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## Empowerment in Parent-Child Interaction Therapy (PCIT)

Marlena M. Hernandez

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EMPOWERMENT IN PARENT-CHILD  
INTERACTION THERAPY (PCIT)

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Marlena Marie Hernandez

June 2016

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Marlena Marie Hernandez

June 2016

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## ABSTRACT

The purpose of this study is to explore empowerment in Parent-Child Interaction therapy (PCIT). Research has shown that attachment issues and child maltreatment are serious social problems that may lead to risks of child abuse and children developing mental illnesses. Interventions, like PCIT have shown to decrease these risks by improving the parent-child interactions by enhancing parent skill levels and by decreasing parent stress levels and child behaviors. The purpose of this study was to examine whether enhancing parent skills and decreasing parent stress levels would therefore increase parent empowerment. This study utilized a quantitative method to examine potential growth in parent empowerment. The current study consisted of 20 cases in which parents completed PCIT and had pre- and post- Dyadic parent-child interaction coding system (DPICS) and Parent Stress Index (PSI) scores. Results indicated that PCIT enhanced parent skills but did not decrease stress levels as first hypothesized. Therefore, enhanced skills and decreased stress levels were found to not be a sufficient measure of parent empowerment. The PCIT literature has shown that PCIT successfully enhances parent skills, which in turn has shown to decrease the risk of child abuse. It is recommended that individual environmental factors and life stressors be considered in addition to the parents participating in PCIT to better enhance parent empowerment.

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## DEDICATION

A special dedication to my parents, who have always encouraged me to “reach for the stars” and to achieve my dreams. Thank you for always supporting me in every way imaginable and always motivating me to be the best me I can be. I love you both very much and I would not be the woman I am today without your love and guidance. I am forever grateful for the opportunities you have given me and I am so blessed to have you both as my parents.

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## CHAPTER ONE

### INTRODUCTION

The purpose of this study is to explore empowerment in parent-child interaction therapy (PCIT). An attachment between a parent and their children is extremely important and can influence their interactions with one another. When there are issues within the attachment, pathological behaviors may occur, such as child abuse and/or child disruptive behaviors. In teaching parents appropriate parenting skills, PCIT has been shown to enhance the social interactions between parents and their children and, also decrease their children's disruptive behaviors. By enhancing parents' parenting skills, PCIT may also in turn empower parents.

#### Problem Statement

Attachment is an emotional bond between parents and their children. This bond is important for children's survival because it provides a feeling of safety and supports the development of their social and behavioral interactions (Rathus, 2012). It is extremely important for parents to establish an appropriate attachment with their children because it effects their social-emotional development. Human beings learn from their social interactions and use these interactions to create a reference model of how to interact with others. If children do not achieve a proper attachment or receive negative interactions from their parents, the children may use these

interactions as a reference. These negative interactions may hinder the children's ability to have healthy relationships with others throughout their lives (Rathus, 2012). Consequently, it is imperative to address attachment issues as early as possible to try to correct children's current reference model to be more supportive and positive.

Issues between parent and child attachments can lead to many different psychopathological problems within the family, such as disruptive behaviors in children (Kerig & Wenar, 2006). Disruptive behaviors are defined as having problems in self-control of emotions and behaviors that can violate the rights of others, and therefore can cause conflict with authority figures and societal norms (American Psychiatric Association, 2013). Some disruptive behaviors that children exhibit may include oppositional defiant disorder (ODD), conduct disorder (CD) and attention-deficit/hyperactivity disorder (ADHD). ODD is characterized by negative and deviant behavior which can include; anger outbursts, arguing, deliberately annoying others or not listening, blaming others for mistakes, and being spiteful (Kerig & Wenar, 2006). CD is similar to ODD, expect children with CD begin to repeatedly engage in deviant behaviors and violate the rights of others, such as stealing, initiating fights, or setting fires. Although ADHD does not include deviant behaviors, it does include inattentive and/or impulsivity behaviors. These behaviors can include being easily distracted, not following through on instructions, fidgeting, and acting out before thinking (Kerig & Wenar, 2006). ADHD is the most prevalent

diagnosis in the United States among 3-17-year-old children (Perou et al., 2013). These disruptive behaviors may cause parents to utilize more maladaptive coping strategies when they become tremendously stressed and frustrated with their children's behaviors.

Some of these maladaptive coping strategies could include physically or verbally punishing their children, such as threatening or spanking the children to achieve compliance. Utilizing these types of strategies can increase the risk of child maltreatment, which is a very serious social problem (Thomas & Zimmer-Gembeck, 2011). Child maltreatment is defined by the Centers for Disease Control and Prevention (CDC) (2015) as "any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child". Child abuse includes acts of commission, where the perpetrator intentionally harms the child either physically, psychologically, and/or sexually. Child neglect includes acts of omission, where the perpetrator does not intend on harming the child but does not provide basic physical, emotional and education needs to protect the child from harm (CDC, 2015). Child maltreatment is a serious and growing social problem that has to be addressed by the social work profession. To address this problem and to help parents prevent child abuse, parents can participate in therapeutic programs, such as PCIT, that educate them on appropriate parenting skills.

Research and past implementation has shown that PCIT is successful in improving interactions between children and their parents and decreasing disruptive child behaviors. Improving interactions between parents and children involves educating parents on appropriate parenting skills. Parental education has shown to be successful in helping to decrease the risk of child maltreatment. Educating parents on appropriate parenting skills and how to properly use them with their children can increase the parents' confidence in their parenting abilities (Barth, 2009). Increasing parents' confidence may also in turn enhance their empowerment. Social work research has indicated that empowering an individual can improve their quality of life and encourage them to take control of their circumstances (DuBois & Krogsrud Miley, 2014). In understanding this empowerment phenomenon, PCIT may empower a parent in their abilities and encourage them to continue utilizing appropriate parenting skills, which in turn may decrease disruptive behaviors and child maltreatment.

#### Purpose of the Study

The purpose of this research study is to explore empowerment in PCIT. Issues that will be addressed in this research study include; the empowerment of PCIT, do parents feel more confident in implementing their new parenting skills and does this newly found confidence increase parental empowerment. In enhancing empowerment, parents may feel confident in their parenting skills and utilize the appropriate skills to decrease child disruptive behaviors and prevent child maltreatment. The skills parents learned and practiced

throughout their PCIT sessions can show the parents' progress and confidence utilizing these skills. By assessing their confidence, it can show how parents feel about themselves and if they feel more empowered as a parent.

For this research study, the researcher will be examining parental empowerment in PCIT through the use of visually analyzing parent Dyadic parent-child interaction coding system (DPICS) scores and Parent Stress Index (PSI) scores. The DPICS is an instrument used by clinicians to assess and record parent-child social interactions to determine treatment for clients and to track behavioral changes in PCIT sessions (Eyberg et al., 2004). Clinicians assess what the parent says to their child throughout the session and depending on what or how the parents say something, the clinicians give the parents a score. Scores are given for parent statements that include acknowledgment, informal descriptions, unlabeled praise, label praise, reflection and behavior description (Eyberg et al., 2004). As the parents complete their PCIT treatment, their scores and parenting skills should increase over time.

The PSI is an instrument that is completed by the parent participants, in which parents self-report the intensity of and types of stress they are experiencing (American Psychological Association, 2015). Clinicians have parent participants complete a pre, mid and post PSI instruments throughout their PCIT treatment. Parents rate their responses on a scale from "Strongly

Agree” to “Strongly Disagree” on each question. As the parent completes treatment and gains more knowledge and coping skills, there should be a decrease in stress reported over time (American Psychological Association, 2015). This study will utilize secondary data that has already been collected by clinicians from past PCIT sessions. DPICS scores were collected after each PCIT session and the PSI scores were collected in the beginning, middle, and at the end of the PCIT treatment. Both of these scores will give the researcher the ability to analyze the parents’ progress in utilizing the parenting skills taught and the changes made in stress levels throughout the entire treatment. Utilizing the DPICS and PSI scores allows the researcher to track the parents’ progress and depending on their progression, determine if parents appeared more empowered as the treatment started and when the treatment was completed.

