



Parent-Child Interaction Therapy from the Parents' Perspective

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Abstract

Objectives Parent-Child Interaction Therapy (PCIT) is an evidence-based parent training programme, distinctive in its live coaching of parents with children via an ear-piece and one-way mirror. Yet few studies have explored the acceptability of PCIT to parents—and those which do exist have typically relied upon quantitative methods such as inventories or rating scales. The current study aimed to gain in-depth insight into parents' experiences, and perspectives of PCIT utilising a qualitative methodology.

Methods Sixteen parents who had participated in PCIT in a community setting in New Zealand took part in semi-structured face-to-face interviews. Thematic analysis of verbatim transcripts led to the emergence of several themes.

Results Despite early scepticism, self-consciousness, and initial discomfort with the use of particular strategies (e.g., time out), parents described an effective treatment that facilitated a progression from feelings of inadequacy to confidence, and despair to optimism. Child-led play, an essential component of PCIT, was viewed as surprisingly effective by parents. Parenting skills which initially felt awkward and un-natural, became more intuitive and instinctive through repeated rehearsal and coaching support. Parents also consistently described the influential role of the coach in facilitating change—particularly in improving parent emotion regulation abilities.

Conclusions This detailed account of the parent experience of progression through PCIT enhances existing knowledge of factors related to parent engagement with, and attrition from the programme. It also highlights the multidimensional role of the therapist coach in supporting parent emotion regulation abilities—an area which warrants further empirical research.

Keywords Parent-Child Interaction Therapy · Parent training · Qualitative · Acceptability · Coaching

Childhood conduct problems are “common and costly” (Coghill 2013; Furlong et al. 2013, p. 332). Longitudinal studies suggest that left untreated, children with conduct problems may develop into adults who are high users of services across criminal justice, social welfare and health domains (Rivenbark et al. 2017). Effective treatments for childhood conduct problems are available, with parent training programmes based on social learning theory having

a more substantive evidence base than any other psychosocial treatment within child mental health services (Scott and Gardner 2015).

Some of the more common parent training programmes—which are drawn from a shared theoretical origin—include The Incredible Years, Parent-Child Interaction Therapy (PCIT), Triple P, Defiant Children, and Helping the Noncompliant Child (Kaehler et al. 2016; Reitman and McMahon 2013). To date, research attention has largely focussed on the efficacy of parent training approaches, with relatively little attention paid to the acceptability of these treatments to parents. Uptake of parent training programmes in the community is variable—even where programmes are available, there are often low rates of attendance and high rates of attrition (see Piotrowska et al. 2017). While there are many relevant factors to consider—including intra- and inter-parental factors, child-related factors, and broader social and economic factors—it is essential that the programme is fundamentally acceptable to parents and that researchers and treatment providers understand the nature of

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the parent experience. Even the most effective treatment is redundant if parents disengage prematurely.

Parent-Child Interaction Therapy (PCIT) is an evidence-based manualised behavioural parent training programme, derived from social learning and attachment theories, for children aged 2.5 to 7 years, which usually involves between 12 and 20 weekly sessions (Eyberg and Funderburk 2011; McNeil and Hembree-Kigin 2011). Meta-analytic data has demonstrated that PCIT improves child externalising behaviour, brings about more positive parent-child interactions, and improves child compliance with parental requests (Thomas et al. 2017).

There are several features of PCIT which distinguish it from many parent training approaches. It involves direct in vivo ('live') coaching of parents with their children, typically utilising a one-way mirror and discrete ear-piece for the parent (Eyberg and Funderburk 2011). Most sessions require the parent/s (or primary caregiver) and child to attend together. PCIT is individualised for each family, based on parent responses to the Eyberg Child Behaviour Inventory (Eyberg and Pincus 1999), which is completed every session. Data also informs each family's progression through the programme. Finally, significant interactions between parents and their children are coded using the Dyadic Parent-Child Interaction Coding System (DPICS; Eyberg et al. 2013) every session to determine readiness to progress.

PCIT involves two distinct phases—Child Directed Interaction (CDI) and Parent Directed Interaction (PDI). Both Eyberg and Funderburk (2011) and McNeil and Hembree-Kigin (2011) provide a comprehensive account of these. In summary, CDI begins with a parent-only didactic and role-play session, where parents are taught play therapy skills to be used in clinic sessions, and in daily 5-min sessions at home with their child. These skills are described by the acronym PRIDE: labelled Praise, Reflections, Imitation, behavioural Descriptions, and Enjoyment. Parents are also encouraged to avoid using questions, commands, and negative statements during CDI time with their child. Finally, parents are taught the skills of strategic attention and selective ignoring. The over-arching principle of this stage is to allow the child to lead the play time together. There is evidence that CDI enhances the parent-child relationship, improves children's self-esteem, attention, and frustration tolerance (McNeil and Hembree-Kigin 2011).

The Parent-Directed Interaction phase again begins with a parent-only session, where parents are taught the characteristics of effective commands, and when and how to use these. They are also introduced to a sequence to follow when their child does not comply with a command – a sequence that involves the use of a time out chair, and a time out room for a very brief period if the child does not stay on the time out chair. The sequence is repeatedly

rehearsed in subsequent sessions, and skills are progressively generalised to the home environment and wider community. There is evidence that PDI improves child compliance and decreases disruptive behaviour (McNeil and Hembree-Kigin 2011).

Progression through PCIT—from CDI to PDI and then to graduation—is determined by a parent reaching a pre-determined skill level in each phase, known as 'mastery'. As outlined earlier, skills are coded by therapists in a 5-min coding period within each session, using the DPICS (Eyberg et al. 2013). As such, the duration of each phase is not pre-determined, but a reflection of the parent's rate of skill acquisition.

Acceptability studies using psychometric measures with clearly defined items, factors and domains, can describe the parent experience according to these indices. These studies rely on existing knowledge to capture and describe the parent experience—a "top down" approach—and are often conducted in parallel with, or as an adjunct to, randomised controlled trials. Quantitative acceptability studies are important, as they represent a parsimonious and efficient method for describing parent perspectives. However, they are usually limited in their ability to illuminate processes of change, treatment components which influence outcomes, and other contextual factors, especially in real world community settings (Furlong and McGilloway 2012). Qualitative methodologies (which often utilise data from focus groups or interviews) typically adopt an inductive or "bottom up" approach to collate the parent experience and generate new knowledge and understanding, which may invite future empirical exploration.

While relatively uncommon, previous qualitative studies have explored the acceptability of the Incredible Years programme using data drawn from semi-structured interviews with parents (Furlong and McGilloway 2012, 2015). In Furlong and McGilloway's studies, parents attributed positive changes to learning key parenting skills, although there was often initial discomfort and doubt relating to these. Time out was generally seen as difficult to implement and disliked by parents. Other studies have identified similar themes relating to the Incredible Years (e.g. Levac et al. 2008; Trotter and Rafferty 2014). Qualitative data from parent interviews has also been used to describe the acceptability of Triple P (Coates et al. 2017; Lewis et al. 2016; Mejia et al. 2016). Parent perspectives were similar with initial scepticism, followed by parents describing the programme as useful, and appreciating content relating to enhancing parent-child relationships, managing their own stress and anger, and the programme workbook and videos.

