



PARENT-CHILD INTERACTION THERAPY FOR CHILDREN WITH AUTISM SPECTRUM DISORDER

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INTRODUCTION

- Autism is a neurodevelopmental disorder (1 in 44; CDC, 2021) associated with deficits in social-communication skills and restricted, repetitive behaviors and interests.
- Access to early intervention can be prohibitive due to recommended intensity of services and high associated costs (Thomas et al., 2007).
- Parent-Child Interaction Therapy (PCIT) is a short-term parent training intervention developed for young children with disruptive behavior disorders and social-emotional difficulties.
- Initial evidence suggests that PCIT may also be useful for children with autism (Ginn et al., 2017), yet there has not been an attempt to systematically review findings.

RESEARCH QUESTION

What effect does PCIT have on behavioral and social-communication outcomes of young children with autism?

PCIT INTERVENTION

- Child-directed component: caregivers are coached to implement PRIDE skills to build positive and engaging relationships with their children.
- Parent-directed component: caregivers are taught to manage challenging behaviors through structure, consistency, and differential reinforcement strategies.

Praise Reflection Imitation Description Enthusiasm



METHOD

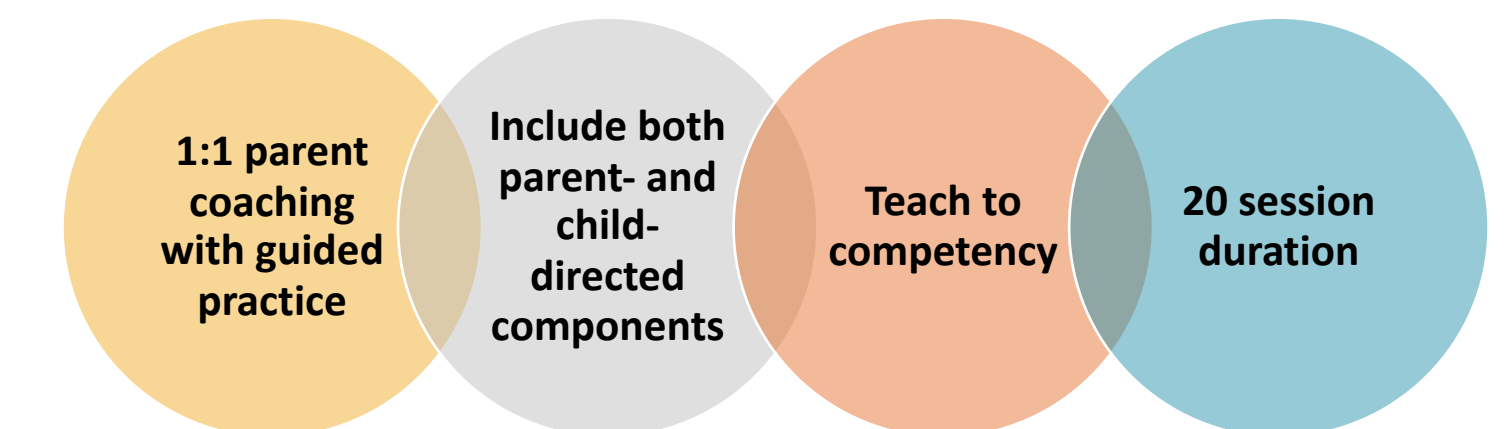
- Included studies were evaluated across sample size, active treatment components, treatment dosage, child outcome measures, and reported effect size.
- A literature search was conducted using three electronic databases: Academic Search Premier, APA PsychInfo, and Psychology and Behavioral Sciences.
- Search terms were (autism or asd or autism spectrum disorder) AND (social skills or social interaction or social behavior or social competence) AND (parent child interaction therapy or pcit or parent coach*) AND (child directed interaction therapy or cdit).
- Inclusion Criteria: 1) participants 2-7 years old with autism, 2) measured social-communication and behavioral outcomes, 3) had a parent serving as the primary interventionist, and 4) used a group experimental research design.

RESULTS

- Four studies were identified that met inclusion criteria.
- All studies reported decreases in intensity of child disruptive behavior with moderate to large effect sizes.
- Three studies reported improvements in social awareness, communication, and motivation with moderate to large effect sizes.
- One study reported improvement in restrictive & repetitive behaviors and interests and social awareness measures with large effect sizes.
- The largest reported effect sizes for social communication outcomes were found when the full treatment package was implemented to competency, with extended sessions up to 20 weeks as needed.
- More research is needed to fully understand the impact of PCIT for this population.

DISCUSSION

- PCIT has the potential to serve as a brief, economical parent training intervention for young children with ASD, particularly for social awareness, social-communication, motivation, disruptive behavior, and restrictive and repetitive behavior outcomes.
- Based on the observed pattern of results, treatment should include both parent- and child-directed components, 1:1 parent coaching with guided practice, and the inclusion of caregiver treatment competencies for an average of 20 sessions.



LIMITATIONS & FUTURE RESEARCH

- The scope of this analysis was limited by a small number of group experimental designs to review.
- These findings suggest that it is relevant to conduct larger RCT's to examine possible confounds or mediators to treatment response, as well as the inclusion of outcome measures addressing core autism symptoms such as joint attention, imitation, and language skills.

KEY REFERENCES

Furukawa, K., Okuno, H., Mohri, I., Nakanishi, M., Eyberg S.M., Sakai, S. (2018). Effectiveness of Child-Directed Interaction Training for Young Japanese Children with Autism Spectrum Disorders, *Child & Family Behavior Therapy*, 40(2),166-186.

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SUMMARY OF STUDY RESULTS

STUDY	PARTICIPANT CHARACTERISTICS	TREATMENT DOSAGE	OUTCOME MEASURES	
Ginn et al., 2017	ASD diagnosis Cognitive function > 2 years Minimum 3-word exp. Vocabulary ID + ASD included	One time per week 60-75 minutes 8 sessions	ECBI Intensity	$d = 1.12^{***}$
			ECBI Problem	$d = 0.79^*$
			SRS Composite	$d = 0.11$
Furukawa et al., 2018	ASD diagnosis Minimum 3-word exp. Vocabulary ID + ASD included	One time per week 60-75 minutes 8 sessions	ECBI Intensity	$d = 1.79^{***}$
			ECBI Problem	$d = 0.79^*$
			SRS Composite	$d = 0.62$
Parlade et al., 2020	ASD diagnosis for treatment group Non-ASD for comparison ECBI > 131 Mental age > 30	1x/week 60 minutes 20 session average	ECBI Intensity	$f = 1.64^{***}$
			ECBI Problem	N/A
			SRS Composite	$f = 0.98^*$
Scudder et al., 2019	ASD diagnosis ECBI > 125 IQ > 70	1x/week 60 minutes 16 sessions	ECBI Intensity	$d = 0.84^*$
			ECBI Problem	$d = 0.19$
			SRS Composite	$d = 0.29$

ECBI=Eyberg Child Behavior Inventory; SRS=Social Responsivity Scale; * $p < .05$, ** $p < .01$, *** $p < .001$