### Significance of the Project for Social Work

Examining parental interactions and parenting skills is significant to the field of social work because if they become maladaptive, children may develop serious mental health problems. According to Perou et al. (2013), in a given year 1 out of 5 children in the United States are diagnosed with a mental illness. Some of the most common diagnosis in children in the United States include ADHD (6.8%), behavioral or conduct problems (3.5%), anxiety (3.0%), depression (2.1%), Autism spectrum disorder (1.1%) and Tourette syndrome (0.2%). Each year these child diagnoses and their treatment cost the United

States around \$247 billion dollars (Perou et al., 2013). These statistics represent the social problems that families, communities, and even the United States are facing with so many children being diagnosed with mental illnesses.

Some symptoms that occur within these diagnoses, such as with ODD, CD, and ADHD, are extremely behavioral. Behavioral problems may increase a parent's frustration and if they do not have appropriate parenting skills they may physically punish their children. Unfortunately, physical punishments may increase in frequency and lead to children becoming victims of abuse.

Currently, many of these children are referred to mental health services through social work agencies such as Child Protection Services (CPS). In 2013, 3.5 million child maltreatment reports were made to CPS in the United States (United States Department of Health and Human Services, 2015).

These statistics can increase social workers' awareness of the prevalence of mental illnesses in children and their risk of being abused. In addition to this, it can also expose the fact that parents are also in need of resources and treatment to better enhance their relationships and discipline with their children.

Conducting this research will address PCIT as a treatment intervention that enhances parents' interactions with their children and the parenting skills they use. This is significant to social work because there are many licensed clinical social workers that provide PCIT and document the parents' and children's progress. PCIT also provides parents a place to practice, utilize and

receive constructive feedback on the new parenting skills they learn each session. This can enhance parents' confidence because they will be able to properly use these skills without harsh punishment and receive their children's compliance. Increasing the parents' confidence may also lead to the parent feeling more empowered in their parenting abilities and utilize more effective parenting skills.

For this research study, the beginning, assessing, and evaluating processes of the generalist intervention process will be informed by the research. Assessment takes place before each PCIT case is started and, also with the DPICS during the beginning of each session and the PSI throughout treatment. Planning will take place after each assessment to target certain focus areas or problems that the clinician may notice while observing. Lastly, evaluating will take place in recording parents' and children's progress and what goals have been completed throughout their PCIT treatment.

The question that will be addressed by this study is: Does PCIT empower parents to be more effective in their parenting?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter will begin with introducing the development of and the different components of PCIT. PCIT has been studied in research to explore the benefits and limitations it has in regards to treating parents and their children. In addition to PCIT, this chapter will also define empowerment and the importance it has in a client's perspective of one's self. Supportive theories to this research study, which include: attachment theory, social learning theory and empowerment theory, will also be introduced. By conducting this research study it is anticipated that it will add to existing research regarding the success of PCIT and bring awareness to the potential parental empowerment that may occur as well.

#### Parent-Child Interaction Therapy

PCIT is an evidence-based therapeutic intervention that is used to address disruptive child behaviors and enhance the parent-child relationship by emphasizing an authoritative parenting style (Storch & Floyd, 2005). It was developed and created in 1974 by Sheila Eyberg as an intervention to assist families who had children ages 2-6 with disruptive behaviors. The main interventions in PCIT were play therapy and child behavioral therapy (Funderburk & Eyberg, 2011). Play therapy was used to help children feel

safe, express their emotions and communicate with the clinician through the use of play. On the other hand, child behavioral therapy was used to focus more on the parent and how the parents could use different skills to better regulate their children's behaviors (Funderburk & Eyberg, 2011). Although these two theories supported the purpose of PCIT in the beginning, as time progressed additional aspects, such as parenting style and theories, were introduced into PCIT.

Currently, PCIT sessions consist of parents and children interacting/playing together in a room with a one-way view mirror, while the clinician observes from the other room. The clinician will then coach the parent through the use of a hearing device, which allows the parents to receive suggestions and feedback on their interactions while they play with their children. PCIT is primarily a short term therapy with 10-20 weeks of treatment that focuses on two phases of treatment, child-directed interaction and parent-directed interaction (Eyberg et al., 2004). Child-directed interaction encourages the parent to follow the child's lead in selecting and facilitating the play in the session (Storch & Floyd, 2005). Facilitating play has shown to help enhance the relationship between parents and children because it focuses on correcting the skills parents use and do not use. Clinicians coach the parents to use the appropriate skills of: praising appropriate child behavior, reflecting the child's communication, imitating appropriate play, describing appropriate behaviors and what the child is doing, enjoying the time with their children and

ignoring inappropriate behaviors (Eyberg et al., 2004). These positive interactions and skills assist in correcting any current working model of negative interactions the children may have.

Parent-directed interaction focuses on the clinician inconspicuously coaching the parents on behavior management and parenting skills to achieve child compliance. The clinician observes and then when appropriate gives parents feedback on the behaviors observed and how that can be causing their children's behaviors. As the sessions continue, the clinician assists parents in learning more appropriate parenting skills and the importance of following through with their children. One of the skills that the clinicians assist parents with is following through with specific commands, such as direct, single and positively stated commands (Eyberg et al., 2004). In addition to commands, parents are encouraged to use praise when a child complies and a warning when the child does not comply. If the child is still not complying the parent is encouraged to introduce a consequence, such as a timeout, and to follow through with the consequence when necessary (Eyberg et al., 2004). This has shown to decrease children's externalizing behaviors by enhancing parenting skills to help parents modify their children's behaviors through more positive interactions (Storch & Floyd, 2005).

### Benefits of Parent-Child Interaction Therapy

PCIT therapy has shown to be beneficial to parents who are having difficulty regulating their children's behaviors by educating them on appropriate

parenting skills. Follow up studies of PCIT have shown continued successful changes within the parent-child relationship anywhere from 10 months to 6 years after treatment (Hood & Eyberg, 2003; Boggs et al., 2004). Benefits in regards to the children include a decrease or cessation of disruptive behaviors, such as ODD, and an increase in more positive and appropriate interactions with their parents. As for the parents, the benefits reported were being able to appropriately and confidently control their children's behaviors, have more positive interactions with their children and experience less parental stress (Hood & Eyberg, 2003; Boggs et al., 2004). Research has shown that this therapeutic treatment is successful in benefiting the parents and children during not only sessions, but also years after they have completed their PCIT treatment.

Another benefit of PCIT is decreasing children's risks of and the occurrences of child maltreatment. In research conducted by Thomas and Zimmer-Gembeck (2012), parents and children that were referred by a government agency to therapy due to risk of child abuse were examined. In assessing parents it was discovered that their children's disruptive behaviors were causing the parents great stress, which lead to many parents utilizing harsh physical punishment on their children. To address this problem, researchers focused on utilizing different aspects of PCIT, such as decreasing child disruptive behaviors and parent stress and also increasing positive interactions and maternal sensitivity (Thomas & Zimmer-Gembeck, 2012).

Parents who completed their PCIT treatment reported a decrease in their children's disruptive behaviors, less stress, and engaging in positive interactions. In addition, results showed that over the time of treatment reports of child maltreatment had decreased within the families (Thomas & Zimmer-Gembeck, 2012). This research demonstrates that PCIT can be beneficial to families suffering from child-maltreatment and hopefully decrease the number of children abused each year.

In addition to decreasing child maltreatment, PCIT also benefits foster children and their foster parents. In 2012, there was an estimated 397,000 children that were in the current foster system (United States Department of Health and Human Services, et al., 2012). This large number is definitely a huge social problem, but there are other problems that must be addressed as well, such as foster children's interactions with caregivers and their disruptive behaviors (Timmer et al., 2006). Foster children experience a lot of instability because they move to different foster homes and therefore may not have the opportunity to establish a positive relationship with foster parents. Issues within foster children's relationships may be exhibited through disruptive behaviors, such as aggression, defiance and conduct behaviors due to their experiences in the foster system and abuse they may have experienced from their biological family (Timmer et al., 2006). PCIT has shown to be successful in enhancing the foster children's relationship with their foster parents, which in turn helps in decreasing their disruptive behaviors. After participating in

PCIT, foster parents reported less stressed and a more positive relationship with their foster children than parents who did not participate in PCIT (Timmer et al., 2006).

