Examining the Importance of Child-Directed Interaction (CDI) and the use of PRIDE Skills for Treatment of Disruptive Behavior Disorders

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Abstract: Child-directed interaction (CDI) is an essential component and the first phase of the PCIT protocol. CDI focuses on building caregiver competence in positive parenting practices within the context of child-led play. As PCIT therapists, we teach caregivers the PRIDE skills and coach them to use these skills effectively during "Special Time" practice. However, therapists sometimes struggle with effectively communicating to caregivers *why* CDI is effective. It can be challenging to explain behavioral principles (e.g., schedules of reinforcement, differential attention, shaping) or aspects of attachment theory in direct, plain language. Common parent questions include: "*Why do we start with play?*" or "*Why not start with discipline?*" This paper reviews the current literature on the effectiveness of positive parenting and differential attention strategies across several behavioral parent management training programs, including PCIT. Clinicians will be provided with an accessible review of underlying theory and mechanisms of change most applicable to CDI. PCIT therapists will also receive a reproducible handout summarizing *how* and *why* the CDI skills are a foundational component in the treatment of disruptive behaviors in children. This information is presented in a format suitable for distribution to parents, caregivers, teachers, and the broader PCIT community.

Problem Statement: CDI is an essential component of PCIT and related effective parenting interventions. However, the value of these skills are not always understood or easily communicated. Thus, this document provides an accessible option for learning relevant theory and mechanisms of change most applicable to CDI.

Background: Parent-Child Interaction Therapy (PCIT) is an evidence-based behavioral parent training (BPT) program effective for children ages 3-7 presenting with clinically relevant levels of externalizing behaviors (Eyberg et al., 2008; Lieneman et al., 2017; Stokes et al., 2018; Thomas et al., 2017). PCIT is effective in reducing parent-reported behavioral challenges (i.e., aggressive, oppositional, and defiant behaviors), increasing child compliance, and reducing parent-reported stress (e.g., Lieneman et al., 2017; Stokes at al., 2018; Thomas et al., 2017).

PCIT evolved from the Hanf model of parent training (Hanf, 1969; Kaehler & Jones, 2016; Reitman & McMahon, 2013). Unique aspects of the Hanf model include the use of parent coaching and utilizing a 2-stage approach to treatment – with an initial focus on improving the parent-child relationship via play followed by a focus on establishing firm parental control over disruptive and noncompliant behavior. Similar to the original Hanf model, PCIT is comprised of two stages: Child-Directed Interaction (CDI) and Parent-Directed Interaction (PDI) (Eyberg, 1988; Eyberg & Funderburk, 2011). CDI focuses on building caregiver competence and parent-child relationship/attachment via positive parenting practices. PDI focuses on increasing child compliance and effective limit setting.

Brief Overview of CDI: During the CDI phase, parents are taught to engage in positive play therapy skills while letting their child lead the play. Broadly, parents are coached to use targeted, selective attention during "Special Time" practice daily to reinforce positive, prosocial, and preferred behaviors in the child. During CDI, parents are taught to follow their child's lead while engaging in a high frequency of "PRIDE Skills" – providing specific praises, reflecting their

child's speech, and describing their child's behavior, in addition to imitating and enjoying the play (Eyberg, 1988; Eyberg & Funderburk, 2011; McNeil & Hembree-Kigin, 2010). Parents are taught to integrate these play therapy skills with behavioral principles of differential/selective attention – ignoring problematic behavior (exception: aggressive or destructive actions) and selectively attending to appropriate behavior. Meanwhile, parents must also avoid asking questions, making negative comments, and giving commands. CDI has been found to have various benefits including improved parent-child relationship, positive communication, and child self-esteem (Stokes et al., 2018; Thomas et al., 2017). CDI provides an environment characterized by high rates of contingent reinforcement for positive child behaviors, and establishes the critical foundation in which PDI skills can be most effective (Stokes et al., 2018; Thomas et al., 2017). Many parents present to treatment with the expectation that intervention will immediately target behavioral modification and disciplinary skills (i.e., PDI). Thus, parents may express confusion or frustration with CDI's primary focus on engaging in child-led play.

In the only study to date that examined the relative effectiveness of each stage of PCIT on treatment outcome, Eisenstadt (Hembree-Kigin) and colleagues (1993) found that dyads engaging in PDI first had greater reported improvements on externalizing behaviors than families who engaged in CDI first. However, two of the co-authors on the study report observing critical disadvantages to PDI first. McNeil and Hembree-Kigin (2010) recount observing significantly higher levels of conflict and physical aggression during the PDI coaching sessions, and state that engaging in PDI first should be an "absolute last resort" (p. 332). Observing more externalizing behaviors during PDI was likely due to the lack of positive parenting practices and relationship building that would have typically occurred during CDI (McNeil & Hembree-Kigin, 2010).

A review by Thomas and colleagues (2017) found that decreases in externalizing behaviors were significantly larger when studies required mastery/benchmark criteria to be met to move forward in PCIT. Additionally, Lieneman and colleagues (2019) found that dyads who terminated after attending at least 4 sessions, but before meeting graduation criteria had significantly reduced reported externalizing behaviors. In other words, CDI skills alone appear to have beneficial effects on child behavior. Collectively, these results underscore the importance of developing positive play skills during CDI prior to engaging in PDI. Providing parents with additional information on the rationale for beginning with CDI and brief instruction on its theoretical foundations may help better contextualize the skills and promote engagement.