In relation to PCIT, quantitative research using acceptability or satisfaction inventories has demonstrated that standard PCIT is broadly acceptable to parents who were presented with hypothetical scenarios involving PCIT (e.g.,

Tiano et al. 2013), and to parents who had actually received PCIT (e.g., Phillips et al. 2008). For example, questionnaire data shows that PCIT appears to be broadly acceptable to parents of children with callous-unemotional traits (Kimonis et al. 2018), and children diagnosed with Autism Spectrum Disorders (Zlomke et al. 2017). Furthermore, an intensive version of PCIT appears to also be satisfactory to parents (Graziano et al. 2015), as is PCIT delivered remotely via the internet (Comer et al. 2017).

However, the existing literature around the acceptability of PCIT to parents is largely limited to studies utilising inventories or scales. And studies which have utilised qualitative methodologies (for example, data drawn from focus groups or interviews) have typically concentrated on the acceptability of PCIT to specific cultural groups. For example, families have provided insights into cultural adaptations that may be required for Mexican American (McCabe et al. 2005) or Puerto Rican families (Matos et al. 2006).

The current study is one of the first qualitative studies of parents' experiences of standard PCIT using data drawn from semi-structured interviews. Given that PCIT has been widely disseminated in the United States, Australia, New Zealand and Europe (Niec et al. 2018), and attrition remains an 'Achilles heel' for the parent training field, understanding the parent experience is vital. The aim of this study was to provide an in-depth understanding of parents' experience of, and attitudes toward PCIT offered in a 'real world' clinic setting, utilising a qualitative methodology. Of particular interest were parent perspectives around child-led play, the use of time out, and their experiences of being coached in real time with their child. Also of interest were parents' perspectives of PCIT in relation to other parenting programmes they had experienced.

Methods

Participants

Participants were recruited from a group of families who had participated in PCIT at a community-based child and adolescent mental health service in Auckland, New Zealand. Families were only included when they had sufficient experience of PCIT to be in a position to reflect on this—specifically, where they had completed **at least** the PDI Teach session (i.e. had mastered/completed the CDI phase, and had **at least** received an introduction to the skills involved in the PDI phase). These families were initially approached via telephone by an interviewer who was not known to them, and invited to participate. One parent declined outright, and three did not respond to the interviewer's attempts to contact them within the study

time frame—these four parents had all successfully completed PCIT. Upon meeting with the interviewer, families reviewed the Participant Information Sheet and Consent Form with the interviewer's support and in all cases agreed to proceed with the interview. Participants were 16 parents or primary caregivers relating to 12 children (i.e., in some cases both parents of one child participated in the study). The children had been between the ages of three and seven years at the time of participating in PCIT. Two maternal grandparents participated in the interview, as they had received PCIT, either in conjunction with the child's parent, or in their role as the primary caregiver of the child. Eight of the twelve children had been formally diagnosed with a mental health condition—most commonly a disruptive behaviour disorder and/or Attention Deficit/Hyperactivity Disorder (ADHD). Five of the sixteen parents were receiving professional support for their own mental health at the time of the study, most commonly for anxiety and/or depressive disorders, but in one case Dissociative Identity Disorder, and in two cases Borderline Personality Disorder. The majority of children and parents were born in New Zealand (See Table 1).

Procedure

Sixteen in-person interviews were carried out between May and December 2018, ranging in length from 36 to 64 min, with most completed in around 45 min. Interviews were audio recorded and later transcribed verbatim by an independent transcriber in conjunction with the first author (MW). As the first author had been the treatment provider for several of the participant families, an independent interviewer was recruited in order to facilitate open disclosure from families. The Participant Information Sheet clearly stated that MW would receive the recording of the interview, by necessity. The interviewer was a mature female Psychotherapist, with experience working with mothers therapeutically and knowledge of New Zealand health services. The interviewer was provided with a comprehensive introduction to PCIT prior to interviews commencing.

Interviews were conducted at a location of the parent's choice—most often at the family home, but on two occasions at a workplace and café. The child was not present. Participants were provided with a nominal gratuity at the conclusion of the interview to thank them for their participation.

Measures

The interview schedule (Appendix A) was developed by the first author (MW), an experienced clinical psychologist and

Table 1 Demographic characteristics of participants

Interview	Child	Relationship to child	Age	Marital status	Ethnicity	Completed PCIT	Months since completion
1	Female, 6 years	Maternal grandfather	Unspecified	Married	New Zealand European	Y	1
2		Mother	30–39	Single	New Zealand European	Y	1
3	Male 6 years	Maternal grandmother	Unspecified	Single	New Zealand Maori	N	5
4	Male 6 years	Mother	30–39	Married	South African	Y	5
5		Father	Unspecified	Married	New Zealand European	Y	5
6	Male 4 years	Mother	30–39	Married	New Zealand European	Y	15
7	Male 6 years	Mother	Unspecified	Married	New Zealand European	Y	14
8	Male 3 years	Mother	20–29	Married	New Zealand European	Y	1
9	Male 4 years	Mother	40–49	Single	Pacific Island	Y	18
10	Male 4 years	Mother	Unspecified	Married	New Zealand European	Y	17
11		Father	Unspecified	Married	New Zealand European	Y	17
12	Male 4 years	Mother	Unspecified	Married	New Zealand Maori	Y	10
13		Father	Unspecified	Married	New Zealand Maori	Y	10
14	Male 7 years	Mother	40–49	Married	Asian	Y	17
15	Male 4 years	Mother	40–49	Married	Canadian	Y	1
16	Male 4 years	Mother	Unspecified	Married	New Zealand European	Y	32

PCIT therapist, and reviewed by the second author (CC), an experienced qualitative researcher and clinical psychologist. The first section of the schedule included open-ended questions and encouraged parents to talk about their perspectives on the effectiveness of PCIT for their child, their own wellbeing, and their relationship with the child. Following this, the parents were asked about their experience of PCIT, including the acceptability of each phase of the programme, and of being coached generally. In the final section of the interview, parents were asked to consider PCIT in a broader context—including in relation to other parent programmes, and its applicability for parents with mental health issues. The schedule appeared to work well functionally, and was an effective mechanism to capture the data of interest. As such, it required no ostensible revision during the research process.

Data Analyses

Immediately after each interview, a comprehensive debrief was held between the interviewer and the first author (MW). Key words and phrases that appeared significant or salient were noted, as were the interviewer's views of the most important themes that emerged in each interview. The interviewer also shared relevant non-verbal information, for example, a participant becoming tearful, or an employer walking past during an interview. The first author then listened to the recordings, taking note of ideas and key words that appeared to capture participants' experiences. The verbatim transcripts were re-read while listening to the recording a second time. Transcripts were then anonymised, with identifying features removed and pseudonyms

assigned. This occurred prior to the second author accessing the data.

The interview transcripts were then uploaded into NVivo 12 and an initial coding of the data was completed. This coding process examined the content and meaning of units of data in the transcripts. Throughout this process of initial coding, it was observed that the data fell naturally into three phases that represented participants' experiences of PCIT as they changed and developed from the initial or entry phase, through the middle and then ending phases. After discussion with the second author and examination of the initial coding process, it was decided to divide the data into three sets representing each of these three therapy phases. A thematic analysis following Braun and Clarke's (2006) method was then completed on each of these data sets. Three broad themes were observed to emerge in each of these data sets. These included the parents' feelings about themselves, their children, and relationship with their children; parents' experiences of the therapist/coach; and parents' experiences of the intervention in each phase. NVivo 12 was used to assist with this coding process. During coding, further field notes and memos were produced, which were discussed and further refined with the second author.