### Limitations of Parent-Child Interaction Therapy

Although previous research has presented many benefits of PCIT, there are some limitations to this therapeutic intervention. One limitation is that it is strictly focused on enhancing the parent-child relationship, decreasing disruptive behaviors in children, and educating parents on parenting skills. There can be many different social problems occurring within families, such as substance abuse, parents with serious mental health problems, and/or parents committing sexual abuse against their children that cannot be addressed with PCIT (Child Welfare Information Gateway, 2007). Another limitation is the child age limit of 2-6 years old, which limits families' participation in PCIT due to their children's ages. Specific hearing equipment would also be a limitation of PCIT because in PCIT clinicians use hearing devices to deliver their therapeutic services. If a client has a hearing disability, they will not be able to participate in PCIT. Lastly, PCIT would not be suitable for parents who have limited contact with their children because each session requires both the parent and child to be together (Child Welfare Information Gateway, 2007). The limitations of PCIT may restrict the type of care it can provide, but for the ones that do qualify, PCIT can be extremely beneficial to parents and their children.

## Empowerment

Empowerment is defined as a process in which individuals, families, and communities develop the ability to access personal and interpersonal power (DuBois & Krogsrud Miley, 2014). Personal power focuses on building clients' self-growth and enhancing self-esteem. Interpersonal power on the other hand focuses on inspiring and changing relationships that may cause oppression. For the focus of this research study, empowerment of personal power will be utilized and defined as "a change of mind" in which the individual will gain a feeling of worth and competence or feel they have power and control of their lives (DuBois & Krogsrud Miley, 2014). Within the micro field of social work, clinicians may establish a client's treatment on their strengths in an attempt to empower the client to make and maintain changes in their life. Examples of how clinicians enhance personal empowerment could include improving a client's access to resources in their community and educating them on a specific skill or topic to improve client's situation. Enhancing an individual's access to resources, knowledge and skill building will improve their ability to have control over their lives, which may also increase their confidence and self-esteem as well.

### Empowerment and Parent-Child Interaction Therapy

Empowering an individual can be a powerful and life changing event not only for themselves but also for their families. When problems occur within the family unit parents may have feelings of incompetence and loss of control. To

correct the problems within the family and the parents' feelings, they require access to participate in a therapeutic treatment, such as PCIT. Access to resources can severely impact a family, and some parents are unaware of what is available to help them with parenting. In not having these resources, parents may become more stressed and frustrated with their children and may engage in more maladaptive coping strategies. To avoid child maltreatment, clinicians can provide PCIT as a resource to improve parental empowerment.

In a study conducted by Thomas and Zimmer-Gembeck (2011), PCIT and how it may prevent child abuse by changing parent behavior was examined. Two intervention groups were conducted for 12 weeks, in which one group was referred to and received PCIT and the other was given counseling over the phone on child behaviors, parenting skills and the importance of attachment. Both groups were given pre-tests to measure their children's behaviors, their parenting skills and their attachment style (Thomas and Zimmer-Gembeck, 2011). Results revealed that the group that received PCIT showed more significant changes in the parents' behaviors than the group that only received phone counseling. These changes included the parents utilizing more praise, reflections, and positive interactions with their children. The PCIT group also stopped asking as many questions when compared to the other group in regards to their children's behaviors. Some parents in the PCIT group also showed an increase of 5% in sensitivity and reported feeling a more secure attachment with their children (Thomas &

Zimmer-Gembeck, 2011). This research expresses importance of having access to resources like PCIT to help empower parents because not all parents are able to receive it and therefore, unable to experience the same changes.

Education is another aspect that research supports and it is also important to enhancing personal empowerment. According to Tarabulsy et al. (2008), many parents that engage in more insecure attachment styles have false ideas of parenting, such as picking up a baby when it cries will spoil the child later in life. In addition to false beliefs, parents may be utilizing parenting skills that their parents had used with them, which may or may not be effective or appropriate with their children. In PCIT false ideas are challenged, which can help parents realize how influential their beliefs of parenting are and how that shapes the interactions they have with their children. Educating parents to help them change their parenting behaviors is possible with interventions that include; enhancing parents' understanding of child behaviors and emotions, learning what is appropriate and when to give appropriate care, and providing a supportive environment for children to develop and regulate their behaviors (Tarabulsy et al., 2008). Parents then practice these interventions during their PCIT sessions and receive feedback from their clinician as they progress. As parents learn and practice the new and appropriate parenting skills they may feel more confident in their parenting abilities and feel more empowered to be a more effective parent.

Research has shown that PCIT has the ability to enhance different aspects of personal empowerment, such as access to resources and education. Once the parents start utilizing these empowerment aspects and the new skills they learned their confidence may be improved as well. Parents who had participated in PCIT were assessed before, during, after completion, and at a follow up on child behaviors, parenting skills and parent attachment style. Results revealed that parents completing PCIT were beginning to report more positive outlook of being a parent and feeling more confident in utilizing the parenting skills they learned in their sessions (Neander & Engström, 2009). In addition to these results, the follow up assessment showed that of the parents who completed PCIT, those with insecure attachment styles showed more change in their behaviors and interactions than those who had a more secure attachment (Neander & Engström, 2009). This research shows that enhancing parents' confidence in their parenting abilities can help empower them to continue utilizing their new parenting skills efficiently.

### Theories Guiding Conceptualization

From the theoretical perspective, this research study will utilize attachment theory as a guide for examining and understanding parent-child attachment styles and behaviors. Attachment theory was first proposed by John Bowlby in the 1960's, in which he tried to explain and understand the emotional connection between mother and child. He felt that he had discovered a new motivational theory within the human species, where they

must have and need an attachment in order to survive the evolutionary process. In 1969, Bowlby published his work and views on attachment theory entitled, "Attachment and Loss" (Colmer et al., 2011). During the 1970's Mary Ainsworth also contributed to attachment theory by identifying parents as a "safe base" for the children to explore the world around them.

Ainsworth also identified four attachment styles through the Strange Situation research study, which included secure, avoidant, ambivalent and disorganized attachment styles, between parents and their children (Rathus, 2012). Parents who had secure attachments with their children were characterized as being warm and sensitively attuned to their children's needs and have more responsive interactions with their children. On the other hand, parents with avoidant attachments were characterized as emotionally distant from their children and therefore were not attuned to their needs or actively responsive in interactions (PsychAlive, 2009). Parents with ambivalent attachments were characterized by instability in meeting their children's needs, inconsistent with discipline and emotionally inconsistent in their interactions. Lastly, parents with disorganized attachments were characterized as abusive and neglectful towards their children either physically, emotionally or both (PsychAlive, 2009). The type of attachment style that a parent has with their children is extremely important to their children's mental health and their success later in life.

In addition to attachment theory, this research study will also use social learning theory as guide to examine and understand the education and training parents receive through PCIT. Social learning theory is defined as new patterns of behavior that can be learned through direct observations of others' behaviors through the use of a rewards and punishment consequences to the behaviors (O'Conner et al., 2013). Bandura was able to explore and explain social learning theory by studying how children learned through observations in their environment (Tully, 2009). These observations could have both positive and negative connotations, such as a child learning that having a temper tantrum may help them get what they want (Tully, 2009). Although it may be difficult and time consuming, it is possible to change a child's social model behavior with the use of different behavior modification interventions and reinforcing more positive and appropriate behaviors (O'Conner et al., 2013). Parents will learn new behaviors from their clinician and then be able to reflect those new behaviors to their children in order to teach and reinforce the new behaviors with their children.

Lastly, this research study will also utilize empowerment theory as a guide to examine and understand the changes made within the parents' feelings of confidence and control in their parenting abilities. Empowerment theory is defined as addressing the oppression of groups of people, individuals, and families in regards to social and economic injustices and advocating with those who are effected (Turner, 2011). In regards to

individuals, empowerment theory can be defined as taking control, achieving self-direction, and sharing within the experiences of others (Turner, 2011). Empowered individuals have the ability to identify and utilize their strengths in order to obtain control and power within their own environment and sometimes in other environments as well. Increasing parents' access and education to more effective parenting skills through PCIT may empower the parents to continue to be effective parents.

### Building on Previous Research

This research study will build on previous research that shows the success of PCIT and the behavioral changes made within the parents and children. Although the success of PCIT has been proven consistently, there is less research on the effects of PCIT on parental empowerment. This study will address a recommendation of utilizing an empowerment approach from a research study entitled, "Parental Views on the Perceived Efficacy of Parent-Child Interaction Therapy" (Quiran, 2015). This research study differs from previous research because it focuses on whether or not PCIT is influential on empowering parents to be more effective parents.

