

F F T A



Foster Family-based Treatment Association

## Annotations of Research in Treatment Foster Care

### Citation

Timmer, S. G., Urquiza, A. J., Herschell, A. D., McGrath, J. M., Zebell, N. M., Porter, A. L., et al. (2006). Parent-Child Interaction Therapy: Application of an empirically supported treatment to maltreated children in foster care. *Child Welfare*, 85(6), 919–939.

### Keywords

Foster care, treatment, Parent-Child Interaction Therapy, maltreated children

### Research Questions

- Does Parent-Child Interaction Therapy (PCIT) help children adjust more easily to foster care placement?
- Does PCIT increase foster parents' perceptions of control over foster children?
- Does PCIT improve the likelihood that children comply with demands?
- How effective is PCIT in reducing stress for a foster parent who is coping with the difficult behaviors of a foster child?

### Method

*Subjects:* The participants included a 4-year-old male child in foster care and his foster mother. The family was referred to the CAARE Diagnostic and Treatment Center at the University of California–Davis Medical Center by their social worker. The therapist saw the foster mother and son for 36 PCIT sessions, including four assessments, two didactic sessions, and 30 coaching sessions.

*Design:* This was a single-subject case study design. PCIT is conducted using two phases: child-directed interaction (CDI) and parent-directed interaction (PDI). Each phase is preceded by a didactic session in which the parent and child are educated about basic PCIT skills and concepts. The didactic sessions are followed by 6–8 sessions per phase that are described as “coaching” sessions because the therapist provides instructions through an earpiece to the parent about how to interact with the child. The primary goal of the CDI phase is to create a rewarding parent-child relationship. The primary goal of the PDI phase is to teach effective parenting skills for use in managing children's difficult behavior. The foster family in this case study participated in 6 CDI phase sessions and 24 PDI phase sessions.

*Measures/Procedures:* The Eyberg Child Behavior Inventory™ (ECBI™) and the Child Behavior Checklist (CBCL) were used to measure the frequency and severity of the child's behavior problems. The Parenting Stress Index (PSI) was used to measure stress the foster mother felt as a

result of insecurities with her parenting role and of her foster son's difficult behaviors. The Child Abuse Potential Inventory (CAPI) was used to measure the likelihood for physical abuse of the child by the foster mother. The Dyadic Parent-Child Interaction Coding System (DPICS) was used as an observational measure of parent and child verbalizations and behaviors. Each of these measures was completed by the foster mother prior to treatment, following the first phase of PCIT, and upon completion of PCIT. The foster mother and child were observed and coded at each of these intervals as they engaged in a structured DPICS session. They were also observed and coded for interactions during the first five minutes of each weekly treatment session.

### **Results/Findings**

The foster mother's ratings of her foster son on the ECBI™ and CBCL at pre-treatment measurement showed clinical levels of intensity and behavior problems. Specifically, she rated him as highly oppositional, defiant, and angry, along with whining and throwing temper tantrums. His scores decreased from pre- to post-treatment on both measures and were no longer at clinical levels upon post-treatment measurement. On the PSI, the foster mother rated her son as a significant source of stress at pre-treatment. This rating showed consistent improvement across all measurements and was no longer in a clinical range upon post-treatment measurement. At all measurements, the foster mother was rated as a low risk for potential abuse on the CAPI. The observational measures indicated that the foster mother decreased the amount of questions and increased her use of praise and descriptions. The authors found the foster mother to have achieved a level of mastery with the skills taught in PCIT by the completion of treatment.

### **Limitations**

The results of this study may not be generalizable to other children in foster care as it is based on a single case study without any method of control or comparison. Further replication of these findings with larger samples, random assignment to groups, and a control are necessary. In the current case study, the second phase took twice as long as usual and included a concurrent weekly home session, which differs from the empirically supported PCIT method. The foster mother's response style on measures suggested some defensiveness and indicated she might have been minimizing her stress and the child's current behavioral functioning. This may have influenced the changes found in this case study.

### **Application to Practice**

This study provides some initial evidence that PCIT may be a beneficial treatment option for foster parents and foster children who are presenting with difficult behavior problems. PCIT may help to improve the relationship between foster parents and children, decrease children's problematic behaviors, and increase the likelihood of permanent placement for a child with difficult behaviors.

### **Contact Information**

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