Results

The results of the analysis of the three phases are presented below. The term 'parent' is used throughout, although some participants were grandparents. The terms 'therapist' and 'coach' are variously used to refer to the PCIT therapist. Pseudonyms have been used throughout.

The Early Phase

This phase describes parents' early impressions, and experience of beginning PCIT, including the Child Directed Interaction stage of the intervention.

Parents' feelings about themselves, their children, and their relationship with their children

At the point of entry to PCIT, many parents described their children as unpredictable, controlling, and/or out-of-control. Several parents described having reached a point of crisis, and their relationship with their child having suffered over time. Parents gave compelling descriptions of uncertainty and confusion as to what was causing or contributing to their child's problems, such as Raymond's Grandmother: "He was violent, out of control, but he is the loveliest kid and so where was it all coming from and why? And that's what we couldn't figure out".

However, parents described an improvement in their relationships with their children early in the programme. Child-led play was one of the most memorable and valued aspects of PCIT and was often cited as bringing about change in the child's behaviour and in the parent-child relationship:

That was what I remembered the most - learning how to play with toys (laughing) and to um play with him...he started saying to things to me like "you're the best mummy in the world" and "I love you" and stuff like that and it was like "oh my god!" you know?

Mother of Bobby

Parents noticed improvement in their children's behaviour within a short period of time, which served to consolidate their trust and engagement in the programme. As they started to see changes in their child, this brought about a sense of hope and optimism, and the beginning of a sense of agency—that change was possible, and that parents could influence their children's behaviour: "when it started working and when we saw... a change, we all got you know we all got quite excited that this was working" (Mother of Emma)

...seeing the strategies and then seeing the results straight away... there were some immediate results so we realised that the experience was going to be beneficial... we bought into it early

Father of Caleb

As their confidence in their delivery of PRIDE skills began to grow, parents also began to enjoy the child-led play, explaining that the focus required to deliver the PRIDE skills necessitated their full attention on their children: "I loved [CDI]... because... I was actually learning how to be present" (Mother of Carl). Particularly where a parent had a mental health issue, the structure of PCIT supported awareness of the child's needs, and gave clear direction on how to improve the relationship.

...depression, anxiety is being stuck in your head, you know? And so this just helps you... get out of your head... [PCIT] just makes you so much more aware of your child's needs... Cos' like when you've got depression... you're so busy with that negative... inner voice that... you don't even realise how you're coming across or anything like that (crying) hmmm. So this is good because it makes you go "ok, this is what I should be doing, and I can do that" and the... fact that you're doing something good, and you know helps, helps... you feel better as a parent and just having that bit of guidance

Mother of Carl

Parents spoke of learning more about their children, through the therapist drawing their attention to aspects of their children's presentation. Rather than seeing their children's behaviour as unpredictable and incomprehensible, parents began to understand more about their children's needs, and the relationship between their children's behaviour and their own responses:

[the coach] could see sometimes if I was tense or something... and like they'll say "oh you seem calmer today, and your speech is slower [and this has a] calming effect on Kenny"...just me slowing my voice helped to calm him

Mother of Kenny

I think the bond between us became a lot stronger? I guess... I learnt a lot about him that I didn't know... [it] help[ed] me understand my little man a bit better

Mother of Noah

Experience of the coach

Parents described a recurring theme of feeling inadequate and vulnerable early in PCIT, exacerbated by being observed and feeling evaluated by the coach: “at the beginning I felt very inadequate so it was hard you know having people watching that” (Carl’s Mother). Many parents spoke of feeling un-natural and self-conscious early in therapy—“awkward” was an adjective that was used often. There was also an impression that the environment was contrived and artificial, particularly the one-way mirror and ear piece: “It felt a little bit like going to acting school or something... they’re not words or terms or phrases that you’d naturally use and felt a little bit... false. To begin with.” (Caleb’s Mother). And that at times the child was distracted by the unique room set-up: “he wanted to... go up and look in there and it was like “come on, come back down here” and he was like “no I want to listen to the ear piece” (Bobby’s Mother).

Some parents reported that they compared their rate of skill acquisition to their partner’s performance early in PCIT, and perceived that they were being “told off” by the therapist: “when [husband] was getting this raving “ah you’re so amazing...” and I’m like getting told off you know because I’ve done something wrong it was like...I found it really hard” (Bobby’s Mother). However, over the course of PCIT, one family in particular described how this initial comparison between parents became a source of support for each other: “most of the time we would come away and... we’d be saying to each other “aw you did really good on the praising” (Bobby’s Mother). Parents also gained awareness of their partner’s strengths and skills. And several participants spoke of a calmer household where adults were more effectively working together to meet the child’s needs.

...it’s just strengthened um my relationship with [Kenny’s father] and the whole family’s relationship... [Kenny’s father] - he’s not into therapy but he did thank me for this. So it took him probably till three quarters of the process and he goes “thank you for finding this for Kenny”

Mother of Kenny

After an initial adjustment period, many parents reported that they began to find the clinic environment and the manualised and prescribed nature of PCIT helpful. Specifically, the coaching encouraged a distancing from the emotions associated with addressing their child’s challenging behaviour, which allowed for more effective decision-making.

So it’s a little bit awkward ... However it was also extremely helpful in that I felt like I could be a little bit arm’s length, I was just doing what I was told, I was just following the instructions and there was a helpfulness in being told what to say.

Mother of Caleb

So, in the beginning it was really hard and I was not impressed (laughing). But after doing it for a while you kind of just... I guess I forgot that I had the ear piece in, and I forgot they were watching me and I just... did it. And it sort of became... almost a habit? You know because I was doing it so regularly with them.

Mother of Noah

There was also a sense of reassurance that the therapist was observing the child at play in real time, rather than relying on a parent’s description of their needs. The one-way mirror played a role in facilitating this: “because I thought there was something wrong... there were people watching that and so... we were being validated almost” (Mother of Emma).

Parents highlighted the importance of the therapist’s optimism, professionalism, enthusiasm and support. The therapist focussing on parent strengths (the term “positive” was used particularly often), recognising and acknowledging parent efforts, and holding a non-judgmental and accepting stance were all described as particularly useful by parents. Clinician confidence and certainty in the approach appeared to be particularly helpful for parents, as Caleb’s Mother said: “[they] spoke to us with great certainty that we were gonna get there”, and this appeared to counteract many parents’ early doubts and bolster their engagement: “you get into this headspace where you just think “nothing’s going to work, I can’t, I can’t, I can’t, I can’t” and then [the coach] come(s) along and you’re like “oh look I can!” (Noah’s Mother) and Emma’s Mother explained: “such a positive programme... we’re bringing up the good stuff in in her”.

It added a positivity that “we might come out of this” you know that we will come out of this with a result mmm a strategy

Father of Caleb

For several parents, it was also important to know that the therapist's confidence was founded in the strong evidence-base for PCIT, and having had successful experiences with many families previously. The energy and passion of clinicians was described as somewhat contagious by several parents:

[The therapists] were very passionate and invested in the betterment of our family. So that... gave me quite a bit of fresh energy to pour into it? That they were so interested in helping us, and they were such a wealth of knowledge and ideas... So that level of support that they gave us, I think yeah, it created a lot of energy for us to then really dive into it and invest ourselves into making the most of the opportunity. It felt like an opportunity. And we, we were grateful for that

Mother of Caleb

Experience of PCIT

Parents spoke of the intensity of PCIT, the time commitment required, and the importance of readiness for the programme. This was particularly relevant when a parent was experiencing a mental health issue.