### Summary

For over 40 years, PCIT has shown to be effective in decreasing children's disruptive behaviors and teaching parents the appropriate way to address their children's behaviors. There are many benefits to PCIT,

especially in regards to families that are at risk of child maltreatment or for foster children and their foster parents. Although PCIT has shown to be beneficial, it also has some limitations that exclude other families where parents may suffer from serious mental illness or their children's age is not in the PCIT age range. Empowerment is extremely important to an individual's self-esteem and confidence in their abilities. Enhancing an individual's empowerment with resources and education has shown to influence their ability to make life changes. Some parents are unable to make successful changes with their children and lives due to limited resources and parent education, which in turn may negatively influence their confidence in their parenting abilities. In emphasizing empowerment theory with parents who participated in PCIT, it may be determined that PCIT could have significant influence on parent empowerment.

## CHAPTER THREE

### METHODS

#### Introduction

This study utilized a quantitative research method to explore empowerment in PCIT. Data for this study was granted by permission and collected from Christian Counseling Service. The researcher examined and analyzed the Dyadic parent-child interaction coding system (DPICS) scores and Parenting Stress Index (PSI) scores of past clients who participated in PCIT. DPICS is an instrument that is used in PCIT by the therapist to track and measure parenting skills development. PSI is a self-report instrument that measures environmental stressors outside of the parent-child interactions. The researcher deciphered and compared the DPICS and PSI scores as a way to examine empowerment that may have occurred in PCIT. The researcher protected participant information by only accessing data relevant to the study and examining the data only at the agency. This study hypothesized that the DPICS scores will show a growth in parenting skills and the PSI scores will show a decrease in stress levels. The increase in parenting skills and decrease in stress was used as a measure of empowerment.

#### Study Design

The purpose of this study was to explore empowerment in PCIT. A quantitative research method was used to examine parenting skills and parent

stress levels. Utilizing a quantitative study allowed the researcher to analyze a larger sample of secondary data and of past PCIT participants. This study may have several limitations due to analyzing previously collected data. One limitation could be that the sample may be limited in regards to gender and completion of DPICS measures. Another limitation is that the DPICS focuses on the therapist's perspective of the participants' parenting skills rather than the participants' responses. In regards to the PSI, another limitation is that the participants self-reported the information and therefore stress and behaviors scores may have been under or over reported. The objective of this study was to determine if participating in PCIT empowers parents. It was hypothesized that an increase in parenting skills and decreased stress levels would have a positive relationship with participants' confidence in parenting abilities. Enhancing these parenting abilities and confidence may in turn empower parent participants.

### Sampling

For this study, the collected data sample was from an agency that provided PCIT. The sample had been chosen due to time constraints and the requirement of a large sample size. The sample size was 20 PCIT cases' DPICS and PSI scores. Selection criteria required scores of participants who had fully completed PCIT. This requirement was necessary for the researcher to fully examine the enhancement in participants' parenting skills. Also, to ensure that the participants had their pre- and post- PSI scores to show stress

levels as they completed PCIT. The agency assured the researcher that the sample size data was available for this proposed study. In addition, the researcher had full access to DPICS and PSI scores with a permission granted letter from the agency's clinical director.

### Data Collection and Instruments

This study examined previously collected DPICS and PSI scores from past PCIT participants that received services from Christian Counseling Services. The independent variable included participant demographics, such as gender, and the dependent variables included the DPICS and PSI scores and each instrument's subscale scores. DPICS subscales included labeled praise, reflection, behavioral description, and behaviors to avoid and was measured through interval level of measurement. For the focus of this study, the researcher only utilized the parent domain of the PSI. Within the parent domain, the PSI subscales of parent distress, parent-child dysfunctional interactions, difficult child and total stress were examined and measured through ordinal level of measurement. Both of these instruments were being used under the permission of the agency, Christian Counseling Service.

DPICS is a behavioral coding system that is used in PCIT to assess parent-child social interactions. It is used to track progress in parenting skills development and provide the therapist with a baseline of parenting skills and child behaviors. This base line will help the therapist to identify what areas should be focused on during PCIT sessions. This instrument is used to

complete pre, mid and posttreatment evaluations in which the clinician observes parent-children social interactions for fifteen minutes (Eyberg et al., 2004). In addition to these evaluations, the DPICS is used by the clinician during the first five minutes of every PCIT coaching sessions to examine parenting skills and treatment progression. The DPICS is divided into different sections of parents' positive talk, which includes; unlabeled praise, labeled praise, reflection, and behavioral description, and behaviors they should avoid; such as questions, indirect commands, direct commands, and negative talk (Eyberg et al., 2004). As the parent utilizes the appropriate parenting skills the clinician will give the parents a code and score on the DPICS to summarize the skills they are progressing in and what skills are still going to require more focus in treatment (Eyberg et al., 2004).

The DPICS measure has been shown to have inter-observer reliability. To test the inter-observer reliability, 20 mothers and their children were observed through during child-led play and parent-led play. It was discovered that the frequencies of skills scored were found to be reliable to the observations made with the Pearson product moment correlations, percent agreement and Cohen's kappa coefficients (Eyberg et al., 2004). In addition to reliability, the validity of the DPICS has shown to be discriminative and convergent validity. Discriminative validity includes the fact that the DPICS instrument can be used in treatment for both referred and non-referred families with children with disruptive behaviors. Convergent validity on the other hand

shows that the DPICS can correlate with other instruments, such as the PSI, because there are many similar sub scales that overlap and are used in treatment plans (Eyberg et al., 2004). As for cultural sensitivity, the DPICS has been used in PCIT to treat Spanish-speaking families, but the DPICS itself was not translated into Spanish but the PCIT sessions were (Borrego et al., 2006).

Strengths of this instrument include that it is a tool for PCIT clinicians to give parents feedback on their parenting skills and assess the skills achieved and foster further change. There is also a limitation with the DPICS, which is an observational time constraint. The clinician is under a specific time limit of fifteen or five minute intervals to observe the parent-child interactions, which could limit the amount of skills observed. Therefore, the clinician would not be able to put the skills observed after the time limit on the DPICS, which could possibly under report the parents' skills. The researcher will address this limitation, if permission granted, by reviewing session notes to gain a clearer understanding of parents' skill development. There are no foreseen limitations with data collection since it is secondary data, and the researcher will be consulting the study's results with PCIT clinicians at the agency.

The PSI is a self-reported instrument for parents with children ages one month to twelve years old. It measures environmental stresses outside of the parent-child relationship that may be influencing parent behaviors and/or the children's behaviors (American Psychological Association, 2015). This

measure is broken down into two domains, the parent domain and the child domain. The parent domain includes seven subscales of: competence, isolation, attachment, health, role restriction, and spouse/parenting partner relationship. The child domain includes six subscales of: distractibility/hyperactivity, adaptability, reinforces parent, demandingness, mood, and acceptability (American Psychological Association, 2015). In PCIT, the PSI is used to assist in creating treatment interventions and for follow up evaluations, such as with pre, mid, and post reports.

The reliability of the PSI was examined through a normative data sample collected with both males and females that matched demographic information from a 2007 U.S. Census. Results revealed that “coefficient alpha reliability coefficients based on the responses of census individuals ranged from .78 to .88 for child domain subscales and from .75 to .87 for parent domain subscales. Reliability coefficients for the two domains and the total stress scale were .96 or greater, which indicated internal consistency” (Psychological Assessment Resources, 2012). Then the test-retest reliability coefficients were found to range from “.55 to .82 for the child domain, from .69 to .91 for the parent domain, and from .65 to .96 for the total stress score” (Psychological Assessment Resources, 2012). Studies testing the validity of PSI have focused on at-risk children, children with ADHD, attachment issues, child abuse, etc. to show it is effective for different client populations. PSI has been translated into different languages, such as Chinese, Portuguese,

French Canada, Finnish, and Dutch, which shows that it is valid in both English speaking and non-English speaking countries (Psychological Assessment Resources, 2012). In regards to cultural sensitivity, the PSI has been used to treat families within different populations, such as with Hispanic and Gay/Lesbian families, and within different cultures around the world due to its language translations (Psychological Assessment Resources, 2012).

