Appendix A: Coaching Child Directed Interaction excerpt: McNeil, C.B., & Hembree-Kigin, T. (2010). *Parent-Child Interaction Therapy: Second Edition (Chapter 5).* New York: Springer

Chapter Five

Coaching Child-Directed Interaction

What to Bring…

1) ECBI
2) DPICS-III Coding Sheets
3) CDI Homework Sheets
4) PCIT Progress Sheet

When therapists coach CDI skills, we employ the same strategies and philosophies that parents are taught to use with their children during special playtime. Therapists provide labeled praises to parents to increase particular CDI skills. We also use strategic attention and selective ignoring to increase certain parent verbalizations while decreasing others. Just as a goal of special playtime is to improve the parent-child relationship, therapists use coaching strategies that enhance rapport with the parents. For example, therapists avoid criticism when coaching, particularly the words "no," "don't," "stop," "quit," and "not," in order to prevent parents from feeling judged or incompetent. These negative feelings damage our relationships with the parents and lead to treatment attrition. Rather than criticizing, we enthusiastically give attention to their positive behaviors by describing and praising. When correcting the parent, we use constructive feedback telling them what "to do" rather than what "not to do." Just as we teach parents to allow their children to lead the play, we allow parents to take the lead in their use of

PRIDE skills. That is, we want parents to use their own words and develop a play style that is comfortable for them within the CDI guidelines. We only use constructive corrections when the parent is having difficulty with a particular skill. In fact, in the first CDI coaching session Sheila Eyberg (1999) discourages use of any correction at all, so as to make rapport a priority. When parents are using the CDI skills well, we follow their lead, using descriptions and praise to demonstrate acceptance. According to Dr. Eyberg, (n.d.) the basic principles of client-centered therapy (empathy, genuineness, and positive regard), should guide our coaching. We want parents to leave coaching sessions feeling good about themselves, good about their child, and good about their progress in treatment.

Novice PCIT therapists can coach the basic Child-Directed Interaction skills with little or no prior experience. However, coaching is an art that continuously develops as the therapist gains experience working with parents from diverse cultural groups, with various communication styles and disparate childrearing attitudes, and with children who present unique challenges. Although skillful coaching develops from experiences working with dysfunctional parent-child dyads, it is also grounded in an understanding of early childhood development and normative parent-child interactions. We feel it is particularly important for the PCIT therapist to develop and maintain an "internal barometer" for the wide range of interaction styles and communication patterns that characterize healthy, nurturing parent-child relationships. In this way, the therapist will broaden his or her repertoire of coaching strategies and will reduce the tendency to develop professional "myopia," in which similar interaction sequences are coached in all families, without regard to the family's unique communication strengths and style.

Overview of a Typical Coaching Session

Table 5-1 presents the steps involved in typical coaching sessions for families in which one or both parents are participating. Upon arrival to each PCIT session, parents complete the ECBI Intensity Scale in the waiting area. The therapist quickly tallies the score and records it on the PCIT Progress Sheet (see Appendix 5). The session begins with a review of the homework. After problem-solving issues that arise with the homework and inquiring about other familial stressors, we observe the parent conducting a five-minute play therapy session with the child, without

Table 5-1. Steps for Conducting a Child-Directed Interaction Coaching Session

One parent participating		
Step 1.	Check-in and review of homework	10 minutes
Step 2	Coding of CDI skills	5 minutes
Step 3	Coaching of CDI skills	35 minutes
Step 4	Feedback on progress & homework assignment	10 minutes
Two parents participating		
Step 1.	Check-in and review of homework	10 minutes
Step 2	Coding of first parent's CDI skills	5 minutes
Step 3	Coaching of first parent's CDI skills	15 minutes
Step 4	Coding of second parent's CDI skills	5 minutes
Step 5	Coaching of second parent's CDI skills	15 minutes
Step 6	Feedback on progress & homework assignment	10 minutes

doing any direct coaching. Parental use of CDI skills during these five minutes is recorded on a Dyadic Parent-Child Interaction Coding System (DPICS-III) recording sheet (see Appendix 1) and later transferred to the PCIT Progress Sheet (see Appendix 5) so that parents can view session-to-session changes. After this five-minute observation period, the parent is directly coached by the therapist while continuing to practice the PRIDE skills with the child. For two-parent families, the coaching session is divided in half so that each parent receives coaching. The parent who is not being coached learns through observation and is often taught to code from behind the mirror. The observing parent should be quiet so as not to interrupt the coaching. The

last ten minutes of the session is spent providing parents with feedback on their progress (see Appendix 5 for PCIT Progress Sheet) and identifying areas that should receive special focus during the next week's home practice. The therapist may choose to reserve an additional few minutes at the end of each coaching session for individual rapport-building as needed. This individual time can decrease resistance to therapy by encouraging children to view the therapist as an ally rather than as a conspirator with the parents. Although the number of CDI coaching sessions will vary based on how quickly parents master the skills, the basic steps outlined in this chapter are used in each coaching session.

Setting Up for the Coaching Session

The parent and child meet with the therapist in a childproofed playroom equipped with a table and chairs and three to five construction-oriented toys. Generally, the parent and child play on the floor during CDI, with the parent following the child around the room as the child plays with the toys that are available. However, it is up to the child to choose whether to play on the floor or at the table. For example, if the child chooses to color at the table, the parent should sit at the table as well. A few minutes later, the child may choose to drive cars on the carpet and the parent should move to the floor to join in the play. Toys that are inappropriate for CDI should be removed from the room to avoid the unpleasantness that may occur if the child insists on playing with an inappropriate toy. Because parents will be asked to avoid limit-setting during CDI, the playroom should contain no items that may inspire the child to misbehave and require parental intervention. In our playroom, we do not include lamps, glass framed pictures, nicely upholstered furniture, sinks, boxes of tissues, or personal items such as handbags. Light switches are kept in the "on" position using lockable covers or tape.

If the therapist will be coaching via a bug-in-ear microphone device, the earpiece should be sterilized with an alcohol wipe and tested prior to the start of the therapy session. Additional materials that will be needed during each session are as follows: one DPICS-III coding sheet for each parent, one homework sheet for each parent, one PCIT Progress Sheet for each parent, and a clock or stopwatch.

Check-In and Homework Review

The session typically begins with the child playing independently nearby while the parent and therapist review the child's home and school adjustment during the previous week, discuss familial stressors, and review the week's homework practice. We ask parents to bring in a homework sheet each week indicating whether or not they were able to practice each day and noting any questions, observations, or concerns they had during the course of the week. Because one of the goals for the CDI stage of PCIT is for parents to become more adept at recognizing and praising their child's positive qualities and behaviors, we are careful to prompt parents to note progress and accomplishments by the child, not just problems. We also use this check-in period as an opportunity to teach parents to shape independent play by giving their child intermittent labeled praises for playing quietly while the adults talk.

In order to maximize the amount of time spent in direct coaching of CDI, we restrict this initial "check in" to five to ten minutes. Occasionally, the parents we work with have difficulty sticking to this time limit or bring in concerns about important marital or individual issues. If this occurs on a consistent basis, diverting focus away from the parent training intervention and slowing PCIT treatment progress, we recommend inviting parents to participate in adjunctive interventions such as individual treatment, support groups, or marital therapy. Thus, important concurrent issues may be addressed in a planful way often enhancing the effectiveness of PCIT. With some parents who tend to offer overly lengthy and detailed descriptions of their child's misbehavior, we choose to sequence the session so that this check-in period is saved for the last ten minutes of the session. This limits non-productive focus on child misbehavior both by decreasing the time available for it and by inviting parents to review child behavior only after they have been coached to focus on their child's positive attributes.