Theoretical Bases of CDI: PCIT is rooted in theory. PCIT integrates behavioral/social learning theory with developmental models of parent and child behavior, attachment theory, and play therapy (Eyberg, 1988; Eyberg et al., 2008). Families may benefit from an explanation of the theoretical foundations of PCIT to increase their understanding of the "*why"* and *"when"* certain skills are used at particular times during the course of treatment.

Like many behavioral interventions for young children, parenting behavior mediates much of the change in PCIT. The emphasis on parenting behaviors in PCIT is largely based on Baumrind's (1966 & 1967) developmental theory of parenting styles. It is important to note cultural variations in parenting practices and how some normative parenting behaviors may not fit well with externalizing children (Domènech Rodriguez et al., 2009; Troutman, 2015). Authoritative parenting, characterized by high warmth/responsiveness combined with high control/firm boundary setting, is associated with fewer externalizing behavior problems and improved mental health outcomes among children. In contrast, authoritarian parenting, characterized by high control and low warmth, has been identified as a risk factor for childhood

externalizing behaviors (e.g., Steinberg et al., 1994; Steinberg et al., 2006). Attachment theory, derived from Bowlby's (1982) approach to understanding socioemotional development, further underscores the role of parent behavior. Secure attachments are formed when a caregiver consistently and appropriately responds to their child's needs (Ainsworth et al., 1978), which aids in the child's development of emotion regulation and social skills (Allen et al., 2014). In contrast, inconsistent, unresponsive, and/or maltreating caregivers are more likely to promote insecure or disorganized attachment styles (Egeland & Farber, 1984; Cicchetti et al., 2006), which are a risk factor for maladaptive coping skills, negative self-perception, and externalizing behavior problems (Sroufe et al., 2005). Thus, PCIT aims to facilitate authoritative parenting behaviors and secure attachment style.

From a behavioral perspective, parental attention is a powerful tool/reinforcer for shaping child behavior (Greco et al., 2001; Troutman, 2015). Parents/caregivers of children referred to BPT are often more reactive to negative behaviors (Speltz et al., 1995), and these "coercive interactions" can lead to more aggressive behaviors (Kazdin, 1987; Patterson, 1986). Behavioral techniques including differential attention and verbal reinforcement can help reduce problematic behavior and increase desired behavior (Greco et al., 2001). For instance, when a parent describes their child's behavior during CDI, the child is likely to continue or increase that behavior; however, if the parent ignores a behavior, the child is likely to reduce the frequency of that behavior in favor of behaviors that more predictably result in parental attention. Social learning theory suggests that learning occurs by observing others' behaviors and the resulting consequences (Bandura, 1965). Children's behavior is shaped through repeated exposure, imitation, reinforcement, and punishment (O'Connor et al., 2013). Overall, consistent engagement in CDI provides the child repeated opportunities to learn and adaptively shape their behavior.

PCIT is differentiated from traditional play therapy by emphasizing *caregiver* skill implementation as opposed to *therapist* delivery. Training caregivers to implement CDI skills in the child's home environment enhances and generalizes their benefits beyond a weekly individual play therapy session (Eyberg & Funderburk, 2011). Caregivers are taught to use PRIDE skills during "Special Time" to promote consistent and appropriate responsiveness to their child's needs, thereby promoting secure attachment and authoritative parenting. PRIDE skills and differential attention shape behavior through social and behavioral consequences, thereby promoting more adaptive behavior and emotional expression. Engaging in CDI allows the parent/caregiver to interact with and respond to their child in a developmentally appropriate way. Behavioral and attachment-based interventions both include a focus on increasing positive play and reinforcing positive parenting skills, indicating these may be core components of effective treatments for young children with externalizing problems.

Conclusions:

- CDI phase is an essential component of PCIT, and acts as the foundation for PDI
- CDI skills are firmly grounded in behavioral theory
- Several other effective BPT programs use components similar to CDI.
- Coaching during CDI practice is unique to PCIT
- Detailing the theory (*"why"*) and evidence (*"how"*) for CDI may facilitate parent/caregiver engagement

Why are we Playing?

explaining why CDI comes first

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AT THE FOREFRONT
UChicago Medicine

You may be thinking...

I came here because my child has really challenging behaviors!

Why do we start with play?
Can we start with discipline first?

How is 5 minutes of play going to change my child's behavior?

Reminders:

- CDI practice = 5 min. daily Special Play Time
- CDI sets the foundation for other PCIT strategies to work better!
  - Listening & compliance
  - Limits & discipline
- Some families notice changes in child behavior with just CDI!
- Kids learn during play
- It's FUN!

Let's step back ...

Play therapists are trained in skills that help build strong relationships with children, and create a safe & calming space.

These skills also help therapists communicate at the child's developmental level & can help manage many challenging behaviors using positive attention alone.

Though play therapists can help, teaching parents/caregivers these **same skills** can have **more powerful and longer lasting results** for challenging behavior in young children!

Think about this...

Which will be a stronger influence on your child's behavior:

Play with therapist 1 hour a week?

OR

Play with you every day?

That is why we teach **you** the PRIDE skills, so you can practice CDI during "Special Time" with your child every day.

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