A strength of the PSI instrument is that it is generalizable to other populations and countries in regards to stress and treatment goals (Psychological Assessment Resources, 2012). One limitation of the PSI is that parents possibly under or over report levels of stress that they were experiencing. This would significantly influence the current study's results because the researcher would not know if the participant really felt a change in stress or not, and would not be able to relate the scores to empowerment. To address this issue, the researcher can examine the defensive responding scale in the PSI, if available, to see if parents were tending to answer more defensively (Psychological Assessment Resources, 2012; Quiran, 2015). This could help the researcher identify whether or not change occurred or if the parent participant was defensive in their answers due to lack of or wanting to change. Such as with the DPICS scores, the researcher will consult the study's data, results, or possible study limitations with the agency's clinicians.

## Procedures

For this study, the researcher analyzed data collected at the providing agency over a three-month period. Since the data had already been collected there was no need to acquire participants for this study. The researcher traveled to the Christian Counseling Service agency and analyzed the data at the agency. Under the permission and supervision of a clinical director, the researcher examined and deciphered the participants' DPICS and PSI scores. Deciphering these scores gave the researcher numerical figures to represent the overall growth in parenting skills and changes in stress levels. These parenting skills and stress levels were then used as a measure of empowerment to address the hypothesized question of whether PCIT enhances empowerment.

## Protection of Human Subjects

The rights and privacy of participants' DPICS and PSI scores were protected by the data remaining on agency property at all times. Also, the researcher only had access to participant information that was relevant to the purposed study. This included the participants' gender, specific parent categories, and completed PCIT DPICS and PSI scores. Since the data was already collected and no personal identifiable information was being used in this study, there was no need for informed consents or debriefing statements.

## Data Analysis

This study utilized a quantitative method to explore frequencies, correlations and percentages between the independent and dependent variables. The independent variable included participant demographics, such as gender. As for the dependent variables the DPICS and PSI scores were reviewed as main dependent variables and their subscales were sub dependent variables. The sub dependent variables for the DPICS scores included; labeled praise, reflection, behavioral description, and behaviors to avoid. For the PSI scores, the sub dependent variables included parental distress, parent-child dysfunctional interactions, difficult child and total stress. The researcher visually inspected the data for relationships between participant gender and the DPICS and PSI scores. In addition to this, the researcher also inspected for a correlation between improved DPICS scores and decreased PSI scores. It was anticipated that empowerment would be identified as participants' having higher DPICS scores and lower PSI scores after they have completed PCIT.

## Summary

In examining the DPICS and PSI scores of past PCIT participants, the researcher hoped to identify empowerment. The researcher conducted a quantitative study to evaluate the DPICS and PSI scores to determine if enhancing parenting skills and decreasing stress may in turn enhance empowerment. Since the researcher analyzed secondary data from Christian

Counseling Service, there was no need for informed consents or debriefing statements. Also, the participant information remained at the agency at all times in a secure area to protect participants' confidentiality. The researcher chose to examine DPICS scores and PSI scores because they are commonly used in PCIT programs and could reliably show the researcher progression in parenting skills and stress levels and throughout their PCIT treatment. In examining the participants' skills and stress levels, the researcher may be able to show a correlation between effective parenting skills and decreased stress levels to empowerment in parents. For the purpose of this study, improved parenting skills and decreased levels of stress were identified as forms of empowerment. Therefore, the hypothesis for this study is that an increase in improved parenting skills and a decrease in parent stress levels would be able to enhance participants' empowerment.

## CHAPTER FOUR

### RESULTS

#### Introduction

The current study explores empowerment in PCIT. This chapter provides demographics of parent gender and parent categories, the calculated averages of the parent DPICS and PSI pre- and post-test scores, the relationship between parent skills, stress, and empowerment, and addressing environmental factors to enhance empowerment.

#### Presentation of the Findings

The researcher collected a sample of 20 parent DPICS and PSI pre- and post-test scores from a counseling service agency that provided PCIT. No DPICS or PSI scores were excluded from this study. Of the 20 DPICS and PSI scores collected, 16 of the parent participants were female and 12 of the participants were male. In regards to parent categories, 14 of the participants were identified as single parents, 4 were identified as heterosexual parents, 1 was identified as homosexual parents and 1 was identified as a foster parent.

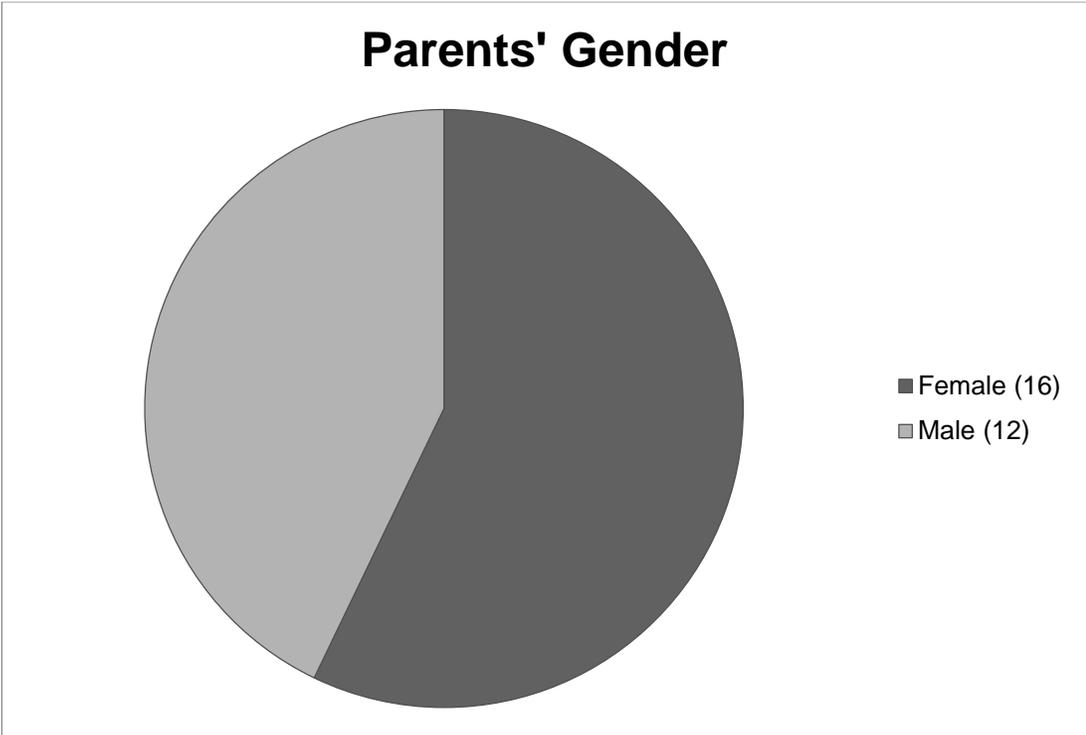


Figure 1. Parents' Gender

This diagram represents the gender differences between the parent participants'. Overall, the sample showed that there were more female parents (16) than male parents (12) participating in PCIT.

