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

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

CDI may help autistic children:
- Make language gains
- Develop play skills in a short amount of time

More research still needs to be done

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

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!

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.

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

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.