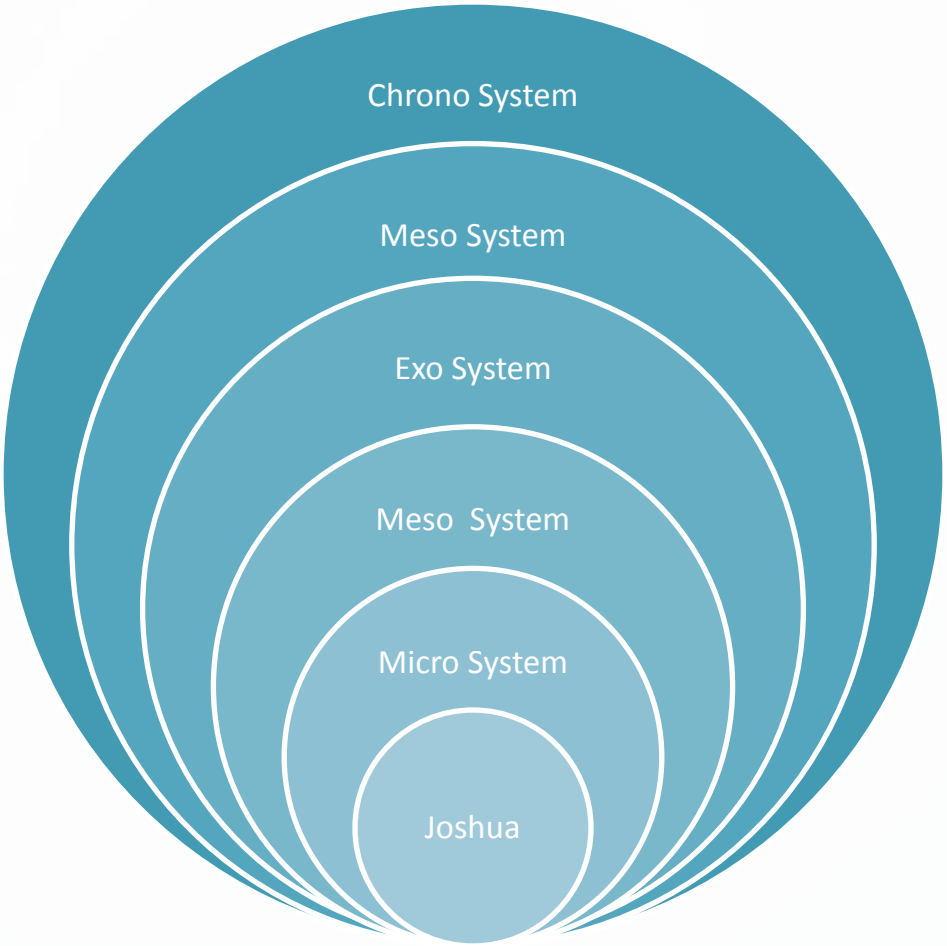
Biopsychosocial and Developmental Context



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Assessment and Diagnosis

ASSESSMENT:

Clinical Interview

Collateral Contacts

School Observation

Standardized Measures

DIAGNOSES:

ADHD

ODD

Measure	Score
CBCL	
Internalizing	62
Externalizing	75
ECBI	
Intensity	174
Problem	23
TSCYC	58
PSI	
Difficult Child	73
Dysfunctional Relationship	63

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Video Clip

'S' PRE DPICS

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Initial Treatment Plan

- Standard PCIT (modifications added later)
- Behavioral support for secondary caregiver
- Coordination of care with the psychiatrist
- Referral for support for parent
- School advocacy
    - Placement in special education setting

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Treatment Strengths

- S is bright, curious, verbally expressive, and caring
- Mother is motivated to participate
- Regular attendance and homework participation
- Stable housing
- S is liked by several school staff

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Treatment Content and Timeline

PRE Assessment
CDI Teach
CDI Coaching (14 sessions)
MID Assessment
PDI Teach 1
PDI Broken Record (2 sessions)
PDI Teach 2, Mr. Bear, Role play (2 sessions)
PDI Coaching in clinic (9 sessions)
PDI Coaching in home (6 sessions)
PDI Coaching in community (7 sessions)
POST Assessment
Post DPICS
PDI Coaching in community (Booster sessions)

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Treatment Barriers CDI

- Early sessions spent almost exclusively on behavior management
- Disruptive behaviors more stimulating than play
- Severe aggression/Safety concerns
- Caregiver mental health and dependency
- Poor buy-in to behavioral model

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'S' CDI 1

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CDI Treatment Modifications and Rationales