During the first CDI coaching session, the check-in period should include a brief review of the "Do" and "Avoid" skills. Most parents feel quite self-conscious about performing these new skills in front of the therapist. It is helpful to directly address this anxiety, letting parents know that it is a common experience that will quickly pass, and reminding them that the therapist does

not expect them to be "masters" of play therapy after practicing it for only one week. Finally, the check-in period during the first CDI coaching session should be concluded with a developmentally appropriate explanation of the coaching process for the child. If the therapist-coach will be recording and coaching the skills from an observation room and the child is old enough to perceive that the parent is receiving instructions over the bug-in-ear, the following explanation might be given:

> It's time for me to leave now so you can have special playtime with your mom (dad). But, I'm going to watch you and your mom (dad) play. I'll be watching from behind that mirror. Do you want to see? [Allow child to enter observation room and briefly view the playroom]. I'm going to help your mom (dad) learn to play in a special way. Sometimes I might say things that she (he) will hear in that funny thing in her (his) ear. That thing is not a toy. You can look at it but you can't play with it. Your job is to just play along with your mom (dad) and have fun, OK?

If the therapist-coach will be recording and coaching from within the playroom, the child might be told something like:

> It's time for you to have special playtime with your mom (dad) now. I'm going to stay here and watch you and your mom (dad) play. My job is to help your mom (dad) learn to play with you in a very special way. Sometimes I will watch quietly and write things down, and sometimes I will say some things to your mom (dad). Your job is to keep playing and pretend like I'm not even here, like I'm invisible! That means you don't look at me or talk to me. You just play with your mom (dad) and pretend like I'm not here, OK?

Both of these explanations should be adapted to fit the cognitive and language development of the individual child, and some therapist-coaches may choose to have the parent repeat the explanation in their own words to enhance the child's understanding. If coaching from within the room, some children will have initial difficulty remembering not to interact with the therapist. The first time this occurs, the therapist should remind the child to pretend that the therapist is not there and subsequently the therapist should completely ignore any further overtures from the child. Most children will quickly learn to tune out the therapist's coaching

and to attend to the play with the parent. If the therapist continues to respond to the child's overtures, the latter will become more frequent and coaching will be compromised.

Parental Noncompliance with CDI Homework

Although parents often leave the early CDI sessions with the best of intentions to complete their daily homework, we find that the majority of parents have great difficulty getting their homework done on a consistent basis. Therapists should expect homework noncompliance and be proactive about problem-solving homework issues. Because clinic improvements will not readily generalize to the home without practice, both therapists and parents must view homework as a critical element of the treatment. We recognize that it is rare for families to be able to complete 100% of the assigned homework. And, we find that many families can progress well through treatment if they are completing most of their homework. When parents complete homework fewer than 3 times per week, we become seriously concerned that treatment may not progress. In those cases, we analyze the possible reasons for the homework noncompliance and employ strategies to correct the problem. Table 5-2 provides four common functions of homework noncompliance and associated remedies.

Parent Does Not "Buy In" to CDI. Some families enter treatment more motivated for CDI than others. Our highly educated parents are typically convinced easily of the potential benefits of CDI. In contrast, our court-ordered, school-referred, and less educated families tend to be harder to persuade. Homework noncompliance may be an early indicator of treatment resistance in these families. We find it helpful to address the resistance directly. We might say, "I'm sensing that you don't really believe that special playtime is going to make any difference." This opens the door for parents to directly discuss skepticism and provides us with an opportunity to further "sell" CDI. As discussed in Chapter 3, five points to emphasize when "selling" CDI are (1) the parent must have a strong relationship with the child for the intensive discipline program to work, (2) daily practice leads to faster mastery of CDI so that the family progresses to the discipline program more quickly, (3) CDI is "therapy" not just play, (4) having a short daily connection with the child adds up and leads to the child wanting to please the parent, and (5) by

practicing each day, the parent over-learns important behavior management skills that become habits that occur naturally throughout the day. For parents who remain resistant even after receiving the five "selling points" above, we encourage parents to think of CDI practice as an "experiment." As part of the experiment, we have the parent generate the number of CDI practices that they are willing to commit to for the upcoming week. We write the agreed upon number on the top of the homework sheet and introduce the experiment in the following way:

Table 5-2. Functions of Homework Noncompliance	Solutions
1. Parent does not "buy in" to CDI	1. Put the issue on the table 2. "Sell" CDI again (see Chapter 3) 3. Introduce idea of an "experiment"
2. Parent is too stressed and disorganized to make homework a priority	1. Give them a folder 2. Night-before Reminder Call 3. Give them a physical reminder for refrigerator 4. Mid-week Reminder Call 5. Incentives 6. Help them develop a routine for CDI
3. Therapist has not sent a consistent message that homework should be a priority	1. Avoid inadvertently reinforcing noncompliance with supportive statements such as "It's okay. I can see it was a tough week." 2. Consistently pick up homework sheet with ECBI, making homework sheet a "ticket" to the session 3. Give labeled praises for remembering homework sheet. 4. Give labeled praises for completing most of the homework (e.g., 4 out of 7 days) 5. Require parents to re-create the homework sheet if it is forgotten 6. Repeatedly educate the parents about the importance of homework and attribute child changes to home practice (or lack thereof)
4. Parent practice is being sabotaged	1. Attempt to engage the significant others

by others in the home	in therapy 2. Problem solve ways for parent to practice with privacy 3. Empower the parent to be assertive with others 4. Educate parent that others who have been criticized for CDI practice have found ways to complete homework 5. Forecast that significant others will stop sabotaging when they see the treatment work.

> So you think you can get in 4 times this week. Is that a realistic number? Are you able to commit to that for this week only? Great. Then, when I see you next week, the first thing that I will ask you is whether you were able to do *your* part of the experiment. I will ask you whether you did special playtime 4 times during the week. It is important for you to get in all 4 practices so that we give the play therapy a chance to work. Together we will look at whether the practice time led to any good changes in your child's behavior, your relationship with your child, or your own skills as a play therapist.

We use this "experiment" as a way of shaping homework behavior. If we get the parent to do one week of homework, then we have a foot in the door. We can praise the parent for the accomplishment and make observations about how it is helping.

Parent is Too Stressed and Disorganized to Make Homework a Priority. We find that many of our multi-stressed, disorganized families are sufficiently sold on the merits of CDI but have just been unsuccessful at making it happen at home. These families lack routine, are often just trying to get through their days, are responding to crises, and feel overwhelmed by the addition of one more task. When we recognize a family as disorganized and stressed, we often give them a folder at the beginning of treatment. We tell them to put all of their handouts and homework sheets in this folder. We also help them pick one place in the home to keep the folder, and we emphasize that they need to bring this folder to every session. When possible, we instruct our staff to provide the family with a reminder call the day before their next session. In the call, the

family is reminded about the time of the session, who should come to the session, and the need to bring the folder. Sometimes these families benefit from posting a visual reminder to practice special playtime at home. Instead of expecting them to generate the reminder, we may hand them a sign to post on a wall, the door, or the refrigerator. Some therapists may choose to give the family a reminder call midway through the week to get them going on the homework and make them feel more accountable. Finally, therapists and/or agencies may choose to implement an incentive program for homework practice. Examples include the following: (1) collecting a deposit early in treatment that is refunded as parents practice homework, (2) allowing the child to select something from the "homework treat box" whenever a sufficient amount of homework was completed, and (3) awarding raffle tickets for larger prizes based on successful homework practice.

