




Griffith University  
Gold Coast, Queensland, Australia

---


**16 Years of Research on Family Dynamics within Parent-Child Interaction Therapy and the Road Ahead**

Melanie Zimmer-Gembeck  
Professor  
School of Applied Psychology

Director  
Family Interaction Program

**Overview**



- History of the Family Interaction Program (FIP)
- Our Research on Parent-Child Interaction Therapy (PCIT)
  - Randomized controlled trials
  - Most recent meta-analysis
  - Emotion regulation and reflective functioning
  - PCIT retention and attrition
- Future Research Directions
- Reflections on Building Community-University Partnerships

Where?







**History of the Family Interaction Program (FIP)**




**History of FIP**  
[www.sdrs.info/intervention.php](http://www.sdrs.info/intervention.php)

Enhancing translational research efforts while benefiting the community

**Est. 2003**

**Current Programs**

- 1. Parent Child Interaction Therapy**  
Direct coaching of parents in their interactions with their children. Children age 2 to 6 years
- 2. Circle of Security - Parent psychoeducational program**  
Presents (via a DVD) attachment principles to parents in an easy to understand 8-session program  
Built-in activities that provide parents with an opportunity to reflect on their caregiving behaviours  
11 sessions, conducted weekly, for around 60 minutes
- 3. SYN\*APPS**  
Relationship enhancement and emotion regulation development with children/adolescents age 7 to 13




## FIP

[www.sdrs.info/intervention.php](http://www.sdrs.info/intervention.php)

- ◊ 2003
  - ◊ Established in the Psychology Clinic at Griffith University to provide Parent-Child Interaction Therapy (PCIT)
  - ◊ Queensland Government: Future Directions "Trial"

Funded for 1 year

Families referred from Child Safety



## FIP

**A Community-University Partnership**

- ◊ 2004: Selected to continue as a service and a research program; 3 more years



## History of FIP

[www.sdrs.info/intervention.php](http://www.sdrs.info/intervention.php)

- ◊ Funding currently in place until 2022
- ◊ **Almost 20 years of continuous funding for applied research!**

## FIP

**A Community-University Partnership**

- ◊ **FIP is now a very Well-Established Community-University Partnership**

**Data!**

We are an incubator for intervention solutions for the child welfare community  
 We provide novel or usual care but always subject it to very rigorous evaluation  
 We train postgraduate students in how it is possible to use evidence to inform practice



## Parent-Child Interaction Therapy

- ◊ Protocol
  - ◊ 3 Assessment sessions
  - ◊ 2 Didactic sessions
    - ◊ PRIDE skills: Praise Reflect Imitate Describe Enjoy
    - ◊ How to use time-out and give choices
  - ◊ 12 In vivo coaching sessions involving parents during play with their children



## Parent-Child Interaction Therapy

### Coaching: 2 Phases

#### ◊ Relationship Enhancement Phase:

- ◊ 5 mins practice skills: check on homework, incentive to practice, systematic feedback (model structure)
- ◊ Child-directed play
  - ◊ Coach parents' positive attention & animated engagement for desired child behavior
  - ◊ Coach neutral or ignore of disruptive behavior: Be Calm, stop talking, stay neutral
  - ◊ Age-appropriate interactions: brief and clear instructions, consequences for today/ now only
  - ◊ Avoid hostility, anger, lecturing, threatening, reasoning
  - ◊ Practice in detecting, interpreting & effectively responding to child cues



## Parent-Child Interaction Therapy

◦ **Coaching: 2 Phases**

◦ **Relationship Enhancement Phase:**

- Particularly difficult for disengaged or angry parents, parents with psychopathology or substance use problems, trauma history

## Parent-Child Interaction Therapy

◦ **Coaching: 2 Phases**

◦ **Additional Skills Phase:**

- Providing clear, assertive, and developmentally appropriate instructions
- Practice a compliance procedure (i.e., "2 choices"), that involves providing appropriate consequences to non-compliance to important requests



[www.sdrs.info/intervention.php](http://www.sdrs.info/intervention.php)

Research on PCIT within FIP



## The Effectiveness of Parent-Child Interaction Therapy:

Randomized Controlled Trials



## Parent Child Interaction Therapy

Some Early Research Findings

2011 – time variable (tvPCIT)  
 PCIT: 99 (42)  
 Supported wait: 51 (36)

2012 – standard (sPCIT)  
 sPCIT: 61  
 tvPCIT: 107  
 Supported wait: 91

Thomas, R., & Zimmer-Gembeck, M. J. (2011). Accumulating evidence for Parent-Child Interaction Therapy in the prevention of child maltreatment. *Child Development, 82*, 177-192.