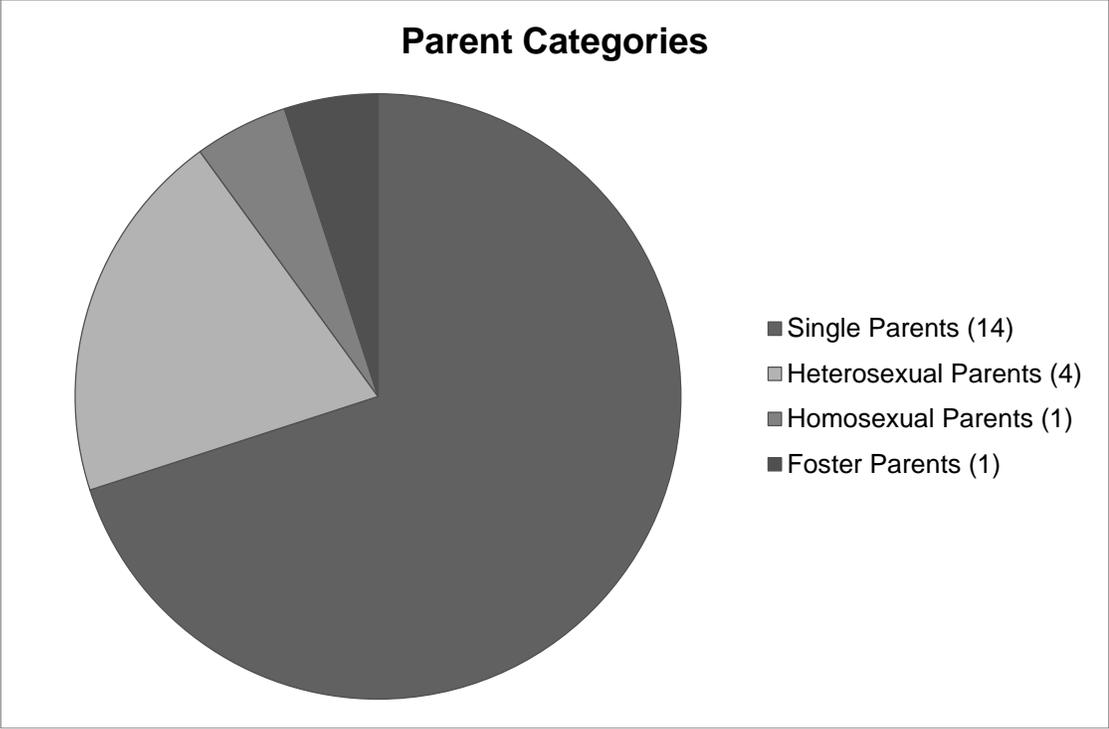


Figure 2. Parent Categories

This diagram represents the different categories of parents that participated in the PCIT research sample. The sample showed that single parents were the largest group (14: 11 females, 3 male) followed by heterosexual parents (4) and the smallest groups were homosexual (1) and foster (1) parents.

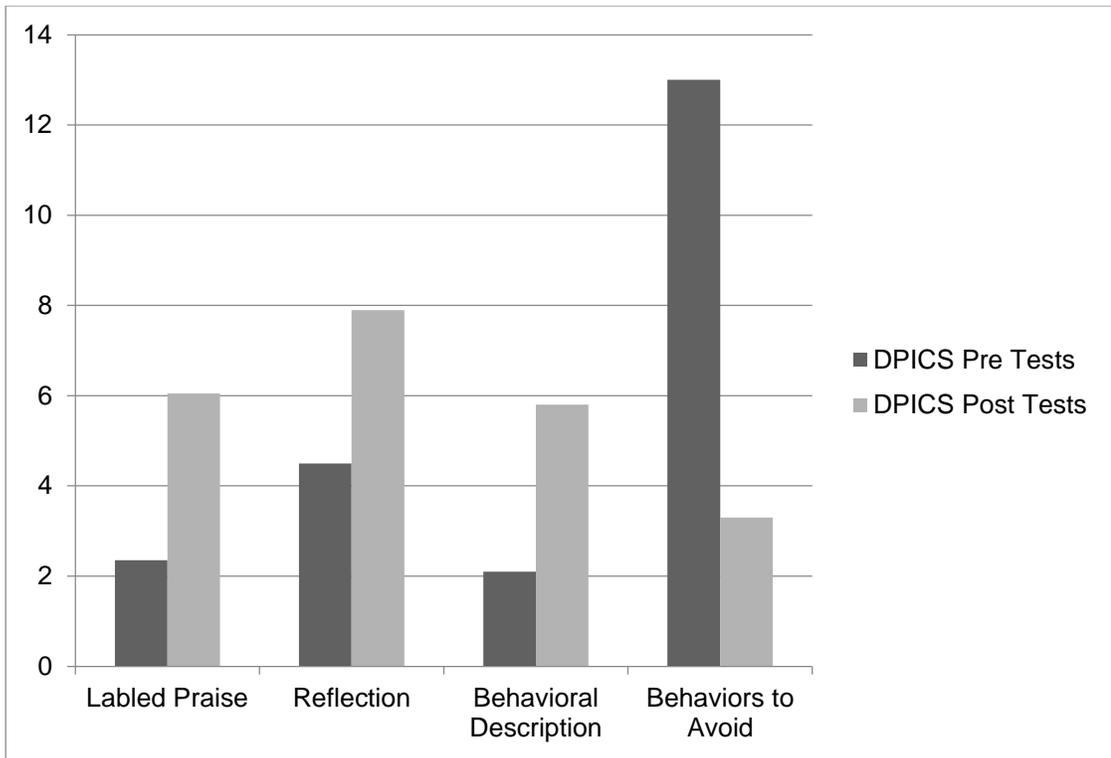


Figure 3. Dyadic Parent-Child Interaction Coding System Pre- and Post-Tests Averages

This bar graph represents the averages of the DPICS Pre- and Post-test scores of the PCIT parent research sample. Overall, the results discovered that parents' skills (labeled praise, reflection and behavioral description) increased and their avoidant behaviors decreased after participating in PCIT.

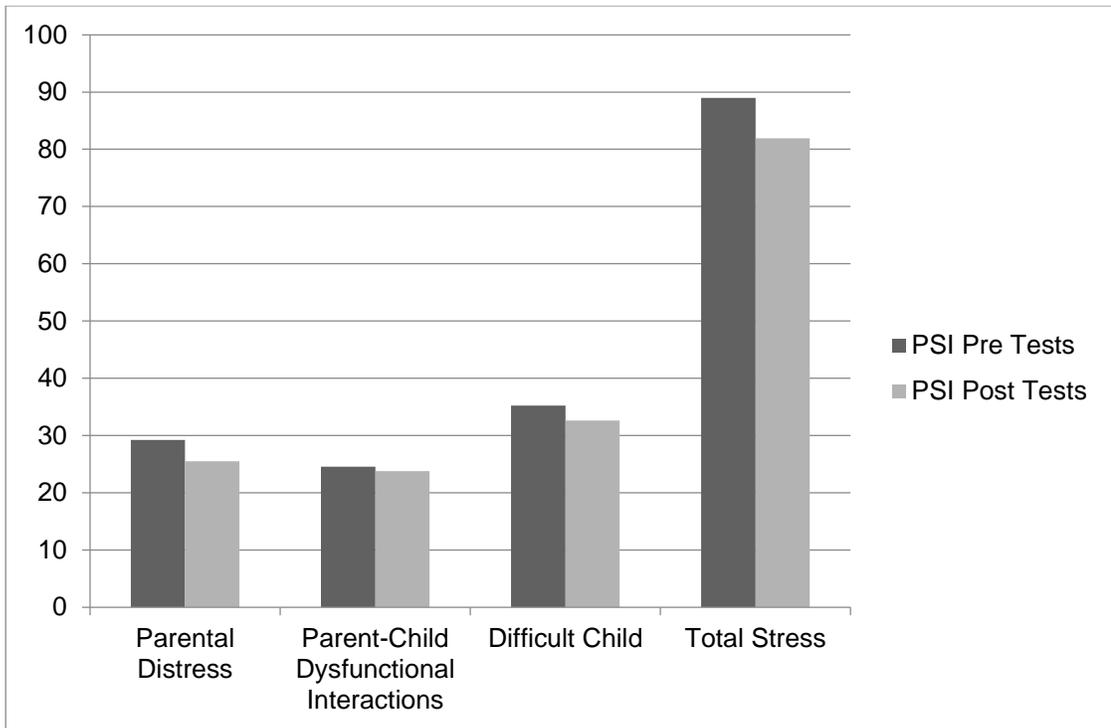


Figure 4. Parenting Stress Index Pre- and Post-Tests Averages

The following bar graph represents the averages of the PSI Pre- and Post-test scores of the PCIT parent research sample. Overall, results revealed that participants reported lower levels of stress on the Post test, however the decrease was not as significant as first hypothesized.