Therapist Has Not Sent a Consistent Message That Homework Should be a Priority. When training to be mental health professionals, we are taught to be supportive and client-centered with an emphasis on following the client's lead in sessions. We have found that this supportive approach can sometimes undermine our message that homework is critical for treatment progress. When our multi-stressed families present with crises, we can be easily derailed by focusing our efforts on providing support. It is not uncommon for therapists to use active listening, empathic responding, and questioning to encourage parents to talk more about the weekly crises. We often respond by saying, "You've had a really rough week," "You've got a lot on your plate," "What did you do when your ex-husband did not return her on time?" and "What did you say to the teacher when she called you?" Although it is our job to be supportive, we must be careful not to inadvertently send a message to parents that homework is not very important. For example, in the midst of providing supportive statements and inquiries about

crises, we can easily find ourselves half way through the session before we ever ask about homework. And, sometimes we get so caught up in the crises that we forget to ask for homework at all. At other times, parents report to us that they were unable to do their homework because of stressful life events (e.g., death of a grandparent, a Child Protective Services report, overtime at work, a sick child, out-of-town visitors). Our training in supportive therapy leads us to respond by saying, "That's okay. It was a tough week." Yet, with multi-problem families, *every* week is tough. If PCIT is to progress, we have to avoid giving these families permission to not do their homework because of stressful life events. As good clinicians, we work hard every session to maintain balance between providing support and making it clear to families that we expect them to do their daily homework.

To ensure that we communicate to parents that homework is a priority, we can employ several strategies. First, just as we collect an ECBI from the parents before they enter the session, we can also collect their homework sheet up front. In this way, we can make the homework sheet a sort of "ticket" to the session. Consistently asking for the homework sheet prior to the session has two benefits: (1) it increases the chance that the therapist will remember to ask for the homework, and (2) it sends a message to the client that daily practice is so important that we do not even begin the session without examining the homework sheet. If the parents turn in their homework, they should receive labeled praise for remembering the sheet, regardless of how many times they actually practiced at home. If the parents forget to bring the homework paper, the therapist should require them to recreate the homework sheet in the waiting area prior to the beginning of the session. Completing the homework sheet in the waiting area is aversive to parents because it postpones their access to the therapist and the supportive aspects of the treatment. During sessions, we repeatedly educate parents about the importance of daily

practice. We teach them that the 5 minutes per day of special playtime is critical for (1) the development of their parenting skills, (2) improvement in the parent-child relationship, and (3) generalization of child behavior improvements from the clinic to the home setting. To help parents perceive the link between homework practice and treatment progress, we review ECBI and DPICS results. Behavioral improvements reported on the ECBI and skill improvements coded on the DPICS are directly attributed to how well parents have followed through on their homework. When progress is slow, parents are educated about the need for them to increase homework completion in order to speed up treatment gains. Finally, in those cases in which parents actually succeed in completing all or most of their homework, we make it a point to provide labeled praise for their efforts.

Parent Practice Is Being Sabotaged. Many parents tell us that it is hard to complete homework because significant others in the home observe and interfere. These significant others usually include spouses and extended family members, like grandparents, who are not participating in PCIT. Examples of interference include interrupting, showing nonverbal disapproval (e.g., shaking head, rolling eyes), inducing guilt ("Why are you wasting time playing instead of making dinner?"), and using blatant criticism ("You're stupid if you think this is going to do any good."). If we do not give parents specific strategies for dealing with interference from family members, there is a good chance that the participating parent will discontinue homework, hampering treatment progress. Our efforts to deal with sabotage include the following: (1) attempt to engage the significant others in therapy, (2) problem-solve ways for parent to practice with privacy, (3) empower the parent to be assertive with others, (4) educate the parent that other clients have encountered the same types of interference and still have found ways to complete

their homework, and (5) forecast that significant others will stop sabotaging when they see the treatment work.

Observing and Recording Child-Directed Interaction Skills

As mentioned earlier, we devote a brief period of time at the beginning of each session to recording parental skills progress. This allows us to closely monitor the effectiveness of our previous coaching, provides us with objective information that can be charted and shared with interested parents, and supplies us with information about what skills should receive particular focus during the subsequent coaching.

We get the most accurate picture of how parents are performing their skills at home when we conduct our recording period early in the session, before doing any coaching. If recording is done at the end of the session, after several minutes of skills coaching, nearly all parents are able to perform at a high skill level. However, this performance is artificially enhanced by short-term retention and typically is uncharacteristic of how parents perform independently in home play therapy sessions throughout the week.

> We begin the recording period by telling parents:
>
> I would like for you to go ahead and begin special playtime now. I'll just watch you for five minutes and make some notes to myself before I jump in and begin coaching, OK? Show me your best CDI skills.

We then allow a minute or so to go by so that the parents may warm up and let any initial nervousness subside as they devote their full attention to their child. We begin timing for five minutes and record tally marks in the appropriate boxes on the DPICS-III recording form. At the end of the five minutes, we take a minute or so to make notes about qualitative aspects of the interaction that we would like to address in the coaching or discuss with the parent at the end of the session. We then quickly transfer the data from the recording sheet to the parent's PCIT

Progress Sheet. This form makes it easy for the therapist to track the family's week-to-week progress.

Immediately after the five minute coding, we find it helpful to provide the parent with a "constructive feedback sandwich." The feedback sandwich consists of a hefty slice of labeled praise, followed by a delicately sliced suggestion regarding what the parent could do even better, and finished with another substantial slice of labeled praise. For example, the therapist might say, "You did a great job of increasing your reflections this week. You went from three to eight. And congratulations, you met mastery on behavioral descriptions with 12 of those. The one thing that you might want to focus on is increasing your labeled praises. I counted four and you need 10 for mastery. But overall, I though that your play was warm, and fun, and you did a good job of letting Sasha lead the play."

The skill progress information we collect also helps us to determine how close the family has come to meeting a pre-determined set of criteria for mastery of CDI skills and progressing to the discipline portion of PCIT. The "gold standard" for mastery of CDI skills established by Eyberg (www.pcit.org) is presented in Table 5-3. Because the mastery criteria involve using 10 each of labeled praises, reflections, and behavioral descriptions, when talking with parents we often refer to the mastery criteria as the "ten-ten-ten." It should be noted that the criteria presented in Table 5-3 were established based on the concept of "over-learning." We know that after treatment is concluded and parents no longer receive weekly coaching, their CDI skills will backslide. However, if they have over-learned the skills, we expect that their skills will still be sufficient to maintain the child's positive behavior over time, even if some backsliding occurs. Over-learning also is important because it enhances generalization outside of the playtime. A goal is for the positive parenting skills to become over-learned habits that occur effortlessly throughout the day. For example, when the child tells an elaborate story in the car on the way home from school, we hope that the parent will automatically provide a reflection of the content. Or, when the two children in the family are playing amiably together in the living room, our goal is for the parent

to reflexively provide a labeled praise. It is the over-practicing and over-learning of skills during playtime sessions that lead to the spontaneous use of these skills throughout the day.

Coaching the "Do" and "Avoid" Skills: Tips for Therapists

Skillful coaching of the parent-child interactions requires that the therapist-coach provide

Table 5-3. Criteria for Mastery of Child-Directed Interaction Skills during a Five-Minute Play Session

10 Labeled Praises
10 Reflections
10 Behavioral Descriptions
3 or fewer Commands + Questions + Negative Talk (criticism & sarcasm)
Ignore all negative attention-seeking behaviors
Imitate the child's play
Be enthusiastic

frequent, specific feedback to parents while not disrupting the natural flow of the interaction. That is a tall order for novice therapists who feel awkward sandwiching their comments between parent and child verbalizations. The following general principles are important for effective skills coaching.

