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# Handbook of Parent-Child Interaction Therapy for Children on the Autism Spectrum

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Editors

Handbook  
of Parent-Child  
Interaction Therapy for  
Children on the Autism  
Spectrum

 Springer

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*Cheryl B. McNeil*

*To my wonderful family, amazing doctoral students, brilliant mentors, passionate colleagues, and all of the struggling families referred to me for clinical care, thank you for inspiring me to explore new ways to make an impact in the field of children's mental health.*

*Lauren B. Quetsch*

*This book is dedicated to my husband, Tim, and my children, Layne and Connor, who bring joy and balance to my life. Their support and endless love shine a light on how important family is and how I am so lucky to dedicate my career to help others find that same light in their own families.*

*Cynthia Anderson*

*To the many individuals with autism spectrum disorder and their families that I have been lucky to work with and learn from, and to my incredible husband and son who keep me balanced and focused.*

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## Foreword

According to the *Diagnosics and Statistical Manual, Fifth Edition* (DSM-5; American Psychiatric Association, 2013), autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by deficits in social interaction and communication, as well as restricted and repetitive behaviors, interests, and activities. Recent estimates indicate that as many as 1 in 59 children in the United States have ASD (Centers for Disease Control, 2018). Many children with ASD present with comorbid behavior problems that many families feel underprepared to address.

In this handbook, we highlight Parent-Child Interaction Therapy (PCIT) as a promising treatment for complementing evidence-based ASD services. In recent years, approximately one dozen published PCIT studies have demonstrated positive outcomes with children on the autism spectrum. Because PCIT is intended to serve as a complementary treatment for other evidence-based approaches, we review those approaches in some depth.

PCIT is an empirically supported parent training program originally designed for young children (2 to 7 years) with disruptive behavior problems. The intervention has been demonstrated to be effective for children presenting with a variety of child mental health concerns including separation anxiety, trauma, ADHD, intellectual disability, and depression. PCIT is unique in that it involves in vivo coaching of parents while they interact with their child, and typically is conducted with the therapist/coach stationed behind a one-way mirror. Parent and child skills are coded and graphed in each session to assess progress toward established mastery criteria; these data are used to guide intervention decisions.

This book compiles the collective knowledge of both PCIT and ASD researchers to present a foundation for the utilization of PCIT for children with ASD. It is the hope of the editors that PCIT will become a standard component of the milieu of services for young children in this population. In PCIT, the first phase of treatment, Child-Directed Interaction, is intended to improve the caregiver-child relationship and increase the social reinforcement value of the parent. The second phase of treatment, Parent-Directed Interaction, typically yields large and rapid changes in disruptive behavior, with noticeable improvements in compliance after only a few weeks of receiving this intervention stage. Research demonstrates that a short course of PCIT (~11–22 sessions;  $M = 19$  sessions) for children with ASD leads to significant reductions in behavior problems (as measured using the Eyberg Child Behavior Inventory—Intensity Scale; Eyberg

& Pincus, 1999) from outside normal limits (88th percentile) to within normal limits (34th percentile) and substantial improvements in child compliance (from 41% to 87%) (e.g., Zlomke, Jeter, & Murphy, 2017;  $N = 17$ ). In this handbook, we argue that PCIT is most effective when provided early in the treatment process, either while waiting for intensive services (e.g., applied behavior analysis) to begin or concurrently with necessary interventions. For higher functioning children with disruptive behavior, PCIT can be conceptualized as a gateway intervention in that it systematically trains parents to quickly modify noncompliance, aggression, and tantrums and thereby improves the effects of other services often required by children on the autism spectrum (e.g., occupational therapy, speech therapy).

The handbook is broken into four sections. The first section of the book, “Conceptual Foundations of Evidence-Based Approaches for Autism Spectrum Disorder,” provides an overview of the evidence-based interventions for children on the autism spectrum, all of which are derived from the science of behavior analysis. This section describes core characteristics of children with autism, the conceptual and scientific foundations of applied behavior analysis, effective models of treatment for youth with autism as well as unsubstantiated treatments for this population that are still present.

The second section of the book, “Evidence-Based Approaches to Treating Core and Associated Deficits of Autism Spectrum Disorder,” reviews the evidence-based approaches to increase skills such as communication and social interaction and reduce problematic behavior such as self-injury or stereotypic behavior that interferes with learning. This section also includes a discussion of strategies for complex and challenging behaviors. The section concludes with specific and feasible recommendations for assessing potential treatments and determining whether a given intervention is both empirically supported and a good match for a particular child.

The third section of the handbook entitled “Parent-Child Interaction Therapy (PCIT) and Autism Spectrum Disorder: Theory and Research” gives an overview of PCIT, the theory behind using PCIT with an ASD population, and preliminary studies using PCIT for children with ASD. A training requirements chapter rounds out this section by detailing the steps needed to become a PCIT therapist or trainer, and the recommended qualifications or additional education needed by PCIT therapists who intend to work with ASD populations. This section elucidates the foundational principles and mechanisms through which PCIT has achieved such powerful effects with disruptive behavior (e.g., Cohen’s  $d$ ’s of well over 1.0) for children with ASD.