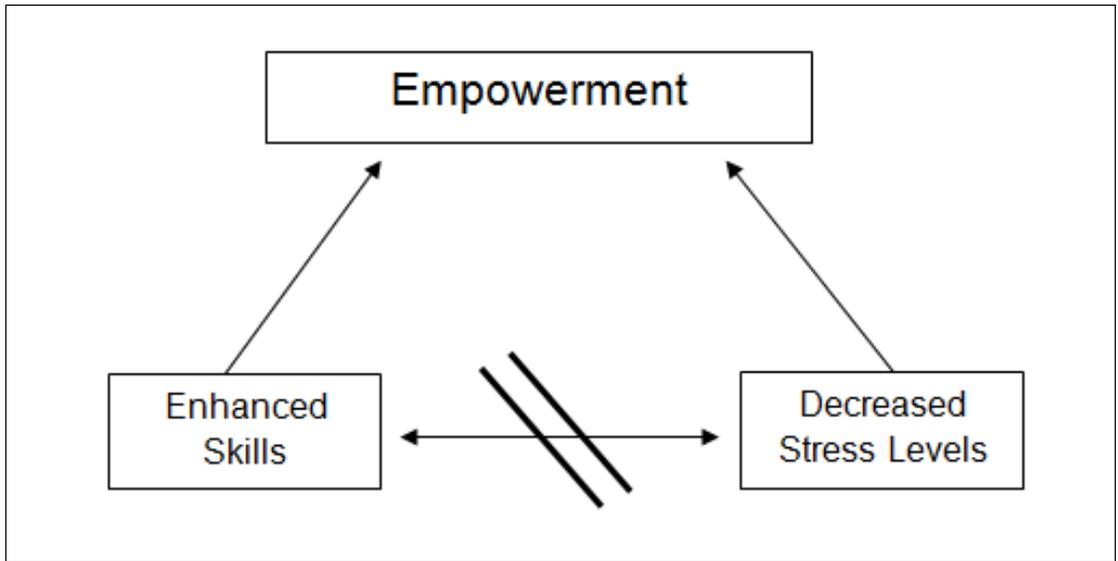


Figure 5. Skills and Stress as Aspects of Empowerment

Aspects of empowerment can include enhanced skills and decreased stress. However, there was no relationship found between enhanced skills and decreased stress levels. The following diagram represents an asymmetrical relationship between enhanced skills and decreased stress levels in regards to empowerment.

## The Hernandez Model

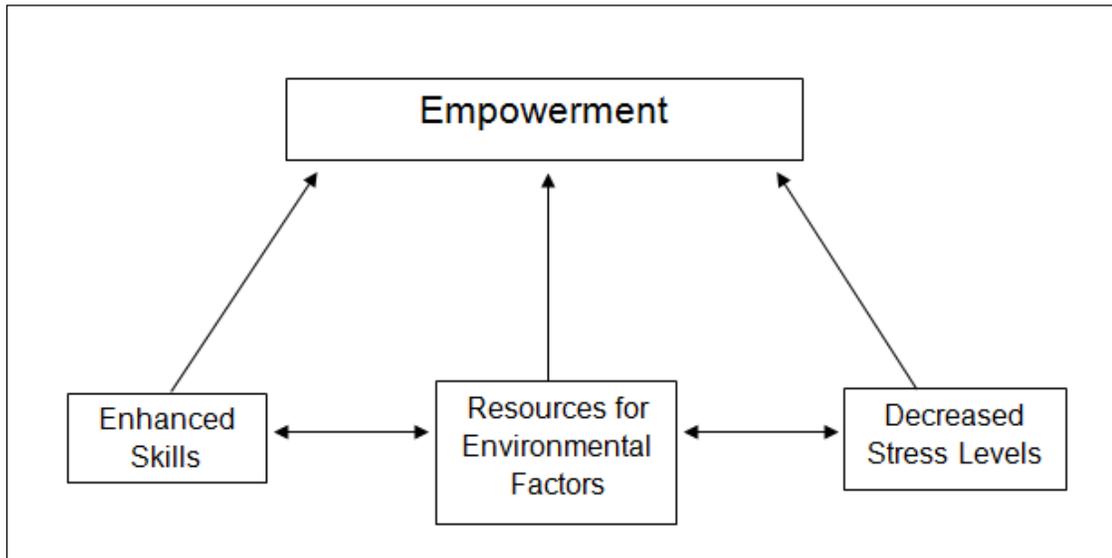


Figure 6. Addressing Environmental Factors to Enhance Empowerment

The following diagram represents the benefit of additional resources to address gaps within the enhanced skills and decreased stress gained through PCIT. Additional resources could be used to address environmental factors that PCIT does not address to better increase parent empowerment.

### Summary

The results obtained from this research project were used to explore if PCIT empowers parents by increasing parenting skills and decreasing parent stress levels. According to the research sample, female and single parents are more likely to participate in PCIT as compared to male and other categories of parents. It was also discovered through the DPICS scores that PCIT was able to increase the parents' skill levels and decrease their avoidant behaviors. The PSI scores revealed that PCIT decreased parent stress levels, but did not

represent as much change as seen in the DPICS scores. After analyzing the results there was no relationship found between skills, stress and empowerment. This could be due to results showing that PCIT only slightly decreased parents' stress levels suggesting that other factors outside the parent-child relationship that can be causing the parents stress.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter will discuss the results and conclusions displayed in chapter four. Information shown in the figures will be explained in more detail. Study limitations, recommendations for social work practice, policy, and research will also be discussed.

#### Discussion

The parent demographics results showed that parents who participated in PCIT were primarily female and single parents. These results are consistent with the research found in the PCIT literature. According to research conducted by Tiano et al. (2013), mothers who participated in PCIT rated it and certain components of it more favorably than fathers did. Having a more favorable outlook on the PCIT services may motivate more female parents to participate in PCIT or even recommend the services to other mothers. A higher level of female participants could also be explained by mothers reporting a higher degree of stressors, such as children's behavioral problems, than father participants (Neander & Engström, 2009). In regards to father participants, the results of this study were also consistent with the PCIT literature. Researchers found that fathers were less likely to or were less willing to participate in PCIT, but if given the encouragement and opportunity,

fathers were likely to attend treatment at a similar rate to mothers who participated in PCIT (Bagner & Eyber, 2003).

Results of this study also showed that the single parents category was the largest category and 11 of the 14 single parents were female. Research has shown that single parents are more likely to be single mothers and that single parents are also at a higher risk of needing intervention programs like PCIT, than married or cohabitating parents (Solem et al., 2011). Single parents have been found to be more vulnerable to higher risk factors, such as their children having behavioral problems, lower socioeconomic statuses, and limited social support. According to Solem et al. (2011), parents in lower socioeconomic statuses have found to have less patience and a harder time organizing their time between job schedules and being able to spend time with their children. Single parents also tend to have less social support than married or cohabitating couples therefore have limited help with child care and support dealing with their children's behavioral problems (Solem et al., 2011). These factors could explain why this study had higher levels of female and single parents participants compared to male participants, heterosexual parents, homosexual parents, and foster parents.

Results also showed that of the 20 cases, 4 of them were heterosexual parents participating in PCIT. PCIT literature has shown that mothers and fathers can and do complete PCIT together. In research conducted by Bagner and Eyber (2003), mother and fathers who participated in PCIT together were

compared to single mothers who completed PCIT alone. Single mothers reported more initial changes at the end of treatment, but a follow up revealed that they were less likely to maintain the children's behaviors. On the other hand, heterosexual parents reported less initial change in children's behaviors at the end of treatment, but at the follow up parents reported that they were able to maintain their children's behavioral changes (Bagner & Eyber, 2003). This could be explained by the fact that heterosexual parents had each other for support and to reinforce the new behaviors and parenting techniques. In regards to this research study, PCIT literature supports the results of heterosexual parents participating in PCIT and demonstrates how parents could benefit from the program as well.

The parent categories that had the lowest amount of participants were foster parents and homosexual parents. Of the 20 PCIT cases, only 1 included a foster parent. Research has shown that foster parents participate in PCIT to enhance their relationship with their foster children and to learn how to decrease their foster children's behavioral problems (Mc Neil & Herschell, 2005). In research conducted by Timmer et al. (2006), results found that foster parents that participated in PCIT reported decreases in their foster children's negative behaviors and lower levels of caregiver distress. This research shows how PCIT can be beneficial to foster parents, such as the foster parent in this research study. In regards to the other parent category, there was also only 1 case with homosexual parents. Due to very limited research regarding

homosexual parents participating in PCIT, the current study researcher was unable to compare results to any existing research.