Make Coaching Brief, Fast, and Precise. The best coaching statements contain few words. Full sentences and lengthy explanations interrupt the flow of the interaction and may cause parents to become flustered as they attempt to divide their attention between the therapist-coach and their child. Not only should the coaching statement contain few words it should be fast in that it should be delivered immediately after the parent's verbalization. Because every word must count, the language used should be precise rather than general or vague. Occasionally, a situation will arise in which the therapist-coach needs to provide a longer explanation or

observation. In those rare situations, the coach could ask the parent to allow the child to play independently for a moment while the coach provides feedback. Situations in which we have done this include times when a parent is not responding to our coaching (e.g., remains flat for 10 minutes despite intensive coaching on enthusiasm) and when we are providing instructions for a special exercise (e.g., praise exercise). Another situation in which we have taken a moment to talk to a parent in more detail is one in which a parent becomes emotional during the coaching. For example, we worked with a mother who was so touched by a picture her child drew that she became tearful. Her son, who had seldom seen her cry became worried that she was hurt or that something bad had happened. The mother became flustered and did not know how to proceed with the special playtime. We talked with her for just a moment while the child played, giving her suggestions for how to explain "happy tears" to her son. Yet, the overwhelming majority of coaching should be brief so that it promotes rather than interferes with rapid skill acquisition. The coaching statements may take the form of labeled praises, gentle corrections, directives, and observations. Table 5-4 presents examples of commonly used coaching statements in each of these four categories.

Coach after Nearly Every Parent Verbalization. Every verbalization the parent makes provides the therapist-coach with an opportunity to teach, and the more input the parent receives, the faster and better the skills will be learned. Also, by providing feedback after each verbalization, parents learn to pause and wait for therapist input. Coaching will proceed more smoothly when the therapist and parent develop this type of pacing. Providing intensive feedback requires that the therapist think quickly and react with an appropriate labeled praise, gentle correction, observation, or direction. For novice therapists (and even very experienced ones!), this requires intense concentration and sustained effort which can be exhausting.

Therapists must resist the inclination to reduce the frequency of their feedback or to coach in a mechanical fashion.

Give More Praise Than Correction. Many parents begin therapy feeling incompetent in their parenting roles. It is critical for good outcome in PCIT that parents feel supported and successful from the outset. For that reason, the therapist-coach must stay in tune with the proportion of praise to correction being provided.

Table 5-4. Common Child-Directed Interaction Coaching Statements

Labeled praises

Good imitation.
I like how you're ignoring now.
Great job of following his lead.
Good encouraging his creativity.
Nice timing on giving him back your attention.
Nice eye contact.
Nice physical praise.
Good description.
Good answering his question.
Great teaching!
Terrific enthusiasm!
Nice labeled praise.

Gentle Corrections

Oops, a question!
Looks like a frown.
A little leading.
You're getting a little ahead of her now.
Sounds a little critical.
Was that a command?
Might be better to say…

Directives

Try to label it.
Say "Nice manners!"
Say it again, but drop your voice at the end.
Say "I like it when you use your big girl voice."
Praise her for sharing.
What can you praise now?
Can you reflect that?
More enthusiasm!
Let's ignore until he does something neutral or positive.
Say "It's so much fun to play with you when you're careful with the toys."
How about a hug with that praise?

Observations

He's enjoying this.
He's sitting nicely now.
She wants to please you.
He's talking more now because you're reflecting.
She's staying with it longer because of your descriptions.

That praise is good for her self-esteem.
That's good practice for fine motor skills.
Sounds very genuine.
Now he's imitating you.
He loves that praise.
She's handling frustration a little better now.
There's a big self esteem smile!
You see, anything you praise will increase.
By saying "I'm sorry" you just set a good example for polite manners.

Most parents correctly perform many of the skills from the beginning, providing natural opportunities for the therapist-coach to provide a preponderance of labeled praises. If parents are not producing descriptions, reflections, and praises on their own, the therapist should use directives to get the parent to make particular statements, followed by labeled praises after the statements are made, and observations concerning the child's responses. For example:

> Parent: (watches child build but does not speak)
>
> Therapist: (gives directive) "Say, 'Good idea to make a zoo!'"
>
> Parent: "I like that zoo you're building!"
>
> Therapist: (gives labeled praise) "Nice labeled praise. (makes two observations) She really lights up when you praise her. She's working even harder now."

Although it is important to provide feedback as frequently as possible, it is not wise to correct every mistake the parent makes, particularly early in treatment when errors are frequent. Correcting every mistake, even if done in a gentle way, can tip the scale in the negative direction, causing a parent to feel criticized, inept, and discouraged. We recommend that therapist coaches

strive for a ratio of at least 5 supportive statements for every correction. An alternative to corrections is the use of selective ignoring for incorrect skill use, followed by strategic attention when the skill is used properly. The following is an example:

> Parent: "What do you want to do now?"
>
> Therapist: (selectively ignores question)
>
> Parent: "Are you pretending to take the dog for a walk?"
>
> Therapist: (selectively ignores question)
>
> Parent: "Your dog is going for a walk."
>
> Therapist: (provides strategic attention) "Terrific description! You said it as a statement. Good job reducing those questions."

After the first coaching session, most parents are performing so many skills correctly that most of the errors can be gently corrected while still maintaining the overall positive tone of the coaching.

Coach Easier Skills before Harder Ones. Some of the "Do" and "Avoid" skills are generally easier to learn than others, and parents are more likely to feel immediate success if more focus is placed on the easier skills initially. In our experience, describing is typically the easiest of the CDI skills, followed by imitating, reflecting, avoiding criticism, and avoiding commands. The skills that appear to be most difficult for parents to master are avoiding questions and giving praise. We believe that eliminating questions is particularly difficult because of the very high rate of questions most parents give young children at baseline. Asking questions is a difficult habit to break. For some parents, praising is difficult because they are not comfortable expressing affection verbally. Others may believe that too much praise will spoil their child or cause him or her to become boastful. Many parents resist praising because they are caught up in a coercive cycle in which they do not want to praise during special playtime if the child has displayed disruptive behavior earlier in the day. Still other parents simply have difficulty

identifying their child's positive and praiseworthy qualities and behaviors. Most parents find that praise comes more easily and naturally after they have been practicing play therapy for a couple of weeks and have been coached on praise for one or two sessions. If the parent continues to experience difficulty generating praise, we recommend processing this issue with the parent in detail.

Use Special Exercises for Difficult Skills. When the parent is performing many skills at the desired rate but one skill appears to be lagging well behind, we may interrupt the CDI to conduct special exercises in which the parent is encouraged to concentrate on the particular skill. For example, we may tell the parent, "I want to try a little experiment. I want to see how many times in the next minute you can praise Katie, OK? Are you ready? Now begin." During that minute, we stop coaching other skills, and count aloud for the parent the number of praises given. For example,

> Good, there's one…that's two…three… now you're really going…think of another one…four…time is up. That was fantastic! You gave 4 praises in only one minute when you really concentrated on it. I knew you could do it. If you kept up that pace you would have 20 in five minutes, that's 10 more than you need for mastery. Well done!

An exercise such as this one provides encouragement and incentive as well as good practice for parents who are struggling with a particular skill. It is often a better strategy than continuing to provide frequent corrective feedback which can become disheartening for the parent. Other exercises that help parents to focus on particular skills include (1) asking parents to reflect everything appropriate the child says in a two-minute time period, (2) asking parents to catch every question they ask and restate it as a description or reflection, (3) asking parents to turn unlabeled praises into labeled praises, (4) asking parents to practice alternately dropping and raising the inflection of their voices to make a phrase a statement or a question, and (5) giving parents the assignment to be "extra silly" and excited for the next three minutes to promote enthusiasm.