Thomas, R., & Zimmer-Gembeck, M. J. (2012). Parent-Child Interaction Therapy: An evidence-based treatment for child abuse. *Child Maltreatment, 17*, 253-266

## Parent Child Interaction Therapy

Some Early Research Findings

- PCIT improves (compared to supported waitlist):
- Parents' observed praise, positive attention and engagement (and reduced criticism)
- Parents' reported child behavior problems
- Parents' reported stress

Thomas, R., & Zimmer-Gembeck, M. J. (2011). Accumulating evidence for Parent-Child Interaction Therapy in the prevention of child maltreatment. *Child Development, 82*, 177-192.

Thomas, R., & Zimmer-Gembeck, M. J. (2012). Parent-Child Interaction Therapy: An evidence-based treatment for child abuse. *Child Maltreatment, 17*, 253-266

## Parent Child Interaction Therapy Some Early Research Findings

- New findings
- Parents' observed maternal sensitivity (i.e., emotional availability)
- Notifications for suspected abuse
- Of the 46 families in PCIT treatment who completed, 17% were renotified for abuse compared to 43% of the 53 families who did not complete treatment ( $\chi^2 = 7.7, p < .01$ ).

Note: tvPCIT  
Notification to child safety following completion or after the last date of contact with us; perpetrator information was not provided

## Parent-Child Interaction Therapy Some Early Research Findings

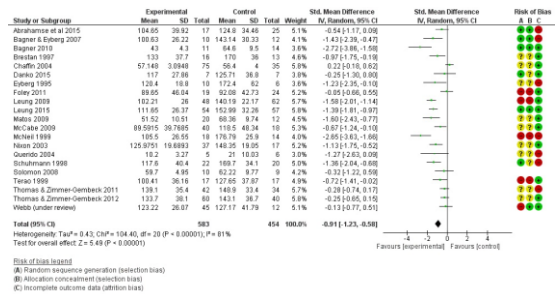
- tvPCIT vs. sPCIT
- PCIT limited to 12 coaching sessions is more effective than unlimited sessions of PCIT (Thomas & Zimmer-Gembeck, 2012)
- Adding additional components to an already-effective treatment does not consistently improve its effectiveness
- Consistent with a meta-analysis with the conclusion that:
  - ...shorter, more focused interventions are more effective when the aim is to enhance parent-child relationships during early childhood (Bakermans-Kranenburg et al., 2003)



## Meta-analysis (2017)

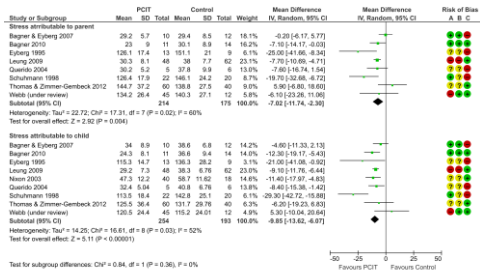
Thomas, R., Abell, B., Webb, H. J., Avdagic, E., & Zimmer-Gembeck, M. J. (2017). Parent-Child Interaction Therapy: A meta-analysis. *Pediatrics, 140*(3), e20170352

## Child Externalizing Behavior



Thomas, R., Abell, B., Webb, H. J., Avdagic, E., & Zimmer-Gembeck, M. J. (2017). Parent-Child Interaction Therapy: A meta-analysis. *Pediatrics, 140*(3), e20170352

## Parents' Stress



Thomas, R., Abell, B., Webb, H. J., Avdagic, E., & Zimmer-Gembeck, M. J. (2017). Parent-Child Interaction Therapy: A meta-analysis. *Pediatrics, 140*(3), e20170352

## Summary #1: PCIT Associated with....

- Improved parenting practices
- Reduced child abuse potential
- Improved parent locus of control
- Improved parent sensitivity (reported and observed)
- Observed improvements in positive verbalization
- Improved parent self-efficacy
- Reduced parent stress
- Improved child behavior
- Reduced risk of renotification for child abuse concerns



ARTICLE IN PRESS

Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

Behavior Therapy

Improved Perceptions of Emotion Regulation and Reflective Functioning in Parents: Two Additional Positive Outcomes of Parent-Child Interaction Therapy