It [comes] down to timing. And I think you need to have a certain amount of strength to make it work because it's quite an investment of time and it's quite taxing and confronting... a lot of those sessions were really hard... The flip side of that... I would say I was deeply unhappy, perhaps depressed with our family life and with my relationship with my child. And it turned it around for me.

Mother of Caleb

At this early stage, parents described how the characteristics of the therapist (described above) were very influential in their decision to continue to attend, and to engage fully with PCIT, despite the intensity of the programme and effort required.

Several parents spoke of initial doubt or scepticism that the apparently simple play skills could be effective in addressing their child's complex needs. This was particularly when a parent had older children, or had participated in parent training previously – Caleb's father described his initial impression of child-led play as: "how's that gonna work?... you're probably a bit pessimistic is the word, not negative. You're probably a bit like "ah I don't know about

that"", or Noah's mother: "listening to them say just it's all about play and that connection between us. I was like, "whatever...that's a bunch of crap and it's never gonna work".

Emma's mother summarised this as:

Yeah I didn't think it was going to work but um... and I, but I had trusted the [agency] because we had been through there before um... we I didn't think anything would help um Emma with her hitting but even just the five minutes playing with her was just enough to... stop her from hitting

Parents described how using the PRIDE skills and allowing the child to lead the play brought about surprising changes: "just you know, something as simple as rephrasing something in a different way um and the difference it has on them, was um quite incredible really" (Father of Bobby). In reflecting on playing with their children, it was also common for parents to imply that they ought to or 'should have known' how to play: "I'm surprised that I didn't have those tools anyway, just looking at it backwards going "of course, that makes sense"" (Mother of Fred). However, there was an impression that the skills taught and rehearsed in this phase were different in some way to how parents had typically played with their child: "someone tells you we're going to do some play you think "oh yeah I know how to play" well it's not. It's not normal play" (Mother of Bobby).

In some cases, it felt counter-intuitive to parents to encourage their child to take charge in the play.

Being a parent you're always sort of wanting to help them... do things for them... it was letting go and just... watching them fail? And then I suppose letting them work it out for themselves and where I'd normally jump in and go "nah, this is how you do it"

Father of Bobby

PCIT appeared to be broadly acceptable to all participants who represented diverse ethnicities and beliefs. However, one participant (who completed the programme successfully) commented that the intense focus on one or two parents might not accommodate the needs of a Pacific Island family where parenting was often shared inter-generationally and in community, and that child-led play might be particularly challenging.

I think in Pacific Island culture we are more authoritarian. It's dictated by the father and it's, it's

implemented by the mother and... kids are... seen not heard, and you don't interact at that level...

Mother of Fred

Mid-Way Phase

This phase includes the Parent Directed Interaction phase, where parents are introduced to giving effective commands, praising their child's compliance, and utilising time out where necessary.

Parents' feelings about themselves, their children, and their relationship with their children

Almost all parents had strong and powerful memories of how it felt to implement time out. An adjective used by almost every parent was "mean". Parents felt it was unfair to intentionally create a situation in clinic where the child was unlikely to comply, in order to rehearse the use of time out, and felt sorry for the child: "we'd caused it, you know? Cos' it was you know, it didn't have to happen but it was obviously for a reason" (Bobby's Father) and "(it was) upsetting that we'd deliberately caused that. Because we [were] treading on glass previously at home to try and avoid it" (Caleb's Father).

[Jason] wasn't being disobedient at all - he was actually just quite enjoying the time. But I was having to be nit-picking about something that wasn't actually... big in the scheme of things... you know? But I understand that was practice for what we had to do, but... he liked going to that place and I just sort of had to be telling him off, you know?

Mother of Jason

Alongside this was an acceptance of the process as being necessary and important, despite the associated discomfort: "I just wondered if there was another way to do it but I knew there wasn't another way to do it (Emma's Mother). In this phase, many parents spoke of a willingness to trust in the therapist, a willingness that was underpinned by the substantial improvements in their children's behaviour: "we had faith in them that it was gonna work" (Bobby's mother). Several parents also noted that their child's tantrums were already familiar occurrences: "we'd never go "what are we doing, this is ridiculous" cos' he's had meltdowns [at home], which are a lot worse than that" (Bobby's Mother).

Parents also often spoke of feeling anxious about how their child would respond to the time out process and were wary of their child's behaviour escalating in clinic.

The anxiety of him listening or not and having like "ok am I going to have to go through this whole time out thing again...?"... at first it was very physical... I mean breaking a sweat literally and just like "oh my gosh" and... that was hard

Mother of Andrew

Experience of the coach

In CDI parents experienced the coach as supportive and encouraging in the background, and in PDI they experienced the coach as more active. This is in keeping with the more directive stance that the therapist takes in this phase. Parents described the coach almost as a social model of calmness: "helped me stay grounded and calm... instead of just reacting to his going nuts and attitude, it was just having them coach me they were telling me "just ignore it, you need to, just don't feed into it" (Andrew's Mother)

[The coaches] talked me through it very calmly, just with their calmness of their voice, sticking to the plan, and I guess as outsiders and probably that division of the glass as the outsiders looking in, they're not in the heat of the moment, and so they talked me through the heat of the moment... what would have been impossible at home

Mother of Caleb

Parents described how the coach remaining calm, and providing validation of their experiences aided the parent's ability to regulate their own emotions.

[coaching] helped me stay grounded and calm... it's easy to get on my nerves. Very short tempered I guess... having them - [the coaches] - in my ear like, you know with the calmness...it was helping me take a breath, like "ahhhh"... It was very soothing to hear them "ok just... now you do this" and you know "now..." and talking me through it. That is what I miss (laughing)

Mother of Andrew

This appeared to be particularly valuable where a parent might have usually “lashed out”, or where a parent was experiencing a mental illness:

[The coach] just helped to calm me down and um... when Kenny hurt me um she was able to help calm me and say “ah you know that would really hurt” and just trying to you know not to lash, not lash out but it was really good to coach me and try to regulate myself yeah.

Mother of Kenny

I guess [the coach] just accepted me, and all my quirks as well. So I’ve got... borderline personality disorder... So...when I had my little meltdowns or...I was like “it’s not working and I don’t want to keep doing it!” and they... just accepted it, helped me work through it... so when my emotions did bubble over, you know having help to get over those emotions was really good for me, and that in turn helped my son.

Mother of Noah

Someone in your ear telling you what to do, it’s really... when you suffer from a mental illness and you, you go into freeze mode if you’ve got anxiety... the coaching is really helping you get through a tough time... can make you feel a lot a lot better about your parenting.

Mother of Emma

Having the coach present allowed for skills to be refined, and drew a parent’s attention and awareness to areas where they may have previously been unaware: “having a third party observe that... made me realise that the language and the way I was saying things was probably quite confusing?” (Richard’s mother).

Several parents commented that they would not have persisted with the implementation of time out, without the active coaching of the therapist and the rehearsal of the skills in the clinic: “putting her on the time out chair was difficult...in the session it was a lot easier...with somebody watching and um they were committed to that process” (Emma’s Mother) and “nice to have the ear piece, so that when things went...astray they could sort of guide me back and help me through it” (Noah’s Mother).