Use Observations to Highlight Effects. Often, we find that abstract discussions of how children respond positively and negatively to particular communications from parents are not sufficiently potent teaching tools. Many times, it is not until the parent actually sees it demonstrated during a coaching session that they are able to recognize and strategically alter their communication patterns to elicit desirable child responses. Therefore, in addition to coaching parental use of "Do" and "Avoid" skills, the therapist-coach should comment on the ways in which the child is responding to the parent. For example, if the parent praises the child for putting the red blocks together and then the child reaches for another red block, the therapist-coach may state an observation such as, "Your praise is powerful. Whatever you praise him for, he'll probably do again." Similarly, after the parent reflects the child's verbalization and the child speaks again, elaborating on the same topic, the therapist-coach may make an observation such as "You've given him positive attention for talking to you without taking his lead away, so he'll keep the conversation going." Because observations can be wordy and may interrupt the flow of the interaction, they should be used strategically. If a particular observation is lengthy or requires an extended discussion, we may choose to review our observations with the parent at the end of the coaching period.

The therapist-coach may also make observations about the child's negative responses to less desirable parental verbalizations and behaviors. For example, if a parent's "imitating" turns into the building of a far more elaborate structure than the one the child is making (despite warnings about this pitfall during the teaching session), the child may be expected to show any of several unfavorable responses: losing interest in the activity and leaving the parent to play with another toy; making negative comments about his or her own ability; or expressing frustration by damaging the parent's structure. Rather than coaching the parent early in the sequence to tone down the complexity of the building, it is sometimes more instructional to allow the parent to continue and the child to respond unfavorably, and then help the parent to recognize how he or she precipitated this negative child response. In this situation, the therapist-coach might offer an

observation such as “He’s showing you that your building was too advanced for him and took away his chance to lead the play.”

One of our goals in PCIT is to help parents improve their attitudes toward their children. One way that this can be accomplished is by pointing out to the parent good qualities about the child. During coaching, we frequently comment on the child’s appearance, manners, intelligence, creativity, curiosity, sense of humor, problem-solving ability, building skills, speed, artistic prowess, and attire. Early in this book we recounted how we often have parents tell us that they love their children but they just do not like them anymore. When parents have given up on finding the good in their children, it is our job to train their eyes to see the positive qualities that we see. We look hard for improvements in the child’s behavior and share those observations with parents. We make it a point to comment on how parents are responsible for these improvements. For example, we might say, “He’s sharing much more this week. That is because you have been praising sharing.” We find that if we do not show parents the direct link between their changes in parenting and their children’s behavioral improvements, they often credit the child’s changes to extraneous factors, such as sleeping, eating, allergies, the toys in the room, and the phase of the moon. Observations can help parents feel proud of their children and take responsibility for their children’s behavioral improvements.

Make Use of Humor. Although coaching and learning Child-Directed Interaction is hard work for both the therapist-coach and the parent, it need not be an overly serious and formal process. In healthy parent-child interactions, most parents and children relax, laugh, and find humor in their activities and interactions. We find that the session is much more enjoyable for all involved if the therapist makes use of humor for reducing parental performance anxiety and helping to increase the warmth of the parent-child interaction.

Progress from More Directive to Less Directive Coaching. A goal of CDI coaching is to empower parents to use the skills autonomously. This can be accomplished by gradually reducing the use of directives and corrections as parents display increased mastery of play therapy skills. For example, in the beginning of a first CDI coaching session, the therapist may

need to give parents the exact words for labeled praises. As the session progresses, the therapist may only need to provide a brief prompt, such as "How about a praise?" Toward the end of the session, the parent may have developed the ability to generate his or her own praises. When this happens, the sensitive therapist-coach will step back and simply reinforce the parent's good use of praise and provide observations on its effects. Once parents near mastery of CDI skills, the therapist should rarely need to provide directives or offer suggestions for the words parents say. Towards the end of CDI, the coaching basically sounds like this: "Nice job. You're so good at this….You've got it. Just keep going….Beautiful reflection…She's smiling!...Your praises are so warm."

Coaching Strategic Attention and Selective Ignoring. To maximize the effectiveness of Child-Directed Interaction, parents must understand the concepts of strategic attention and selective ignoring described in Chapter 4, and they must be able to implement them in tandem to shape desirable child behaviors. The therapist-coach should look for child behaviors that are pro-social, occur with low frequency, and are appropriate targets to increase through strategic attention. Often these behaviors are naturally incompatible with identified problematic behaviors. For example, a child who is bossy may have "asking politely" as a target of strategic attention. Using the double-pronged approach, bossiness in turn may be identified as a target for decrease through selective ignoring. Examples of problematic behaviors responsive to selective ignoring and their incompatible pro-social behaviors that may be increased through strategic attention are presented in Table 5-5.

When an appropriate target for selective ignoring is presented during the coaching session, the therapist-coach first identifies the problematic behavior, coaches the parent in selective ignoring until the child ceases the problematic behavior, coaches the parent to return attention to the child for positive or neutral behaviors, and coaches the parent to keep an eye out for pro-social behaviors (which are incompatible with the problem behavior) that can be responded to with strategic praise. The following example illustrates the use of selective ignoring and strategic attention in tandem.

Table 5-5. Behavioral Targets for Strategic Attention and Selective Ignoring

Strategically Attend to…	Selectively Ignore…
Polite manners	Bossiness, demandingness
Playing gently with the toys	Banging toy on the table
Using a "big boy (girl)" voice	Whining
Talking softly	Yelling
Driving toy cars safely	Repeatedly wrecking cars
Being nice to toy people	Dropping people on floor
Sharing toys	Grabbing toys away
Building pro-social structures	Making toy guns
Trying even when it is hard	Giving up in frustration

Child: "Pow, pow, pow. You're all dead." (mimics shooting Lego people with a Tinkertoy gun he has made)

Therapist (to the parent): "That's aggressive. Now is a good time to begin ignoring. Drop your eyes, quickly turn away, and begin building something of your own with some Tinkertoys. Describe out loud what you are making, but speak as though you're just talking to yourself, not to him.

Parent: (turns away from child and picks up wheels) "I think I'm going to build a swamp buggy. Here's one wheel…"

Child: (louder this time) "Look mom, I'm killing all of them! Pow, pow."

Therapist: "Great job of ignoring. Keep looking away. Good describing your own play. Let's see if we can get him interested in what you are doing so he stops the shooting. Be very enthusiastic about your buggy."

Parent: "I'm going to make the coolest, baddest, freshest swamp buggy in the whole world!! It's going to have red wheels. Now, I'm going to put a green seat here. I guess I'd better find a driver for my swamp buggy."

Child: "Oh, I know, this Lego-man can drive it!! Here, I'll show you."

Therapist: "Perfect! You got his attention away from the aggressive play and now he's playing appropriately with you. Let's give him your full attention now and some labeled praise."

Parent: (turns to face child) "What a great idea to have the Lego-man drive! Thanks for playing nicely with the toys so I can play with you again."

Therapist: "Nice labeled praise. You did a great job of getting him back on track."

Parent: "Now you're adding a back seat so more people can ride."

Therapist: "Good describing."

Parent: "I'm really glad you're playing swamp buggy with me. I like gentle play."

Therapist: "Excellent labeled praise."