Melanie J. Zimmer-Gembeck\*  
 James S. Kirby  
 Holly J. Walls  
 Alex A. Gardner  
 Steven Henry Campbell  
 Kelli Ryan

Griffith University, School of Applied Psychology  
 Susan G. Thomas  
 CAMHS Diagnostic and Treatment Center  
 University of California Davis Children's Hospital

Zimmer-Gembeck, M. J., Kirby, J., Webb, H. J., Gardner, A., Mastro, S., & Swan, K. (2019). Improved perceptions of emotion regulation and reflective functioning in parents: Two additional positive outcomes of Parent-Child Interaction Therapy. *Behavior Therapy, 50*, 340-352. doi:10.1016/j.beth.2018.07.002

**Study Purpose**

Consider whether parents' emotion regulation and reflective functioning are improved following participation in PCIT

Secondary parent outcomes

- ◊ **Emotion regulation:** *ability to use internal and external resources to monitor, maintain, and modulate the occurrence, duration, and intensity of emotional responses (Thompson, 1994)*
- ◊ **Reflective functioning:** *parents' ability to understand their children's behaviors in light of underlying mental states and intentions (Slade, 2005)*

## Parents' Emotion Regulation & Reflective Functioning

- ◊ Why would parents' emotion regulation improve following PCIT?
  - ◊ Parenting is fraught with emotional interactions.
  - ◊ PCIT is designed to recognize the importance of emotional co-regulation in fostering secure parent-child relationships, and minimizing disruptive child behaviors (McNeil & Hembree-Kigin, 2010).
  - ◊ PCIT involves parents
    - ◊ repeatedly practicing the identification and effective containment of children's emotional distress
    - ◊ coached to manage own emotions

## Parents' Emotion Regulation & Reflective Functioning

- ◊ Why would parents' reflective functioning improve following PCIT?

## Parents' Emotion Regulation & Reflective Functioning

What is Reflective Functioning? Three aspects

- ◊ Pre-mentalizing modes: limited attempts or low ability to understand the perspective and feelings of offspring or even malevolent attributions about the child's behaviors
- ◊ Certainty of mental states of the child: the "tendency of parents to be overly certain about the mental states of their child (i.e., to not recognize that mental states are often unclear); can be....
  - ◊ Intrusive mentalizing or hypermentalizing
  - ◊ Hypomentalizing – an almost complete lack of certainty about the child's mental states
- ◊ Interest and curiosity in the mental states of the child: Captures parents' positive emotions about understanding their child's mental states.

## The Participants

- ◊ 139 Australian caregivers (129 mothers, 2 grandmothers, 2 foster parents, 6 fathers) and their children (30% females;  $M_{age} = 53.3$  months).
- ◊ 110 parents born in Australia or New Zealand, remaining parents born in 18 other countries.
- ◊ 70% married/de facto; 41% worked at home; 43% completed high school only; 23% left high school before year 12.
- ◊ Children, mean externalizing t-score of 72 (range 45 to 109) on parent reported BASC.
- ◊ Referral source:
  - ◊ Child protection authorities or public health (34%)
  - ◊ Self-referrals (17%)
  - ◊ Educational & nongovernment family support agencies (18%)
  - ◊ Other professionals (31%)

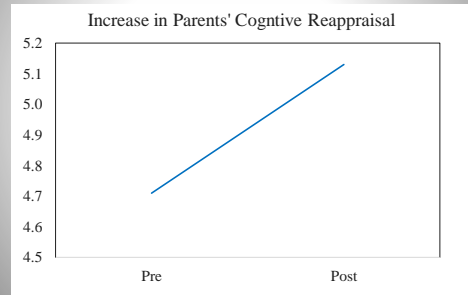
## PCIT Progression

- ◊ 90 dyads (65%) completed PCIT
  - ◊ No differences between completers and dropouts on any measures except mother age; mothers who completed were slightly older
  - ◊ 12-weeks of coaching only
    - ◊ Two didactic info sessions
    - ◊ Average of 6.9 CDI (SD = 1.0; range 5-8)
    - ◊ Average 5.2 PDI (SD=1.3; range 4-7)
    - ◊ All but 4 parents met mastery

