Who Put the “C” in the CBT? The Role of Cognitive Therapy in PCIT

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Goals of Presentation
1. Highlight differences in child and adult thinking
2. Consider implications of cognitive work in PCIT
3. Differentiate the “C” and the “B” for the child in PCIT
4. Differentiate the “C” and the “B” for the caregiver* in PCIT
5. Question if using "C" is tailoring? Adapting? Or lack of fidelity?

PCIT THEORETICALLY GROUNDED
• Baumrind’s parenting styles
• Attachment theory (Bowlby)
• Social learning theory (Bandura; Patterson)
• Behavior Modification (Skinner)

Inherently behavioral

PCIT ESSENTIALLY A BEHAVIORAL MODEL
• Differential social attention
• Positive (social) reinforcement +/- active ignoring
• Shaping successive approximations
• Extinction
• Programmed generalization (public behavior)
• S+ (Special time)
• S− (Time out chair & procedure)
• Antecedent environmental controls (stripped room)
• Modeling (part of PCIT-I FIDELITY criteria)

PCIT USES BEHAVIORAL PARALLEL MODELING PROCESS

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PCIT FROM CHILD’S PERSPECTIVE: BEHAVIORAL, NON-COGNITIVE

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Why not use cognitive therapy with the child?

What are the cognitive differences between adults & young children?

Kid think ≠ Adult think

Adults may use abstract reasoning and metacognitive processes as part of coping ~ children in PCIT generally can not

Cognitive Development

Capable of organizing simple causal chains

Concrete representational thinking

Preoperational Metacognition; abstract thought begins to emerge

Abstract thinking and logical reasoning more fully developed

2 REASONS NOT TO DO COGNITIVE THERAPY WITH THE CHILD IN PCIT

a) It’s not in the Protocol 😞
a) It would not be tailoring
b) Developmentally, not well-matched

Adapted from Forehand & Wierson (1993)
Hi Dr. Kurtz,

He has hard time to say the coping statement when I asked him to do it tonight, he refused to say it, he thinks is waste of his time, & thrown a big tantrum. He didn’t want me to write this email to you, so he tried to delete it instead of sending it.

PCIT FROM PARENT’S PERSPECTIVE: BEHAVIORAL & COGNITIVE

<table>
<thead>
<tr>
<th>BEHAVIORAL</th>
<th>COGNITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use PRIDE skills</td>
<td>Reframe</td>
</tr>
<tr>
<td>Actively Ignore</td>
<td>Disputations</td>
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<tr>
<td>Differentially attend to</td>
<td>Encourage experiments</td>
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<tr>
<td>Give a “High 5”</td>
<td>Thought monitoring</td>
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<tr>
<td>Show graphs</td>
<td>Perspective taking</td>
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<tr>
<td>Use different color Hwk sheet</td>
<td>Mindfulness</td>
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<tr>
<td>Give commands</td>
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OPPORTUNITIES TO INTERVENE AT COGNITIVE LEVEL

- Check-in
- During session
- Check-out/debrief
- In between sessions*
  - Emails
  - Phone calls
  - Texts
  - Basecamp antecedents

* In between sessions refers to the time in between scheduled PCIT sessions.
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THE COGNITIVE MODEL

Event
Thought
Emotion
Action

THE COGNITIVE MODEL

Get expensive, custom sunglasses mangled at airport on way to Europe

THE COGNITIVE MODEL

Lose cellphone in Barcelona just as you sit down to fancy dinner

THE COGNITIVE MODEL: CDI

Positive
+ Thought
+ Emotion
LP, BD

THE COGNITIVE MODEL: CDI

Negative
- Thought
- Emotion
NTA
THE COGNITIVE MODEL: PDI

EVENT: Child repeatedly turns light switch on & off.

THOUGHT: This kid is jerking me around.

EMOTION: Furious.

(RE-ACTION): Pull him off table, gruffly, and say “How many times do I have to tell you – no standing on furniture!”.

THE COGNITIVE MODEL: CDI

EVENT: Child repeatedly turns light switch on & off.

THOUGHT: He’s just used to getting extra attention that way and he may be bored with the Legos now.

EMOTION: Calm, at ease.

(RE-ACTION): Wait until light turned on; give big LP for making it easy to see; call attention to the MagnaTiles.
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I TAKE A “TRIALS” VIEW – THINK HOW MANY “TRIALS” OF CONDITIONING THERE WERE BEFORE SEEING YOU FOR PCIT

WHAT PARENT COGNITIONS TYPICALLY GET IN THE WAY?

Permissive Parent in PDI thinks...

Psychoeducation ≠ Cognitive Change

COGNITIVE STRATEGIES FOR COGNITIVE DISTORTIONS OF THE PERMISSIVE PARENT

• Prompt the caregivers to
  • Re-label child’s intent
  • Re-frame typicality of the behavior
  • Identify why they are doing PDI
  • Consider alternative explanations
  • Recall rationale re: extinction
• Rather than simply doing it for them
  • Think of the differences!

Authoritarian Parent in PDI thinks...

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COACHING STRATEGIES FOR COGNITIVE DISTORTIONS OF THE AUTHORITARIAN PARENT

- Prompt the caregivers to
  - Identify time-out as powerful strategy
  - Normalize TO non-compliance
  - Describe the differences between authoritative and authoritarian
  - Identify benefits of learning to self-regulate even if it takes a tad longer in short run
  - Describe how active ignoring is actually an active strategy and not an absence of parenting

MUST INTERVENE AT THE LEVEL OF THE THOUGHT

TAILORING AT ITS BEST!

GETTING THEM TO THINK IN PDI:
SOMETHING I DO FOR MY CHILD, NOT TO MY CHILD.

TAILORING AND ADAPTING PCIT

EDUCATION AND TREATMENT OF CHILDREN Vol. 28, No. 2, MAY 2005

Tailoring and Adapting Parent-Child Interaction Therapy to New Populations
Sheila M. Eyberg
University of Florida

Classic 2005 article by Sheila Eyberg