Sometimes, during selective ignoring, parents will try to speed up the process by trying to coax children to re-engage in CDI. This looks like the following: While the child is pounding aggressively on the dollhouse, the parent selectively ignores the pounding and starts talking out loud about how they like to play gently with the Tinker Toys (modeling opposite behavior). When the child does not discontinue the pounding immediately, the parent rushes the process by saying, "I sure wish that Freddie would come over here and play gently with the Tinker Toys." This verbalization breaks two of the CDI rules. First, it provides attention to Freddie for his disruptive behavior. And, second, it is an indirect command, making it hard for Freddie to lead the play. We coach parents to be patient and let the selective ignoring work. Parents can combine ignoring with distraction in which they enthusiastically describe their own play activity as though talking to themselves, rather than to the child. But, we do not want parents to use any form of distraction that involves looking at the child, addressing the child by name, or providing either direct or indirect commands.

There are times early in CDI coaching when children have extended tantrums and parents must ignore for up to twenty minutes. During the ignoring, parents who are not yet fully invested in treatment will give the coach nonverbal cues that they do not approve of this strategy.

They roll their eyes, sigh, raise their hands in frustration, look into the observation window skeptically, and sometimes even say out loud "This isn't working people." If the therapist wants these families to return to the next session, it is important to stay confident and use motivational strategies during the extended period of ignoring the tantrum. We anticipate that the parent will have a hard time withholding attention for a prolonged period and prevent them from providing negative attention by continuously talking to them about the need to look away and enthusiastically describe their own play. We also take this opportunity to remind them that CDI is not the entire treatment program. We reassure these parents that ignoring is not the only strategy that we will be recommending for misbehavior. We remind them that an intensive discipline program is coming in which we will teach them more direct and hands-on strategies for handling tantrums. If the session ends on a negative note, we often provide a mid-week call to motivate parents to hang in there with CDI.

Occasionally, we want to target a pro-social behavior that occurs so infrequently that there may be no naturally occurring opportunity to reinforce the behavior during coaching. For example, we worked with a three year old who was extremely bossy and rude, demanding that his mother do things for him (e.g., "Get me a drink," "You sit there," "Give me that!"). After three coaching sessions, we had never heard the child ask appropriately for anything. We decided to "prime the pump." Before we began CDI coaching, we showed the mother how to teach the child the skill of "asking nicely" (e.g., role playing with the toy people). In this way, we were able to increase the chance that the child would ask nicely for something during the coaching session, and we could then coach the parent to provide labeled praise. With older children, we can prime the pump by simply telling them what we are looking for in the session. We might say, "Today, we are going to be working on using the words 'please' and 'thank you.'

Your mom is going to be listening very closely for those words. If she hears you say them, I know she will get very excited, and so will I." Sometimes, after a few CDI sessions, children just need to be told directly (before CDI begins) what behavior we are hoping to see and they will come through with it to please both the parent and the therapist. Once CDI begins, commands and reminders about the identified skill are no longer used because they take the lead away from the child.

Coaching Qualitative Aspects of the Parent-Child Interaction. Although parents are instructed in a set of "Do" and "Avoid" skills for special playtime, these skills do not encompass all relevant aspects of parent-child interactions or the parent-child relationship. Novice PCIT therapists often focus their coaching exclusively on these "Do" and "Avoid" skills, neglecting other qualitative aspects of the interaction. This "tunnel vision" may result in play therapy that meets the letter but not the spirit of the mastery criteria cited earlier in this chapter, and which would not be described by an objective observer as warm, nurturing, or promoting parent-child relationship enhancement. Experienced PCIT therapist-coaches integrate coaching of the core skills with coaching of more qualitative aspects of relationships, including physical closeness and touching, eye contact, vocal qualities, facial expressions, turn-taking, sharing, polite manners, developmentally sensitive teaching, task persistence, and frustration tolerance. For a DVD demonstrating advanced PCIT coaching skills with an actual client, see the American Psychological Association video by McNeil (2008).

Physical closeness and touching. There is no "gold standard" for the optimum amount and type of physical closeness during CDI. Healthy parent-child dyads vary widely in the nature and degree of physical closeness and touching exhibited in parent-child interactions. In securely attached parent-child dyads, preschoolers will frequently move from very close physical

proximity with their parents (e.g., sitting on parent's lap) to wider and wider exploration of the environment with frequent returns to the security of "home base." However, when the parent is a participant rather than observer of the child's play, such as occurs during CDI, most securely attached children will play for extended periods of time within two or three feet of their parents, and parents will intermittently touch their children in an affectionate way.

In our work with less functional parent-child dyads, we have observed anxiously attached, clinging children as well as young children who show unusually little interest in interacting closely with their parents. We have also observed parents who hover over their children, engaging in an excessive degree of controlling physical contact, as well as those who appear to be uncomfortable with physical affection (e.g., hugs, sitting on lap) expressed by their young children. Thus, depending on the needs of the particular family, the therapist may coach parents to: (1) praise their children for more independent behaviors incompatible with clinging, like sitting in one's own chair, (2) combine verbal praise with physical praise such as stroking the child's hair, offering a hug, patting the child's knee, (3) refrain from "restraining" gestures such as grabbing the child's hand to prevent a response, or (4) move closer to the child who has distanced him- or herself from the parent, praising the child for allowing the parent to join in the game.

Eye contact, facial expressions, and vocal qualities. Among U.S. Caucasian populations, it is expected that the listener will make eye contact with the speaker during conversation, and a lack of eye contact may be interpreted as avoidance of emotional contact or poor social skills. Some of the parents we work with have significant social skills deficits or discomfort with emotional exchanges and profit from direct coaching in how to model good eye-contact during special playtime. Modeling good eye contact is helpful but sometimes insufficient for encouraging

young children to improve their own eye-contact patterns. For young children who only occasionally make eye contact, parents are coached to praise their children strategically and enthusiastically for good eye contact. When eye contact is a very low base-rate behavior, we coach parents to shape eye contact by lifting a toy that has captured the child's attention to the parents' eye level while they are speaking, and then strategically praising the child for good eye contact when the parent's and the child's eyes meet (e.g., "I like it when you look at me when we're talking"). This is a helpful strategy for young children with atypical development, such as those with Autism Spectrum Disorders. Please see Chapter 12 for a full description of working with children with developmental disabilities.

Sometimes, parents master the mechanics of the praising, reflecting, imitating, and describing, but the play therapy takes on a monotonous and boring quality. These parents appear to be "going through the motions" but not to have their hearts in it. On reflection, the therapist may notice that he or she is coaching in a monotone as well. When we first notice this occurring, we exaggerate our own animation, then coach parents to play in a more animated fashion, increasing the enthusiasm in their voices, adding clapping to praises for young preschoolers, and exaggerating facial expressions. As the parents add more animation to their play, we offer observations on its effect such as: "He's looking at your face more and making better eye contact now," "Look at her face beam. Your enthusiasm means a lot to her," and "Now she can really tell you're enjoying this time with her." When a parent does not respond to this coaching by brightening his or her affect, it is sometimes an indicator of depression, substance use, or chronic fatigue. At other times, it is an indicator that the parent is resistant to treatment. When this occurs, we temporarily suspend coaching in order to have a "heart-to-heart" discussion with the parent in which we explore these issues. Sometimes adjunctive interventions for depression or

substance abuse are recommended, strategies for stress reduction are presented, and sources of resistance to treatment are identified and addressed.

Turn-taking, sharing, and polite manners. The "Do" skills of CDI, at a basic level, represent social communication skills that people of all ages use in their interpersonal relationships. Imitation begets imitation, and when parents describe, imitate, praise, and reflect during special playtime, their young children in turn imitate these skills. Over time, young children begin spontaneously praising their parents, reflecting parental verbalizations, and describing their own and their parents' play. For many children, we believe these positive social communication skills generalize to sibling and peer interactions as well. Other valuable social skills for young children that are not listed as "Do" skills for CDI may be targeted and coached, particularly turn-taking, sharing, and polite manners.

