

disorders seem to also provide a more generalized risk to their children, whereby their children show more aggression and conduct problems, affective disorders, attention disorders, and difficulties in social relationships. In contrast, Frick and Loney (in press) recently suggested that parental Antisocial Personality Disorder appears to show a more specific association with childhood adjustment, being related to an increased risk for conduct problems and aggression but being less strongly related to other problems in adjustment.

Importantly, not all children of parents with problems in adjustment develop problems themselves. Therefore, it is important to consider what factors contribute to a child's resiliency in families in which a parent has a psychiatric disorder. For example, research has documented that high intelligence, an internal locus of control, adaptability, involvement in extracurricular activities, strong social networks, and a consistent and stable family environment are just a few of the factors that can protect children from showing problems in adjustment when their parents have some form of psychopathology. In addition, it is important to consider that in some cases the link between parent and child adjustment can involve bidirectional effects in which the child's problems in adjustment cause or worsen parental problems through a cyclical transactional process. For example, Barkley has noted that there is some evidence that the stressors associated with raising a child with Attention-Deficit/Hyperactivity Disorder (ADHD) can increase the level of depression in the child's parents.

See also: Depressive Disorder, Major; Disruptive Behavior Disorders; Life Stress in Children and Adolescents; Risk and Protective Factors; Substance Abuse

Further Reading

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Parental Substance Abuse

See: Effects of Parental Substance Abuse on Children

Parent-Child Interaction Therapy

DEFINITION

Parent-Child Interaction Therapy (PCIT), developed by Eyberg and her colleagues, is an evidence-based treatment for behavior problems in young children, which is based on principles of attachment theory and social learning theory. In PCIT, parents are taught skills to establish a nurturing and secure relationship with their child while increasing their child's prosocial behavior and decreasing their child's negative behavior. Treatment progresses through two distinct phases. Child-Directed Interaction (CDI) resembles traditional play therapy and focuses on strengthening the parent-child bond, increasing positive parenting, and improving child social skills; whereas Parent-Directed Interaction (PDI) resembles clinical behavior therapy and focuses on improving parents' expectations, ability to set limits, consistency and fairness in discipline, and reducing child noncompliance and other negative behavior.

METHOD

PCIT sessions are typically conducted once a week and are 1 hr in length. The principles and skills of each phase of treatment are first taught to the parents alone in a teaching session, and in subsequent sessions parents are coached in the skills as they play with their child. The parents practice the CDI skills at home during daily 5-min play sessions. Families continue in treatment until the parents demonstrate mastery of the skills and their child's behavior comes within the normal range. The average length of treatment is 13 sessions.

During the Child-Directed Interaction phase, the parents learn to follow the child's lead in play by using the nondirective PRIDE skills: Praising the child, Reflecting the child's statements, Imitating the child's play, Describing the child's behavior, and using Enthusiasm in the play. They learn to change child behavior by directing the PRIDE skills to the child's appropriate play and consistently ignoring undesirable behaviors. During CDI coaching sessions, therapists coach parents in their use of the PRIDE skills until parents meet criteria for skill mastery, as assessed during a 5-min observation at the start of each session. It is through the CDI coaching that therapists convey important developmental expectations for child behavior and point out specific effects of the parents' behavior on the child. Coaching may also teach stress-management or anger-management skills to parents as they interact with their child.

During the Parent-Directed Interaction, parents learn to direct the child's behavior, when necessary, with effective commands and specific consequences for compliance and noncompliance. In PDI coaching sessions, parents work toward meeting the mastery criteria of PDI skills that serve as an indicator of their consistency. Throughout the PDI phase of treatment, the therapist guides the parents in applying the principles and procedures of CDI and PDI to the child's behavior at home and in other settings. Initially, parents are instructed to practice the PDI skills in brief 5- to 10-min practice sessions after the daily CDI play session. Homework assignments proceed gradually to use of the PDI procedure only at times when it is important that the child obey a specific command. In the last few sessions, parents are taught variations of the PDI procedure to deal with aggressive behavior and public misbehavior, as they approach mastery of the PCIT skills and assume increasing responsibility for applying the principles creatively to new situations that arise.

CLINICAL APPLICATIONS

PCIT research has focused on the treatment of young children with Oppositional Defiant Disorder, many of whom have comorbid Attention-Deficit/Hyperactivity Disorder. The children studied to date have been primarily from lower socioeconomic status, single-parent Caucasian families, although several clinical trials with primarily Hispanic and African American families are in progress. More recently, PCIT has been successfully applied to families experiencing child physical abuse, where the parent is typically the referred patient.

EFFECTIVENESS

PCIT has demonstrated statistically and clinically significant improvements in children's behavior at the end of treatment on parent and teacher rating scales and direct observations in the clinic and at school. Important changes in parents' interactions with their child include increased reflective listening, physical proximity, prosocial verbalization, and decreased criticism and sarcasm at treatment completion. Studies have also shown significant changes on parents' self-report measures of psychopathology, personal distress, and self-efficacy. The changes in children's oppositional behaviors seen during treatment have been shown to last, both at school and at home. Hood and Eyberg (submitted) reported 3- to 6-year maintenance of treatment gains in children's behavior and parents' confidence in their ability to manage their children's behavior.

See also: Attachment; Attention-Deficit/Hyperactivity Disorder; Behavioral Observation; Disruptive Behavior Disorders; Oppositional Defiant Disorder

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Parenting Practices

PARENTING AND DEVELOPMENT

Parenting practices play a critical role in the development of children. Parent behavior enables children to develop and use coping skills that make them more resilient, or, conversely, that can place children at increased risk for