Experience of PCIT

Coding and completion of weekly questionnaires Several parents spoke of their experience of having their skills evaluated (known as ‘coding’), and the experience of completing weekly ECBI (Eyberg and Pincus 1999) relating to their children’s behaviour. By this phase, both of these aspects tended to be well tolerated, and even appreciated. Having their skills acknowledged and validated by the therapist appeared important in sustaining their engagement. “Accountability” was a word used particularly often by parents: “you’ve got to front up to and you can’t just... wing it (laughing)” (Bobby’s Father). Parents explained that this served to motivate both their home-based skills practice, and their attendance at sessions: “an accountability of what we’d done... doing these reports every single week... we constantly worked at it? And it’s really formed new habits for us” (Bobby’s Mother). The coding began to be accepted with good humour as a necessary component of the programme: “catching yourself asking a question and going “owh” and knowing that it’s being [coded]... one question and you’re like “ooh no, no more questions” (laughing)” (Carl’s Mother)

[The coding] was probably the driver that made... me want to get there, you know? Um just so we could literally stop going... So it was a driver, yeah... it wasn’t fluffy, because there were results.

Father of Caleb

One parent observed that the language used in some parent handouts, and in the ECBI questionnaire contained terms that were not widely used in New Zealand.

...the “sassing” and the um something about “mind-ing” the um... yeah just some of the terminology I just found was a bit sort of yeah Americanised and not quite... it’s not what we would say

Mother of Jason

Time out Some parents reported that information in the media on time out influenced their engagement with PCIT. One mother spoke of how her own mother had read that time out was harmful for children and actively undermined her attempts to implement PCIT at home.

[My mother], she’d read a book and she had an idea that... putting Emma on the time out chair wasn’t a

good idea... so there was a real... disorder between the PCIT and at home until um [the coach] saw my mum and explained about the time out to her.

Mother of Emma

Some had initial concerns about how their use of time out would generalise to the home environment.

... you had to deal with [child's behaviour] in a different way than you ever had before... It's all very well here in this structured room, with, with the therapists that know exactly what to do, and are talking to you about what to do... But can I do this at home?

Mother of Caleb

However, they went on to describe how actively rehearsing the skills in the clinic environment, facilitated generalisation into other contexts

I could never of had that understanding without having those go off in the PCIT session. So while they were horrible sessions, in many regards, they were the most valuable sessions because it taught me what I could do with him under many situations and recover the situation and not let my child ruin my life. And not let him have... parents that didn't like him.

Mother of Caleb

Parents were impressed by how effective time out was: "I was like "wow this really actually works" (Andrew's Mother). And after overcoming initial anxiety and guilt in the PDI phase, several parents described feeling somewhat disappointed when their child complied with commands and did not require a time out in clinic: "by that point, Carl was doing everything. So we didn't really... we couldn't get any bad behaviours out of him" (Carl's Mother). At times there was also a sense that the child's behaviour in clinic was not representative of their behaviour at home: "When he was at the [clinic] he was always a good boy...he, to some extent was... on show. So performing his best, as it were." (Noah's Father)

Several parents appreciated the time out flowchart or decision tree that is provided in the PDI process, explaining that this had provided clear direction and had been empowering, and somewhat containing of their feeling of being overwhelmed, uncertain or anxious.

I liked that it had a process. I had something that I could actively do...when your child's having a physical meltdown... it's just hard to deal with. You just don't know what to do...having something to do in itself is quite empowering. You've got an action plan... you feel like you're in control... not overthink - what do I do, what do I do, what do I do - I had a plan, follow the plan... Yeah it took the thinking out of it. And that discombobulation of "what do I do with this child?"

Mother of Caleb

Though one parent shared that she had found the content and new learning required during PDI somewhat overwhelming. She observed, for example, that CDI homework tasks remained consistent each week, but in PDI, there was a change in homework expectations each week: "I couldn't keep up with all the changes with the PDI... every week there was something new we had to add in... I got lost" (Emma's Mother)

Ending phase: Graduation and after PCIT

This phase included the parents' perspectives relating to graduating from PCIT, and leaving the programme.

Parents' feelings about themselves, their children, and their relationship with their children

Parents consistently described a feeling of confidence in their parenting ability by the end of the formal PCIT programme: "[PCIT] gave me enthusiasm and topped me up and made me feel empowered...a bit of a lifeline" (Caleb's Mother). Parents spoke of feeling empowered and the impact that this had on their relationship with their children and their children's perceptions of their role: "he realised that I could...be authoritarian when required... that maybe his mum just wasn't the only person that gave instructions. Yeah that he couldn't ignore me" (Caleb's Father). Parents also described how PCIT had positively influenced other relationships within the family: "it's made a profound difference... I feel more confident as a parent, and I feel less stressed when I go out into public situations. And it's a better relationship with [Kenny's Father]" (Kenny's Mother).

You know my friends kind of come to me... I actually feel um, like proud of myself that that I I've done all of this... the PCIT made me go "I can make a difference" like I can help him you know um feel confidence...the training flipped it round so I was on

top... it helped me find my place with him....I became, yeah, his number one.

Mother of Carl

PCIT also helped change the perceptions parents held about their children initially (i.e., that they were controlling and out-of-control) and allowed the parent to see their child's pro-social attributes: "(I'm) enjoying her a lot more, you know?" (Emma's Grandfather).

...when he takes everything out on me it's because I'm the one he's closest to? So I am the one that he can fall apart with... I know that now

Mother of Carl

...now I see her as... a lovely girl, and I see all that good, all the good qualities that she has now. Yeah. After just spending that short time with her and being coached along and helped along... I see yeah she is really nice girl.

Mother of Emma

Many parents spoke of the importance of having been taught explicit skills, having been supported to implement these successfully, and the role that this played in boosting their confidence.

...it's given... me um like a new baseline. Like you know when things start getting bad you've got, you know, you've got the information there you've just kind of got to tap into and go "ok what do we need to do here?" ...it is a skill that you pick up, yeah so that that always stays with you I think... And that's just become second nature. Um whereas if you don't know that you don't know it. And you're stuck in your head. Whereas now I'll yeah be able to... yeah, just you use the skills without realising it

Mother of Carl

Experience of the coach

By the end of PCIT, almost all parents described having established a strong and effective relationship with the

coach. They also described a sense of sadness and disappointment that the relationship was ending: "I didn't want it to end (laughing) I wanted to keep going and I wanted the support from um [coaches] so it was hard to quit" (Andrew's Mother). There was a common theme of wanting to maintain the relationship in some way: "I would've loved for them to be like in my back pocket all the time (laughing)" (Kenny's Mother). Several parents made reference to this "back pocket" metaphor, possibly influenced by having carried the battery pack for the earpiece in their pocket during PCIT: "I wish [the coaches] were in my back pocket (and) could walk around with me" (Noah's Mother).

[The coaches] are addictive people! ...it was such a good scenario. Yeah. And not having them anymore, well (laughing)... it's sad, I just wanted to bring them home (laughing)

Mother of Caleb

Experience of PCIT

Despite overall satisfaction with progress, and viewing PCIT as effective in improving their children's conduct problems, several parents described feeling as though challenges remained: "I still feel like there's something I'm missing" (Carl's Mother). Some parents articulated that they had hoped, at some level, that their children would be a different person after PCIT: "I wanted to see more change in Emma... I thought...Emma would be different person" (Mother of Emma). Accepting that some difficulties might remain (and were perhaps age-appropriate) was challenging: "It would have been nice to (have) got that whole 100% him sorted but you know you can never get that, you know you can never do that" (Bobby's Mother). Despite this, almost all parents described PCIT as an important experience in their families' lives: "It has been life changing for our family" (Emma's Grandfather). There was a compelling sense of PCIT as being important and influential in the family's journey: "It's forever changed our parenting of him... the single most best thing that we've ever been able to do for our family scene, and for our child" (Caleb's Mother).