The "Do" skill of imitation presents a natural opportunity to coach turn-taking. As the child performs an action, the parent may be coached to label it as the child's turn and then describe it. Then, as the parent imitates the child's action, the parent may be coached to label their own turn in play and to praise the child for allowing them to take a turn. To clarify for the parents how this sequence of interactions may be helpful to the child, the therapist may add an additional observation such as in the example below:

Child: (puts block on tower)

Therapist: "Now label his turn and describe it."

Parent: "You're taking a turn and putting a blue block on the tower."

Therapist: "Good. Now label your own turn and describe it."

Parent: (picks up another block) "Now I'll take my turn and add another blue block to the tower."

Child: "OK, go ahead mom."

Parent: "Thanks for letting me take my turn! Taking turns is fun."

Therapist: "Good labeled praise."

Child: "Yeah, and we're good at it! Now I get to go, right?"

Therapist: "You've taught him that taking turns can be fun, and if you keep praising him for it, he'll probably do it more when he plays with his sister."

Just as young children can be taught the early social skill of turn-taking during the context of CDI, they can be shaped into sharing and using polite manners. Most young children will offer the parent a toy at some point during the course of a play therapy session. We encourage parents to recognize this as sharing and reward the child with enthusiastic labeled praise followed by a parental act of sharing. Similarly, many young children will say "please" or "thank you" at least once during a CDI coaching session. Parents are coached to label these verbalizations as good manners, provide labeled praise, and be sure to say "please" and "thank you" as appropriate to the child. For young children who do not spontaneously share or use polite manners, we coach parents to periodically model these early social skills, clearly labeling their own behavior so that the likelihood of imitation by the child is enhanced.

Developmentally sensitive teaching. Many parents choose to use CDI as a vehicle for developmental stimulation as well as parent-child relationship enhancement. Unfortunately, during our baseline observations of parent-child interactions, it may become apparent that the parent is not well-tuned into the child's developmental capabilities. With preschoolers, parents may overestimate the child's fine motor ability (e.g., building, drawing), grasp of spatial concepts, ability to remember sequentially presented information, and speed of mental processing. They may also underestimate the child's ability to persevere at a difficult task, to pick up after him- or herself, or to select the next item needed while building. This lack of

accurate perception of a child's developmental level may become apparent during coaching. We have seen parents (1) command the child to perform a task that he or she is incapable of, (2) impatiently interfere in the child's problem-solving by taking over and completing a task for the child, (3) fail to recognize and praise the child for small increments of developmental advancement, and (4) model inappropriately advanced levels of play. Errors such as these may cause the child to feel bad about his or her own abilities or to lose interest in performing a play task that is too difficult. In addition, the parent's ability to effectively teach is compromised when input is pitched at either too high or too low a level.

To ensure that play therapy is conducted at the child's level of development, parents are encouraged to adhere to the overriding rule that the child is to remain in the lead. Parents are told that it is at this level that children are most interested in the play activity and most receptive to teaching from parents. The therapist should coach parents to (1) accurately perceive their child's developmental capabilities, (2) recognize the next step that is within the child's reach, and (3) teach the next step through subtle prompting, modeling, and shaping of successive approximations during special playtime. The following is an example of how a parent may be coached to work at the child's developmental level and stimulate learning:

> Child: (draws a rough square on the chalkboard) "I'm drawing a doggy!"
>
> Parent: "He needs a head, body, legs, a tail, a face, and a collar like your doggy, Mattie."
>
> Child: (puts down chalk and studies own shoe)
>
> Therapist: "I'm not sure I could remember to draw all of those parts! She's showing you with her long face that it's too hard for her. Let's back up and work at her developmental level. Point to her drawing and say, "You drew a wonderful doggy's head. I think I'll draw one just like it."
>
> Parent: "I love the doggy's head you drew. I think I'll make one too." (draws another square)

Therapist: "Good start! Let's focus just on the face now. Say something like, 'I'm trying hard to remember what doggies have on their faces.' Try to look puzzled."

Parent: "Hmmm, I wonder what doggies have on their faces?"

Child: "I know, eyes!" (hops up and draws eyes)

Parent: "What a great job of making eyes."

Therapist: "Good labeled praise and nice job of keeping her in the lead. Now, how can you help her think of the next thing to add without using a command?"

Parent: "This doggy can see us now because he has eyes. But if we gave him a bone he couldn't eat it."

Child: (giggles) "He needs a mouth! I can draw one."

Therapist: "Excellent job of giving her a hint that was within her developmental capability. Now she's drawn a dog's head with eyes and a mouth. If you keep this up, she'll draw the most detailed dog she's ever made. You've broken it down into small steps so she won't feel frustrated or overwhelmed."

Parent: "I knew you could make a doggy's face if we did just one part at a time. You're a smart girl and a good artist."

Task persistence and frustration tolerance. Many of the children we work with are easily frustrated during play as well as during early academic tasks at school. They may show their frustration by giving up when the activity becomes challenging, becoming destructive with materials, whining, crying, or throwing temper tantrums. Once a child has been identified as having difficulty in this area, several coaching strategies may be used to teach parents how to improve their child's frustration tolerance. It is important to note that in many cases, the parents do not have a high degree of tolerance for frustration themselves. This presents a double-edged sword. The parents may find it more difficult to teach positive coping techniques to their own child, but they may also benefit from learning new skills to cope with their own frustration, in turn modeling more appropriate coping skills for their young children.

After mastering basic CDI skills, parents can be coached to provide strategic praise for task persistence, attempting difficult tasks, and staying calm when experiencing frustration. Yet,

some children require a more intensive approach. In such cases, parents are coached to demonstrate a mild degree of frustration with a play activity that is similar to one exhibited earlier by the child. The parent is coached to initially verbalize the frustration, then take a deep breath, count to five, and engage in positive coping statements and simple problem-solving strategies appropriate for the child's level of development. The parent instructs the child that this is something he or she can do too when frustrated and then prompts and rewards the child for engaging in positive coping strategies throughout special playtime. The following example illustrates how we might coach a parent to facilitate positive coping with frustration:

> Child: (struggles to put stick in wheel, them slams Tinkertoy down) "Stupid thing. It never goes in. I can't do it."
>
> Parent: "They're hard to put together. I'll give it a try too."
>
> Therapist: "Good. Now model some mild frustration."
>
> Parent: (struggles to fit pieces together) "This is so hard to put together."
>
> Therapist: "Nice modeling of frustration. Now put the toy down, take a deep breath, close your eyes, and count to five out loud."
>
> Parent: (takes a deep breath and closes eyes) "One, two, three, four, five."
>
> Therapist: "Good relaxing yourself. Now talk about how you feel and model some positive coping statements."
>
> Parent: "There. I took a deep breath and counted to five and now I don't feel so angry. Now I'm ready to try again. I know that if I keep trying I might get them to fit together. (tries to fit pieces together and succeeds, this time) Boy, am I proud of myself! I was mad but then I stopped, relaxed, and tried again. That's something you can do when you get mad too."

After the parent has learned how to model these steps for the child, the parent can cue the child to use positive coping in response to frustration at home, providing rewards in the form of praise or tangible reinforcers like happy-face stickers. Children can also be cued to go through this sequence of steps in response to frustration at day care, preschool, and elementary school. However, it must be noted that very young children are rarely able to remember to initiate these

coping responses at the appropriate times without direct cuing from a parent or teacher. To be most effective, the cue should come early in the child's frustration reaction, preventing the escalation of frustration to a high level that will inhibit effective coping.