The final section of the book focuses on clinical considerations when using PCIT for children on the autism spectrum. Adaptations for treatment implementation are highlighted as researchers and clinicians work to address the unique needs of these families and children. Considerations are presented for implementing this treatment based on the level of autism severity and comorbid conditions. Using a quick-reference, outline format, the final chapter (McNeil & Quetsch) brings together the most salient clinical take-away messages from the handbook, providing numerous helpful hints for clinicians working with families of children on the spectrum. Additionally,

the final chapter provides information regarding a novel Social-Directed Interaction phase that can be added to the protocol to address core ASD symptomatology.

This handbook summarizes recommendations for using PCIT with children on the autism spectrum that are based upon a growing body of literature and hundreds of clinical cases. It is our hope that this book will encourage current PCIT providers to expand their referral base to include children on the autism spectrum. We also hope that this handbook sparks interest in the community of providers using traditional treatments with young children on the autism spectrum to learn more about PCIT and consider including the service as part of an empirically supported continuum of care.

Given that caregivers report that their greatest source of parenting stress is the aggression, noncompliance, and tantrums often associated with autism, a short course of PCIT could enhance family wellness with quick, and often dramatic, improvements in disruptive behavior. In this way, PCIT could be an important preventive approach to reduce behavior problems and dysfunctional parent-child interaction patterns that can occur when families have little specialized training in how to parent children on the spectrum. Our vision is to develop a network of providers and researchers with expertise in PCIT-ASD who can provide and evaluate the impact of this treatment as a standard component of a “best practice” continuum of care. Ultimately, we hope to make PCIT readily available as a resource for families with young children on the autism spectrum.

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## Acknowledgments

This book is the embodiment of a lifelong dedication to young children and families across a number of incredible clinicians and researchers. In turn, this book would not have been possible without their tireless efforts to understand the unique needs of families who are often overlooked or misunderstood. We would like to thank our colleagues for lending their minds to help us build a foundation for clinical understanding while continuing to question our preconceptions about autism spectrum disorder. In turn, our colleagues in the PCIT community have been essential in helping us piece together the puzzle of adapting an evidence-based treatment to address the complex needs of children with ASD.

Specifically, we would like to thank Dr. Sheila Eyberg, the founder of PCIT, for developing this powerful and caring approach to helping families. Thanks also to Dr. Joshua Masse for his willingness to conduct pioneering research in the area of PCIT with ASD while a doctoral student at West Virginia University. To the ABA researchers and clinicians who developed the best practices in this field, we are grateful for your technological discoveries about behavior modification and communication training that are infused in this work. Thanks also to all of our overworked chapter authors who performed under tight deadlines to provide an important service to the profession. And, lastly, this book is dedicated to the loving families who have put their trust into our hands as we explored a new approach to working with young children on the autism spectrum. Please know that we send you a heartfelt “thank you” for informing all that is written in this text.



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## About the Editors

**Cheryl, Bodiford, McNeil, Ph.D.** is a Professor of Psychology in the Clinical Child program at West Virginia University. Her clinical and research interests are focused on program development and evaluation, specifically with regard to adapting treatments and managing disruptive behaviors of young children in both the home and school settings. Dr. McNeil has coauthored several books (e.g., *Parent-Child Interaction Therapy, Second Edition*, *Short-Term Play Therapy for Disruptive Children*, *Parent-Child Interaction Therapy with Toddlers: Improving Attachment and Emotion Regulation*), a continuing education package (*Working with Oppositional Defiant Disorder in Children*), a classroom management program (*The Tough Class Discipline Kit*), and a Psychotherapy DVD for the American Psychological Association (*Parent-Child Interaction Therapy*). She has a line of research studies examining the efficacy of Parent-Child Interaction Therapy and Teacher-Child Interaction Training across a variety of settings and populations, including more than 100 research articles and chapters related to the importance of intervening early with young children displaying disruptive behaviors. Dr. McNeil is a master trainer for PCIT International and has disseminated PCIT to agencies and therapists in many states and countries, including Norway, New Zealand, Australia, Taiwan, Hong Kong, and South Korea.

**Lauren Borduin Quetsch, M.S.** will complete her doctoral degree in the Clinical Child Psychology program at West Virginia University in 2019 under the mentorship of Dr. Cheryl B. McNeil. Mrs. Quetsch's research interests include the dissemination and implementation of evidence-based treatments (EBTs) in community settings as well as the adaptation of EBTs for young children with severe behavioral problems. As a research associate at West Virginia University, Mrs. Quetsch already has more than 20 publications and plans to continue in a research-focused faculty position after graduating from West Virginia University and completing her internship.

**Cynthia M. Anderson, Ph.D., B.C.B.A.-D.** is the Senior Vice President of Applied Behavior Analysis for the May Institute. She holds a joint appointment as the Director of the May Institute's National Autism Center. Dr. Anderson provides consultation and support to clinical staff supporting individuals exhibiting challenging behavior such as self-injury, aggression, and property destruction. In addition, she also promotes research in and

dissemination of evidence-based practices through the National Autism Center. Dr. Anderson received her Ph.D. in Clinical-Child Psychology from West Virginia University. She is a licensed psychologist and a Board Certified Behavior Analyst at the doctoral level. Dr. Anderson currently serves as the Applied Representative on the Executive Council of the Association for Behavioral Analysis International and is the Representative at Large for Division 25 of the American Psychological Association. She has provided editorial support to numerous journals including serving as Associate Editor for *School Psychology Review* and *Journal of Behavioral Education*, and on the editorial boards of the *Journal of Applied Behavior Analysis*, *The Behavior Analyst*, and other journals.