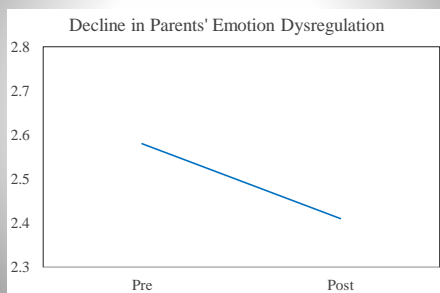
## Measures

- Parent emotion dysregulation: DERS (Gratz & Roemer, 2004)
- Parent emotion regulation strategies: cognitive reappraisal and expressive suppression (Gross & John, 2003)
- Reflective functioning: Parental Reflective Functioning Questionnaire (PRFQ; Luyten et al., 2017)
  - pre-mentalizing modes
    - e.g., "I believe there is no point in trying to guess what my child feels"
    - certainty about the mental states of the child
      - e.g., "I always know what my child wants"
    - interest and curiosity in the mental states of the child
      - e.g., "I wonder a lot about what my child is thinking and feeling"
- Child internalizing and externalizing: BASC-2 (Reynolds & Kamphaus, 2004)
- Positive and negative parenting practices: PCSQ-YC (Zimmer-Gembeck et al., 2015)

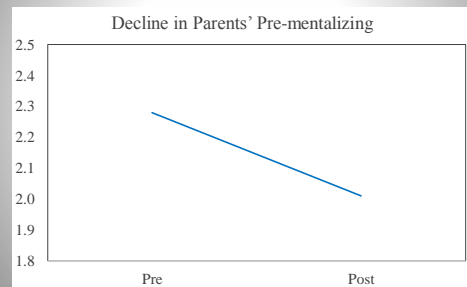
## Results: Improvement in ER



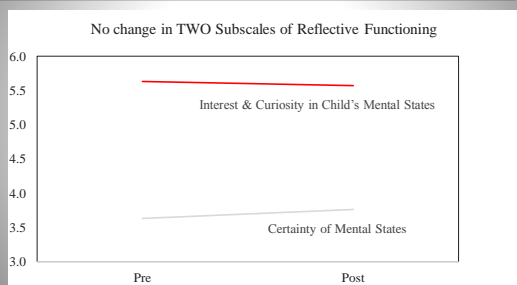
## Results: Improvement in ER



## Results: Improvement in RF



## Results: Improvements in RF



## Other Findings

- Children with greater declines in externalizing behavior had parents who exhibited more improvements in
  - emotion dysregulation
  - cognitive reappraisal
  - negative parenting practices (hostility, less coercion, less chaos)
- Children with greater declines in internalizing behavior had parents who exhibited more improvements in
  - pre-mentalizing
  - negative parenting practices

## Summary #2: PCIT Associated with....

- ◊ Improved parenting practices
  - ◊ Reduced child abuse potential
  - ◊ Improved parent locus of control
  - ◊ Improved parent sensitivity (reported and observed)
  - ◊ Observed improvements in positive verbalization
  - ◊ Improved parent self-efficacy
  - ◊ Reduced parent stress
  - ◊ Improved child behavior
  - ◊ Reduced risk of renotification for child abuse concerns
- ◆ Improved parent emotion regulation
  - ◆ Improved parent reflective functioning



## PCIT Retention and Attrition: Is it low Motivation?



## The Problem of Attrition

- ◊ **Child and adolescent mental health interventions: 16 – 72% attrition** (de Haan et al., 2013)
- ◊ Perception of barriers
- ◊ Perceived relevance of treatment
- ◊ **Parenting programs: 4% - 70% attrition**  
(Hughes & Gottlieb, 2004; Lundquist & Hanson, 1998)
- ◊ Social disadvantage
- ◊ **PCIT: 18% – 69% attrition**  
(Nixon et al., 2004; Lanier et al., 2011)

## Trials of MI to Reduce Attrition

- ◊ Motivational Interviewing (MI)
- ◊ Delivered with the goal of increasing caregivers' motivation to make changes to their parenting behaviors, prior to PCIT
- ◊ Reduce ambivalence about treatment and the likelihood of success in treatment

## PCIT + Motivational Interviewing

Chaffin et al (2009; 2011)

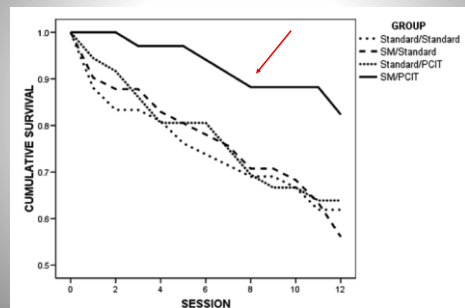
- ◊ **Four conditions:**
  1. Self-motivation orientation administered in 6 sessions in a group format + PCIT
  2. Standard orientation + PCIT
  3. Self-motivation orientation+ Parenting group
  4. Standard orientation + Parenting Group

Standard orientation = providing information about the roles of child welfare and the agency, child maltreatment and how it affects children, information about agency services, and information about the possible links between a parent's own childhood experiences and current parenting practice.