Helping Parents Handle Aggressive and Destructive Child Behavior. Most children are on their best behavior during special playtime and are rarely disruptive. After all, they have their parent's undivided attention, are playing with novel toys, and get to be in the lead. However, parents must have a strategy for handling disruptive behavior if it occurs during coaching sessions and during play sessions at home. As mentioned earlier, when children engage in mildly disruptive behavior (e.g., whining, talking back) during CDI in either the clinic or the home setting, parents are coached to address these problems using strategic attention and selective ignoring described earlier in this chapter. For more serious behaviors such as physical aggression and destructive behavior during home play sessions, we encourage parents to immediately end the special playtime. However, if aggressive or destructive behavior occurs during a clinic coaching session, we usually do not choose to suspend CDI because doing so will result in lost session time and inhibit treatment progress. Instead, we enter the room quickly and ask parents to exit and watch from the observation room. In a serious voice, we remind the child of the relevant rule of our playroom. So, if the child was hitting the parent, the therapist would review the "no hurting" rule. If the child was throwing heavy toys at the glass, the therapist would remind him of the safety rules of the playroom. When children calm immediately, the therapist leaves right away and the parent returns to CDI. When children engage in prolonged episodes of disruptive behavior, the therapist explains to the child that the child must be calm and safe before the parent will be able to come and play again. In rare cases, the child is so out of control that the therapist needs to do enthusiastic CDI to distract the child and interrupt tantrumming behavior. Once the child regains emotional control, the CDI coaching can be resumed. On those rare occasions when a therapist must enter the room because of dangerous or destructive behavior, it is helpful to spend a couple of minutes putting the room back together (e.g., picking up overturned chairs) and removing any toys that were being misused, thrown, or

broken. Please see Chapter 16 for additional strategies for coaching parents with extremely aggressive and explosive children.

Coaching Sessions with Siblings. Most parents are able to extend the Child-Directed Interaction skills to the targeted child's young siblings with little difficulty. However, when children are at different developmental levels, generalization of skills can be enhanced by having one session in which the parent is coached with the referred child and with each of his or her siblings in turn. Usually the referred child feels somewhat proprietary about special playtime in the clinic setting. For this reason, we always include some period of coaching for the referred child, even though the greater focus in this session may be on coaching the parent's use of skills with the siblings. For a more complete discussion of how to incorporate siblings into PCIT, please see Chapter 11.

<u>End of Session Debriefing and Homework Assignment</u>

We reserve the last ten minutes of each coaching session for providing feedback to parents on their skills progress and discussing the upcoming week's homework. Many parents are motivated by viewing the PCIT Progress sheet. This is a record of their CDI skill acquisition and ECBI changes across sessions. They are able to view their progress from week to week, as well as monitor how close they are to reaching the mastery criteria for CDI and moving on to the discipline portion of PCIT. Feedback should begin by noting for parents areas of progress in the "Do" and "Avoid" skills, child responsiveness to these skills, and improvements in qualitative aspects of the parent-child interaction. It is important that constructive feedback be given as well that highlights areas needing further work. However, as with the coaching, the therapist must carefully attend to the balance of positive and corrective feedback so that parents leave the session feeling both encouraged by their progress and motivated to work hard in the upcoming week. Between CDI coaching sessions, parents are asked to complete a daily five-minute special playtime at home, and to record their practice on their homework sheet.

<u>Progression of CDI Coaching Sessions</u>

The strategies and procedures described in this chapter apply to all CDI coaching sessions. Yet, there is a typical progression in what is emphasized in each coaching session (Table 5-6 presents the typical progression of CDI coaching sessions). In general, behavioral descriptions are focused on in the first coaching session, while there is a greater emphasis on reflections and avoiding questions in the second session. The third coaching session emphasizes labeled praise and fine tuning of PRIDE skills, and later sessions focus on specific drills for particular skills that have not been mastered. There is no fixed number of CDI sessions. CDI coaching continues until parents meet the 10-10-10 set of mastery criteria (with 3 or fewer commands + questions + negative talk). Thus, some families may be coached in CDI for only two sessions, whereas others may require six or more CDI coaching sessions.

What if a Caregiver Does Not Reach CDI Mastery?

We often are asked how to handle cases in which a caregiver has had numerous CDI coaching sessions (e.g., 10 or more) and still has not reached mastery. The therapist should try coding this type of family more than once during a CDI session to determine whether coaching and anxiety reduction enhance performance. Sometimes a family can meet the mastery criteria at the middle of a session but not at the beginning. Unfortunately, however, these cases often involve families who do not practice CDI at home as prescribed. The first question for a therapist to consider is whether he or she has done everything to motivate the parent to buy in to CDI and to complete homework. Then, the therapist should examine the issues in failing to reach mastery. If the parent is able to follow the child's lead and is missing mastery by only a couple of questions or a few PRIDE statements, it is possible that moving forward is an appropriate step. After all, CDI coding and coaching will continue in the PDI sessions. Sometimes parents have greater CDI buy-in after PDI has begun to work. If the parent simply is "not getting CDI," the therapist should be cautious about moving forward. PDI is likely to be difficult and possibly ineffective without the relationship enhancement. Occasionally, a family may only be motivated by the consequence that treatment may be suspended or even terminated unless the caregiver is able to commit to the daily homework requirement (e.g., a family with a history of abuse that is doing

only the bare minimum to regain parental rights). A similar issue that often arises is in dual-caregiver families when one parent reaches mastery faster than the other parent. Do we move forward with the caregiver who has reached mastery or hold the family until both caregivers attain mastery? With this decision, we usually consider the degree of involvement of the caregiver who has not reached mastery. If that caregiver is the primary caregiver or highly involved in the parenting of the child, we might choose to slow progression to allow that caregiver to "catch up." For us, however, the ultimate issue question is this one: "What is in the best interest of the child?" If a family is getting highly frustrated with the over-abundance of CDI sessions and is at risk of dropping out of treatment, it may be in the child's best interest to move forward to PDI. Whereas PCIT will be less effective when the family does not reach mastery, it may be even more ineffective if the family terminates prematurely. As these decisions are made on a case-by-case basis using clinical experience, we recommend taking advantage of a seasoned PCIT consultant or colleagues on the PCIT list serve (sign up at www.pcit.org) when making such judgments. One of the strongest aspects of PCIT is the large change in parenting skill that occurs when enforcing the high standards of the mastery criteria. Allowing a parent to move forward without mastery should be a rare exception. By valuing and following the mastery criteria, we can ensure that each family receives its optimal "dose" of CDI.

Table 5-6. Typical Progression of CDI Coaching Sessions

Session #1

- Labeled praise for all PRIDE skills and ignoring
- Provide only positive feedback. Do not point out mistakes in this session.
- Focus coaching primarily on behavioral description
- In homework, parents are encouraged to focus on decreasing questions and increasing reflections.

Session #2

- Review "Parents are Models for their Children" handout and discuss anger control
- Labeled praise for all PRIDE skills and ignoring

Focus coaching primarily on increasing reflections and avoiding questions
Go over CDI mastery criteria
In homework, parents are encouraged to focus on increasing labeled praise.

Session #3

Review "Getting Support" handout and discuss family's social support network
Fine tune all PRIDE skills and ignoring
Focus coaching primarily on labeled praise and qualitative aspects of the interaction
In homework, parents are encouraged to focus on skills not yet mastered.

Session #4 and Beyond

Review "Kids and Stress" handout.
Labeled praise for all PRIDE skills and ignoring
Conduct 2–3 minute coaching drills on whatever skills are weak
If mastery criteria are met, introduce PDI and remind them that child does not attend the next session.
In homework, parents are encouraged to focus on skills not yet mastered.

For handouts listed above, see Eyberg (1999) available at www.pcit.org.

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