One parent expressed relief when PCIT concluded as she had felt that completing questionnaires and other tasks was effortful: "it's great that I have graduated and that takes a lot of pressure off having to fill in the forms and things" (Emma's Mother). However, most often there was a sense of loss that the programme had ended—not only the loss of relationship with the therapist, but the

accountability associated with regular attendance, coding and coaching.

It's 8 o'clock at night and "shit I haven't done special playtime am I gonna keep him up longer to do special play time?"... whilst [in PCIT] it would have been "of course, we're seeing [the coach] next week" but in real life it's like "aw we'll just do a double one tomorrow night" you know?... to me it's the self-discipline that falls off really easily.

Mother of Caleb

I wish we were going every week still because it's such a help... that day when we'd go see them... everything would go so smooth and then the next day and the next day, and then it's like when it starts to get more to the end of the week I'd feel like I'd, I'd realised that I wasn't doing the PCIT as much - does that make sense?

Mother of John

After PCIT concluded, the majority of parents said that they were no longer independently continuing with daily child-led play time, citing other demands. There was often a sense of guilt or a feeling that they knew they "should" be doing so: "I need to make more of an effort" (Kenny's Mother). Parents remained aware of the importance of the play and spoke of integrating the PRIDE skills into less formal contexts, such as reading a book with their child. One family, who had continued with regular child-led play, described their motivation for choosing to continue as: "they told us if we stopped the special playtime... that over time we would revert back to the original... problems" (Caleb's Mother).

Fathers

Male participants spoke of difficulties in making time to participate in PCIT, often citing work demands. In several cases, fathers spoke of perceiving their own skills to be inferior to the child's mother's skills, and attributed this to their less regular attendance:

...effectively (I) was part-time on the course... whereas if I'd managed to sit through the whole thing... I probably would have been better at it, because I would have had more chances to... be reminded at the right times and learn patterns that would have helped later

Noah's Father

This sense of inferiority was also attributed to the skills being perceived to be intuitively easier for women: Noah's Father continued "some of the stuff feels like a mother might be able to get to that more naturally than a father... being a male means I'm wired such that more practice would have been useful". Caleb's Father felt that PCIT actually empowered him to a position in the family system alongside his child's mother: "[Caleb learned] that maybe his mum just wasn't the only person that gave instructions. Yeah, that he couldn't ignore me"

There was also a sense that seeking professional intervention was difficult for fathers. Some referred to the stigma associated with help-seeking and attending clinic sessions. Despite this, fathers appeared to perceive PCIT as effective and valuable.

PCIT in relation to other parent training programmes

Parents had mixed views around whether PCIT would be more suitable than a group programme for parents with mental health issues. Some felt that the relative anonymity of the group would make the experience somewhat easier, while others suggested that a group context may be difficult for an anxious parent, with additional inter-personal dynamics to manage and a concern around being 'judged' by other parents.

Several participants had previously undertaken another parent training programme—in many cases The Incredible Years. Parents typically were aware of the similarity in the content between the two programmes, for example that both programmes advocate the importance of child-led play. In reflecting on the differences between the two programmes, parents described several distinctive features of PCIT. Namely, the role of coaching in skill acquisition: "I tend to be good at collecting a bunch of head knowledge but then applying it can be a completely different thing... [in PCIT] it's like you're actually applying it in actual situations. Which helps it seal better in your head" (Noah's Father). Parents also again spoke of the support of the coach in assisting with emotion regulation, during realistic scenarios, therefore facilitating an effective learning environment:

You have the support of the [coach] listening to you and telling you what to do to help calm you and relieve your stress and you have a more hands on with your child [in PCIT] versus the other programme that I did. Whereas I just went and listened and I had the support of other parents and hearing their stories and that was pretty enlightening like "ok I'm not the only

one who's dealing with this" but with the PCIT it's like you have that support of the [coach] listening and you're actually in the moment, with your child there and you're learning to handle the situations

Mother of Andrew

The clear expectations, measurable progress and formal structure of PCIT was also valued

Cos' when I was [doing a different program] it just seemed like I was kind of floating there and [in PCIT] ... it was concrete in structure and... strategies oriented and that's what I needed. I'm not an airy fairy type of person.

Mother of Kenny

As was the usefulness of having the child present in PCIT: "he's actually going through the motions and instead of me telling him he's you know in the moment so that made a big difference" (Andrew's Mother)

Noah's Mother summarised her experience of PCIT as follows:

I think the difference with PCIT is... it's not just "here's the notes", you go there at night, learn it and then try and practice it throughout the day? It's actually there in the moment. That's what I felt was the best part about it. You know it wasn't just "take it home, see you later", it was "this is what it is, this is how we implement it, and now we're gonna help you practice it"... Whereas if that was just my notes from the night, and I'm sitting there the next day and I'm thinking "what is that? What was it we're supposed to do? Am I doing the right...? I don't know if..." you know? So, yeah physically having them there to say "this is what it is, and this is what we're gonna do, and that's how you do it" was pretty cool (laughing).

Discussion

This study examined parents' experiences and perspectives of standard PCIT in a real world setting using data from in-depth interviews with parents who had experienced PCIT with their children. It provides a detailed examination of the parent journey through the intervention, from entry, through the mid-way point, to the ending phase. Parents described moving from feeling of inadequacy to confidence,

pessimism to optimism, and their skills moving from unnatural to intuitive, alongside improvements in the parent-child relationship. One of the significant differences between PCIT and most other parent training programmes is the inclusion of live coaching of parents with their children. Parents spoke of the influential role of the coaching in supporting skill acquisition, highlighting existing strengths, instilling confidence, and particularly improving their abilities to regulate their emotions and responses to their children.

Themes shared some commonality with those described in studies of parents' experiences of the Incredible Years (Furlong and McGilloway 2012, 2015), namely initial scepticism and doubt, a discomfort with time out, an appreciation for tangible materials and a structured approach, and compelling sense of confidence by the end of the programme. However, while the process and outcomes were similar, the mechanisms of change appear to be significantly different. The Incredible Years is delivered in a group context, and it appears to be the group that delivers the support necessary for these changes to occur (Furlong and McGilloway 2012). According to participants in this study, the coach provides this support, and appears to be particularly useful in assisting parents to regulate emotion.

Given current research interest in the role of parent emotion regulation, future research might seek to clarify the 'added value' of parent coaching in this regard. Existing empirical research has demonstrated that parent emotion regulation abilities and parent reflective functioning improve across the course of PCIT (Zimmer-Gembeck et al. 2018), along with child emotion regulation abilities (Rothenberg et al. 2019); and that parents with mental health issues and their children can, and do, benefit from standard PCIT (Woodfield and Lambie 2019). The current study provides support for these findings. Future empirical research might usefully further explore the mechanisms that underlie this process, and whether coaching in parent training provides a unique contribution.