- Rules/behavior management needed in CDI
- Management of environment
- Giving child choice and control in treatment
- Additional therapist/support for bx management
- Providing hope to caregiver
- Managing environment

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CDI Coaching Strategies

'S' MID DPICS

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Treatment Barriers PDI

- Severe aggression
- Safety concerns
- Caregiver anxiety, dependency, and (suspected) trauma symptoms
- Difficulties generalizing skills
- Caregiver health problems (broken knee)

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PDI Treatment Modifications and Rationales

- Broken record technique
- Extended PDI outside of clinic
- Increased parent support
- Increased modeling/role-play

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Video Clips

'S' PDI Session

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DPICS Results

	PRE	MID	POST
Labeled Praise	0	12	14
Behavior Descriptions	0	11	11
Reflections	1	13	16
Questions	6	0	1
Commands	2	0	1
Criticisms	0	0	0
% Effective command	20%	0%	100%
% Labeled follow-up praise	0%	0%	75%
% Compliance	10%	40%	100%

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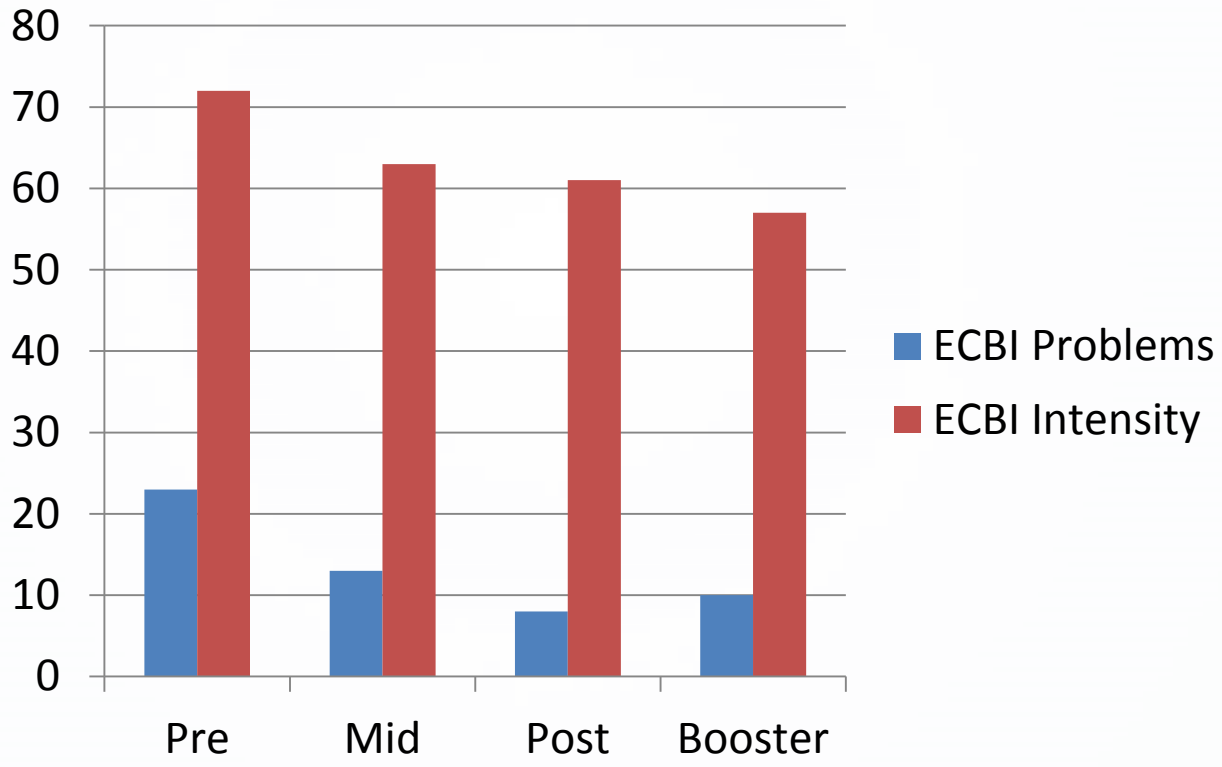
Treatment Outcomes



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'S' Post DPICS

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What's next?

When Post-DPICS is not the end of treatment

- In clinic mastery
- "Good enough" behavior change
- How long do we keep families in treatment?
- How involved should we be to maintain gains?

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Lessons Learned

Considerations when working with aggressive children

- Identify and address caregiver mental health earlier in treatment
- Avoid "taking over" in treatment
- Treatment Adaptation is necessary
- Team approach
- Adjusting expectations

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Questions and Comments?

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THANK YOU!

Contact us if you have questions:

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