Parenting group = A weekly educational parenting group, covering topics such as child development, principles of discipline, use of praise, communication strategies, stress management, and the ways in which parental personal problems affect children.

## PCIT + Motivational Interviewing

Chaffin et al (2009; 2011) – Lab & Field Trial



## Our Study of MI as an Enhancement

- ◊ Individual administration of a 3-session motivational enhancement prior to PCIT
- ◊ Unique needs of individual families, thereby reducing attrition even further



## MI Study Participants

- ◊ 192 Australian caregivers (91.7% females;  $M_{age} = 34.4$  years) and their children (33.3% females;  $M_{age} = 4.4$  years)

Webb, H. J., Thomas, R., McGregor, L., Avdagic, E., & Zimmerman, M. J. (2017). An evaluation of Parent-Child Interaction Therapy with and without a motivational enhancement to reduce attrition. *Journal of Clinical Child and Adolescent Psychology*, 46, 537-550. doi:10.1080/15374416.2016.1247357

## Condition 1: Standard PCIT

- ◊ Initial interview
- ◊ Standard 12 coaching sessions + 2 didactic sessions
- ◊ Pre- and Post-assessment + follow-ups

## Condition 2: Motivation Enhanced PCIT

- ◊ **3 manualised motivational enhancement sessions**
  - ◊ Watching testimonials from PCIT parent graduates
  - ◊ Undertaking decision balance exercises re: discipline strategies
    - ◊ Parents considered scenarios of discipline strategies and brainstormed alternatives
  - ◊ Identifying concerns and goals
  - ◊ Exploring parents' commitment to change

## Condition 3: 12-week Supported Waitlist

- ◊ Parents asked to refrain from accessing therapy for child behavior management
- ◊ Parents phoned weekly

## Measures

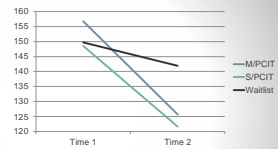
- ◊ Attrition (Drop out – yes / no); sessions until drop out
- ◊ Child externalizing problems (CBCL; Achenbach, 1991, ECBI; Eyberg & Pincus, 1999)
- ◊ Parent Stress (Parenting Stress Inventory; Abidin, 1990)
- ◊ Parent Depression (Beck Depression Inventory; Becket al., 1996)
- ◊ Parent Child Abuse Potential (Child Abuse Potential Inventory; Milner, 1986)
- ◊ Motivation: Readiness to Change Parenting Practices (Chaffin et al., 2009)
  - ◊ Need for change
  - ◊ Relevance of treatment
  - ◊ Willingness to engage
  - ◊ Ability to make changes



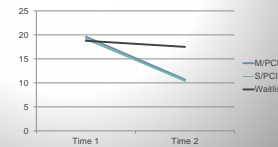
### Did Child Behaviour Problems Decline for Parents Who Received PCIT?

Yes

ECBI – behaviour intensity



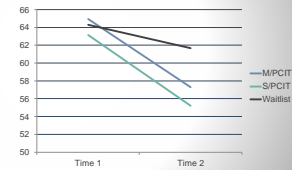
ECBI – behaviour problem



### Did Child Behaviour Problems Decline for Parents Who Received PCIT?

Yes

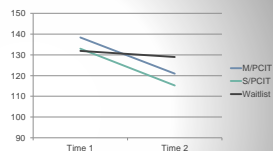
CBCL – externalising symptoms



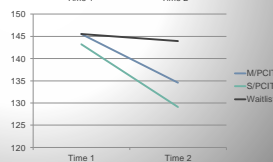
### Did Parenting Stress Decline for Parent Who Received PCIT?

Yes

Parent Stress – pertaining to the child

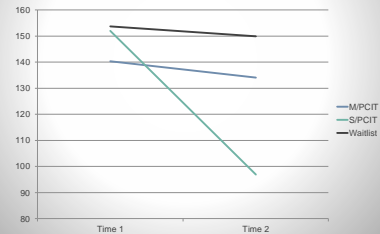


Parent Stress – pertaining to the parenting role



### Did Parent Child Abuse Potential Decline for Parents Who Received PCIT?

Yes – but only for parents who received S/PCIT



### Results – Did MI enhance readiness to change?

Yes

◆ mPCIT caregivers significantly increased in their *readiness to change parenting practices* from pre-treatment to post-motivational enhancement  $F(1, 39) = 448.61, p < .001$ .