At a time where interest is turning to widening the reach of evidence-based programmes via internet delivery, and the use of apps and other technologies, it seems more important than ever to understand the nature of the therapist/parent relationship in parent training, and in particular, the aspects that contribute to sustaining parental engagement. The therapist/parent relationship is particularly influential within PCIT, given the intensive 'in the moment' nature of the approach. Parents in this study consistently advocated that the role of the therapist coach was broader and deeper than simply prompting a particular skill in the moment. Rather, the coach almost 'parented the parent' by modelling and prompting a calm and measured response. Parents also reported that the coach provided reassurance, conveyed belief in the parent's ability, and a reminder of the parent's

values and goals, drawing on their knowledge of the family. The coach acknowledged and commended progress (through weekly coding of parent skills), in a sense validating the parent's efforts. The coach drew the parent's attention to stimuli or information that may have been lost in the moment with the strength of the parent's emotion—information such as the child's needs, or a cognitive distortion that might be at play. It appeared that the coach's role is not simply to—from a Behavioural perspective—reinforce and shape parent skill acquisition (though this is important) but an effective coaching relationship appears to involve a meta-cognitive and emotion regulation function. In many ways, parents described a process that reflects the stages of an infant developing emotion regulation abilities (Sroufe 1997)—initially the parent provides external regulation for the infant, progressing to co-regulation, moving to the child more independently regulating their emotions. In the same way, parents initially required considerable prompting and modelling support from the coach, and this need reduced significantly across the course of treatment as the parent experienced success, and repeatedly rehearsed novel ways of responding to the child. This process may be particularly relevant for parents where there are emotion regulation difficulties, high levels of parent stress, mental health difficulties, or where the child's behaviour is particularly severe.

Inevitably, the mechanisms of change are complex and inter-related, for example, the child's conduct problems beginning to resolve is likely to facilitate enhanced parent confidence, and less challenging child behaviour is likely to be less emotionally provocative or challenging for parents. Also, parent perception of the effectiveness of PCIT may be influenced by changes in their attitudes toward (and attributions relating to) their child (Timmer et al. 2006). A detailed description of the mechanisms underlying the process parents described, of moving from feeling powerless to confident, and anxious to calm, is beyond the scope of this paper. However parents spoke of the importance of being praised for their efforts, of feeling motivated and engaged by rapid improvement in their child's behaviour, experiencing a sense of mastery with their child, and having success attributed to their own actions. Parents also spoke powerfully of the importance of rehearsal and repetition of skills leading to the skills becoming instinctive and intuitive.

Alongside the current research interest in parent emotion regulation, the discussion about whether parent attributions or cognitions ought to be independently addressed outside of parent training is on-going (Johnston et al. 2018; Sawrikar and Dadds 2018). One perspective suggests that adding additional modules or content to existing programmes tends to unnecessarily clutter the manualised process while others suggest that attending to attributions

ensures the gains from programmes are maximised (Sawrikar and Dadds 2018). Future research might usefully explore the extent to which the coaching in PCIT goes some way to supporting parents to identify and change maladaptive attributions in an integrated or naturalistic manner.

Limitations

Qualitative research does not usually aim for a representative sample but rather to intentionally sample participants who are well placed to speak to the research questions. However, the majority of parents in this sample had completed PCIT successfully. As such, the perspectives of those who disengaged early in the programme were not represented. Several parents also declined to participate, and while their successful completion of PCIT implies a level of satisfaction, this cannot be assumed. Also, several families had already completed another parent training programme, and this may represent a group of participants who are particularly 'well engaged' in services. Finally, in several cases the first author was the clinician who delivered PCIT to the family, and parents' ability to speak openly may have been compromised somewhat by their knowledge that their comments would be viewed by the first author, although steps were taken to ensure that this was not the case.

Future research using qualitative methodologies might usefully further explore aspects contributing to the sustainability of gains made during PCIT. In this study, despite enjoying child-led play and describing it as effective, many parents did not continue with daily child-led play beyond the formal PCIT programme. It would be useful to better understand the nature of the parent experience at graduation and beyond, including the longer-term implications for parent and child wellbeing.

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Author Contributions M.W.: designed and executed the study, analysed the data, and wrote the paper. C.C.: collaborated with the design of the study, data analyses and editing of the paper.

Compliance with Ethical Standards

Conflict of Interest M.W. is a Level 1 trainer for PCIT International – though receives no additional remuneration for this role – and was the treatment provider for several families. An independent interviewer was contracted to ensure that families were more able to speak openly of their experiences. An independent collaborator, the second author C.C., assisted with data analysis to ensure impartiality.

Ethical Approval Ethical approval for this study was obtained from both New Zealand's Health and Disability Ethics Committee [18/NTB/12], and the Auckland District Health Board Research Review Committee [#7674]. The study was carried out in accordance with the

ethical standards of these groups, and with the 1964 Helsinki declaration and its later amendments. This article does not contain any studies with animals performed by any of the authors.

Informed Consent Informed consent was obtained from all individual participants included in the study. Participants were provided with a detailed Participant Information Sheet, and key points were explained aloud. In every case, both the researcher (or researcher's representative) and participants signed a detailed consent form after this discussion. Both the Participant Information Sheet and the Consent Form were reviewed and approved by both New Zealand's Health and Disability Ethics Committee [18/NTB/12], and the Auckland District Health Board Research Review Committee [#7674] prior to the study commencing. Pseudonyms were assigned, and identifying information removed prior to the interview transcripts being uploaded to data analysis software and shared with the second author.