◆ Reliable change in motivation was demonstrated in 97% of caregivers.

### Did MI reduce attrition?

No

◆ There were no differences in attrition between treatment groups,  $\chi^2(1, N = 138) = 1.58, p = .22$ .

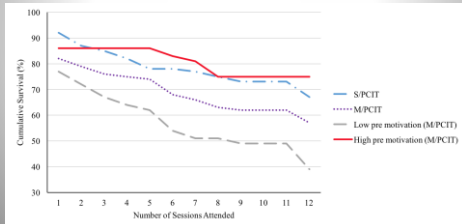
◆ Attrition rate:

◆ 41.6% in mPCIT

◆ 31.1% in sPCIT

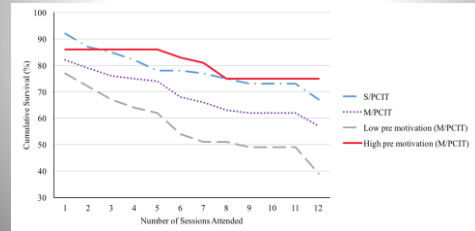
## Did MI Prolong retention?

- ◊ **No**
- ◊ The rate of attrition across weeks in treatment did not differ between sPCIT and mPCIT ( $p = .15$ )



## Motivation at Pre-Assessment

- ◊ The rate of attrition was significantly earlier and higher overall among caregivers low in motivation at pre-assessment compared to caregivers high in motivation ( $p = .01$ )



## In Summary

- ◊ Somewhat more far-reaching benefits from sPCIT than mPCIT
- ◊ MI was associated with enhanced readiness to change, but did not significantly reduce attrition rate or time to attrition
- ◊ High pre-motivational enhancement level of readiness to change was associated with greater retention in treatment

## Where to From here?

- ◊ Moderators of treatment outcomes and dropout
  - ◊ General family chaos?
  - ◊ Secondary outcomes for children
  - ◊ Eat PCIT

## Reflections

It takes SO MUCH time

- Showing your expertise gathered from both being on the front lines and in the academic world
- Listening to the needs of the community
- Building community from within
- Selecting a good fit of colleagues & collaborators

## Reflections

Thinking About the Other

- Respecting diversity and others' views
- Do what you can to make the others' work easier
  - Proactive consideration of the others' needs
  - Show up without being asked
  - Think creatively

## Reflections

- An Evolution of Personal Research identity
- Keeping the research focus
- Making research comprises
- Feeling like a loss or a change in identity
- “Outputs” and “Inputs” vs. “Impact”
- Not taking yourself too seriously

## FIP A Community-University Partnership

- PCIT fits well as an evidence-based service for the child welfare system (see Mersky et al., 2017)



## Conclusion

- PCIT relevant for so many families as designed
- But...we are continuing to consider modifications and enhancements
- It is not for everyone

## Thanks to Collaborators and Past/Current Postgrad Students

Dr. Rae Thomas	Sarah Clear	Dr. Ourania Merlo
Dr. Mark Scholes	Alex Gardner*	Dr. Julia Rudolph*
Dr. Kate McCarthy	Ella-Jade Polak*	Dr. Stijn van Petegem
Karen White	Dr. Elbina Avdagic	Jacinta McKay
Dr. Angela Anthonyysamy	Jess Kerin*	Julie McLachlan
Dr. Judith Warner	Tanya Hawes*	Dr. Michelle Hood
Dr. Brooke Mitchell	Dr. Rhianna Pronk	Dr. Michelle Hanisch
Dr. Haley Webb*	Melissa Watton*	Dr. Codi White
Kellie Swan*	Erinn Munro-Lee*	Dr. Trisha Wharton
Sorcha Healy	Victoria Hambour*	Dr. Susan Rowe*
Dr. Leanne McGregor	Leah Henderson*	Maddy Burns*
Dr. Shawna Mastro Campbell*	Dr. Stefanie Klag	Quentin Lukas*
Jamie Barnier	Dr. Michelle Dunbar	Nina Horan*

\*Current staff

Acknowledgement:  
This service and research has been funded by the Queensland Dept of Child Safety, Youth and Women, Australia

## THANK YOU



m.zimmer-gembeck@griffith.edu.au