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References

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>.
- Coates, D., Phelan, R., Heap, J., & Howe, D. (2017). "Being in a group with others who have mental illness makes all the difference": the views and experiences of parents who attended a mental health parenting program. *Children and Youth Services Review*, 78, 104–111.
- Coghill, D. (2013). Editorial: do clinical services need to take conduct disorder more seriously? *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 54(9), 921–923. <https://doi.org/10.1111/jcpp.12135>.
- Comer, J. S., Furr, J. M., Miguel, E. M., Cooper-Vince, C. E., Carpenter, A. L., Elkins, R., & Chase, R. (2017). Remotely delivering real-time parent training to the home: an initial randomized trial of Internet-delivered parent-child interaction therapy (I-PCIT). *Journal of Consulting and Clinical Psychology*, 85(9), 909–917.
- Eyberg, S. M., & Funderburk, B. (2011). *Parent-child interaction therapy protocol*. PCIT International, Inc. Gainesville, FL: PCIT International.
- Eyberg, S. M., Nelson, M. M., Ginn, N., Bhuiyan, N., & Boggs, S. (2013). *Dyadic parent-child interaction coding system: comprehensive manual for research and training* (4th ed.). Gainesville, FL: PCIT International.
- Eyberg, S. M., & Pincus, D. B. (1999). *Eyberg child behavior inventory and sutter-eyberg student behavior inventory-revised: professional manual*. Odessa, FL: Psychological Assessment Resources.
- Furlong, M., & McGilloway, S. (2012). The Incredible Years parenting program in Ireland: a qualitative analysis of the experience of disadvantaged parents. *Clinical Child Psychology and Psychiatry*, 17(4), 616–630. <https://doi.org/10.1177/1359104511426406>.
- Furlong, M., & McGilloway, S. (2015). The longer term experiences of parent training: a qualitative analysis. *Child: Care, Health and Development*, 41(5), 687–696. <https://doi.org/10.1111/cch.12195>.
- Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S. M., & Donnelly, M. (2013). Cochrane review: behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years (Review). *Evidence-Based Child Health*, 8(2), 318–692. <https://doi.org/10.1002/ebch.1905>.
- Graziano, P. A., Bagner, D. M., Slavec, J., Hungerford, G., Kent, K., Babinski, D., & Pasalich, D. (2015). Feasibility of intensive parent-child interaction therapy (I-PCIT): results from an open trial. *Journal of Psychopathology and Behavioral Assessment*, 37(1), 38–49. <https://doi.org/10.1007/s10862-014-9435-0>.
- Johnston, C., Park, J. L., & Miller, N. V. (2018). Parental cognitions: relations to parenting and child behavior. In M. R. Sanders & A. Morawska (Eds.), *Handbook of parenting and child development across the lifespan* (pp. 395–414). Cham: Springer International Publishing.
- Kaehler, L. A., Jacobs, M., & Jones, D. J. (2016). Distilling common history and practice elements to inform dissemination: Hanf-model BPT programs as an example. *Clinical Child and Family Psychology Review*, 19(3), 236–258. <https://doi.org/10.1007/s10567-016-0210-5>.
- Kimonis, E. R., Fleming, G., Briggs, N., Brouwer-French, L., Frick, P. J., Hawes, D. J., ... Dadds, M. (2018). Parent-child interaction therapy adapted for preschoolers with callous-unemotional traits: an open trial pilot study. *Journal of Clinical Child and Adolescent Psychology*, 48(Sup1), S347–S361.
- Levac, A. M., McCay, E., Merka, P., & Reddon-D'Arcy, M. L. (2008). Exploring parent participation in a parent training program for children's aggression: understanding and illuminating mechanisms of change. *Journal of Child and Adolescent Psychiatric Nursing*, 21(2), 78–88.
- Lewis, E. M., Feely, M., Seay, K. D., Fedoravicius, N., & Kohl, P. L. (2016). "Child welfare involved parents and pathways triple P: perceptions of program acceptability and appropriateness": erratum. *Journal of Child and Family Studies*, 25(12), 3782–3782. <https://doi.org/10.1007/s10826-016-0599-y>.
- Matos, M., Torres, R., Santiago, R., Jurado, M., & Rodriguez, I. (2006). Adaptation of parent-child interaction therapy for puerto rican families: a preliminary study. *Family Process*, 45(2), 205–222.
- McCabe, K. M., Yeh, M., Garland, A. F., Lau, A. S., & Chavez, G. (2005). The GANA program: a tailoring approach to adapting parent child interaction therapy for Mexican Americans. *Education and Treatment of Children*, 28(2), 111–129.
- McNeil, C. B., & Hembree-Kigin, T. L. (2011). *Parent-child interaction therapy* (2nd ed.). Springer. New York, NY: Springer Science & Business Media.
- Mejia, A., Ulph, F., & Calam, R. (2016). Exploration of mechanisms behind changes after participation in a parenting intervention: a qualitative study in a low-resource setting. *American Journal of Community Psychology*, 57(1–2), 181–189. <https://doi.org/10.1002/ajcp.12020>.
- Niec, L. N., Abrahamse, M. E., Egan, R., Coelman, F. J. G., & Heiner, W. D. (2018). Global dissemination of parent-child interaction therapy: the perspectives of Dutch trainees. *Children and Youth Services Review*. <https://doi.org/10.1016/j.childyouth.2018.08.019>.
- Phillips, J., Morgan, S., Cawthorne, K., & Barnett, B. (2008). Pilot evaluation of parent-child interaction therapy delivered in an Australian community early childhood clinic setting. *Australian and New Zealand Journal of Psychiatry*, 42(8), 712–719. <https://doi.org/10.1080/00048670802206320>.
- Piotrowska, P. J., Tully, L. A., Lenroot, R., Kimonis, E., Hawes, D., Moul, C., & Dadds, M. R. (2017). Mothers, fathers, and parental systems: a conceptual model of parental engagement in programmes for child mental health—connect, attend, participate, enact (CAPE). *Clinical Child and Family Psychology Review*, 20(2), 146–161. <https://doi.org/10.1007/s10567-016-0219-9>.
- Reitman, D., & McMahon, R. J. (2013). Constance "Connie" Hanf (1917–2002): the mentor and the model. *Cognitive and Behavioral Practice*, 20(1), 106–116. <https://doi.org/10.1016/j.cbpra.2012.02.005>.

- Rivenbark, J. G., Odgers, C. L., Caspi, A., Harrington, H., Hogan, S., Houts, R. M., & Moffitt, T. E. (2017). The high societal costs of childhood conduct problems: evidence from administrative records up to age 38 in a longitudinal birth cohort. *Journal of Child Psychology and Psychiatry and Allied Disciplines*. <https://doi.org/10.1111/jcpp.12850>.
- Rothenberg, W. A., Weinstein, A., Dandes, E. A., & Jent, J. F. (2019). Improving child emotion regulation: effects of parent-child interaction-therapy and emotion socialization strategies. *Journal of Child & Family Studies*, 28(3), 720–731. <https://doi.org/10.1007/s10826-018-1302-2>.
- Sawrikar, V., & Dadds, M. (2018). What role for parental attributions in parenting interventions for child conduct problems? Advances from research into practice. *Clinical Child and Family Psychology Review*, 21(1), 41–56. <https://doi.org/10.1007/s10567-017-0243-4>.
- Scott, S., & Gardner, F. (2015). Parenting programs. In A. Thapar, D. S. Pine, J. F. Leckman, S. Scott, M. J. Snowling, & E. Taylor (Eds), *Rutter's child and adolescent psychiatry*. Chichester: Wiley-Blackwell.
- Sroufe, L. A. (1997). *Emotional development: the organization of emotional life in the early years*: Cambridge University Press. New York.
- Thomas, R., Abell, B., Webb, H. J., Avdagic, E., & Zimmer-Gembeck, M. J. (2017). Parent-child interaction therapy: a meta-analysis. *Pediatrics*, 140(3). <https://doi.org/10.1542/peds.2017-0352>
- Tiano, J. D., Grate, R. M., & McNeil, C. B. (2013). Comparison of mothers' and fathers' opinions of parent-child interaction therapy. *Child and Family Behavior Therapy*, 35(2), 110–131. <https://doi.org/10.1080/07317107.2013.789358>.
- Timmer, S. G., Urquiza, A. J., & Zebell, N. (2006). Challenging foster caregiver-maltreated child relationships: the effectiveness of parent-child interaction therapy. *Children and Youth Services Review*, 28(1), 1–19. <https://doi.org/10.1016/j.childyouth.2005.01.006>.
- Trotter, H., & Rafferty, H. (2014). A follow-up to the Incredible Years parenting programme: the reflections of mothers one to two years later. *Educational & Child Psychology*, 31(4), 40–57.
- Woodfield, M. J., & Lambie, I. (2019). Can parent-child interaction therapy (PCIT) remain effective where parents have a mental health issue? An audit of a case series in a community setting. *Evidence-Based Practice in Child and Adolescent Mental Health*, 1–12. <https://doi.org/10.1080/23794925.2019.1633246>
- Zimmer-Gembeck, M. J., Kerin, J. L., Webb, H. J., Gardner, A. A., Campbell, S. M., Swan, K., & Timmer, S. G. (2018). Improved perceptions of emotion regulation and reflective functioning in parents: two additional positive outcomes of parent-child interaction therapy. *Behavior Therapy*. <https://doi.org/10.1016/j.beth.2018.07.002>.
- Zlomke, K. R., Jeter, K., & Murphy, J. (2017). Open-trial pilot of parent-child interaction therapy for children with autism spectrum disorder. *Child and Family Behavior Therapy*, 39(1), 1–18. <https://doi.org/10.1080/07317107.2016.1267999>.