Results for the DPICS measure pre- and post-tests showed that on average, parents who participated in PCIT increased their skills in labeled praise, reflection, and behavioral description and decreased in behaviors to avoid. These DPICS results are very consistent with PCIT literature. According to research conducted by Boggs et al. (2004), parent skills were compared of parents who completed PCIT and of parents that dropped out of treatment. Follow up results revealed parents who completed the program increased their skill levels more than the parents who did not complete PCIT. PCIT literature has also shown that increased skill development and decreased child behavioral problems can be maintained for years after treatment. Parents that participated in PCIT reported that they were able to maintain their new skills and children's behaviors ranging anywhere from three to six years after treatment (Hood & Eyber, 2003). Maintaining these skills has been shown to be possible and help parents develop confidence in their parenting abilities. The results of this study and results from previous research suggest that the skills learned in PCIT could have long-term benefits for parents and their children.

Although previous research has shown that PCIT has significantly helped parents decrease their stress levels, the results of this study were not consistent with this research. On average, parent participants reported higher

levels of stress on their pre- PSI test before participating in PCIT. After completing treatment, participants did report lower levels of stress on their PSI posttests, but compared to the growth made on the DPICS measure, parents did not significantly decrease their stress levels as first hypothesized. PCIT literature has shown that decreases in parenting stress levels can vary from moderate changes to large changes (Cooley et al., 2014). These results may be explained by the fact that each parent has their own and different stressors than other parents. Some of the others stressors mentioned in the PCIT literature include; socioeconomic status, developmental/intellectual disabilities of their children, ethnicity, and limited support systems (Cooley et al., 2014; Solem et al., 2011). Even though the results of this study were inconsistent with the original hypothesis, additional research has shown that other environmental factors may need to be considered when attempting to decrease parent stress levels.

After reviewing the PCIT literature and the results of the current study regarding parent stress, it was apparent that there was no relationship between enhanced parenting skills (DPICS scores) and decreased stress levels (PSI scores). Although together the enhanced scores and decreased stress levels do not lead to empowerment, they each are different aspects of empowerment. Aspects of empowerment can include; enhanced skills, decreased stress levels, and additional resources to meet parents' individual needs. Even though these components may not relate to one another, they

may all be used together or separately to help a parent feel more empowered. Previous research has shown examples of this with enhancing parents' parenting skills. Enhancing their skills can increase parents' empowerment by giving parents a better outlook on parenting and the confidence to decrease their children's behavioral problems (Barth, 2009; Neander & Engström, 2009).

Literature on parent-child interaction interventions has shown that different environmental factors can cause different stressors and PCIT may only be addressing the stressor of the children's behavioral problems (Cooley et al., 2014). To address the asymmetrical relationship between enhanced skills and decreased stress levels the researcher proposed a model to address the gaps in treatment. The Hernandez model focuses on adding in additional resources, such as case management and mental health services. These resources would be utilized to meet each parent's individual needs and environmental factors, as well as enhancing their parenting skills and decreasing their stress levels. Adapting the intervention to meet each family's needs may increase the parents' empowerment and decrease the chances of them dropping out of treatment early as well.

Neander and Engström (2009) examined the effects of a multi-modal approach to parent-child interactions and addressed the environmental factors of; parent stress, parent mental health, social support, child behavioral problems, and life satisfaction. Parents who participated in PCIT were also receiving some type of child care, mental health services from an outpatient

clinic, and created a social network with the other parents who were also participating in the study. At the end of their PCIT treatment, parents reported lower levels of stress, improvements in their mental health, increased support systems and decreased child behavioral problems. The success of these results was explained by that fact that the researchers addressed the parents' additional needs and environmental factors, such as mental health services and child care. Addressing these needs and environmental factors would also explain why parents would report less stress after treatment. Higher levels of support were found to decrease parent stress because parents were able to discuss the issues they were having with other parents and gain the support they did not have before treatment (Neander & Engström, 2009; Solem et al., 2011). Parents also reported that their treatment met their needs, enhanced their parenting skills, and increased their life satisfaction. By analyzing additional stressors and environmental factors in parents' lives, researchers have addressed that there can be gaps in treatment. In order to help parent clients achieve life satisfaction or empowerment, it is recommended that additional resources be implemented in treatment.

#### Limitations

There were several limitations revealed in this current study. The first limitation is the number of PCIT cases used in this study. The ideal number of PCIT cases to analyze was between 25-30 cases, but only 20 cases were collected. Another limitation of this study was that it only focused on parent

measures and growth and did not utilize the child measures or focus on the child behaviors. This affects this study in regards to the PCIT outcomes because one of the main focuses of PCIT is decreasing child behavioral problems.

A third limitation of this study is that it only utilized two of the PCIT measures used by the agency. Christian Counseling Service uses other measures in addition to the PSI and DPICS, such as the Eyberg Child Behavior Inventory and Child Behavioral Checklist, to measure success of PCIT. Some of the common measures used in PCIT also include; the Sutter-Eyberg Student Behavior Inventory-Revised, Therapy Attitude Inventory, Revised Edition of the School Observation Coding System, and the Child Rearing Inventory (PCIT International, 2016). Not utilizing the other measures could have affected the results in that it could have given the researcher more specific parent stressors in regards to the children's behaviors and could have been used as another measure of stress.

The final limitation of this study is that it did not utilize a specific empowerment measurement to measure parent empowerment. For this study, the researcher utilized the DPICS measurement, which measures parent skill development, and the PSI measurement, which measures parent stress levels, as measures of empowerment. This affects the study in regards to having to use other measures not designed to measure empowerment. Not utilizing an empowerment measure affects the results of this study because

the measures used may not give an accurate representation of parent empowerment.

### Recommendations for Social Work Practice, Policy and Research

Child maltreatment is a large social problem that continues to occur due to parents utilizing maladaptive parenting and coping skills to deal with their children's behaviors. The use of treatment interventions like PCIT can help prevent current or future child maltreatment by providing parents with appropriate parenting techniques. According to Kennedy et al. (2016), physically abusive parents who participated in PCIT were found to be less likely to continue physically abusing their children as compared to physically abusive parents who only attended parenting classes. Such as with the results from this current study, parent participants enhanced their parenting skills and decreased the amount they used maladaptive behaviors (behaviors to avoid) as well.

Addressing child maltreatment is also important in regards to both the children's and parents' mental health. Research has shown that abusive mothers tend to spend less time and have less positive interactions with their children (Borrego et al., 1999). These negative and seldom interactions can have significant impacts on children's attachment, which can lead to the children exhibiting behavioral problems and developing a mental illness as well. PCIT can address these issues by having the parent use the treatment

sessions to practice new parenting skills, spend quality time with their children, and to engage in more positive interactions together (Borrego et al., 1999). It is recommended to educate parents on the importance of their attachment with their children and how their maladaptive parenting skills harm their child's attachment and overall mental health.

In regards to parents' mental health, participating in PCIT may help them identify issues they may be having, such as depression. Children with parents who suffer from a mental illness, such as a mother with maternal depression, tend to show more behavioral problems, issues with attachment, and even depressive symptoms (Smith, 2004). Helping parents treat their own mental health can help to decrease their chances of child abuse and their children developing a mental illness as well. In these circumstances, it would be important for the clinical therapist facilitating the PCIT to be able to refer the parent for individual mental health treatment. It is recommended for professional social workers to be mindful of the different mental health treatment referrals their clients may need, such as support groups, individual therapy, and psychiatric services.

Results of this study revealed that parent participants did not report a significant decrease in their stress levels. This could be explained by the fact that parents each experience different types of stress in addition to their children's behavioral problems. This aspect shows the importance of professional social workers utilizing the parents' strengths, starting where they

are in regards to their treatment, and addressing their needs. Although PCIT is an intervention specially used to address child behavioral problems and parent-child interactions, there can be additional resources added as applicable to meet client care needs. It is important for professional social workers to inquire if the parents have transportation to the services, financial eligibility, or if there any other forms of PCIT or other interventions that can be utilized. An example of services that not only provide PCIT treatment, but also child mental health services is the Prevention and Early Intervention mobile services that comes to the children's schools to provide mental health services (RUHSBH, 2013). A treatment program like this may be more beneficial or convenient for parents and their children, especially if their stressors include transportation and access to additional child mental health services or referrals. It is not only the responsibility of the professional social worker to provide the services, but to also refer and connect clients with additional services. Connecting clients to additional services can be beneficial to clients because it reinforces their treatment and helps them maintain their recovery.

Future research recommendations from this study include comparing a PCIT case alone with a PCIT case that is receiving additional resources, such as parent mental health services. This study showed that enhancing a parent's empowerment requires additional resources to meet the individual needs along with the PCIT treatment. By providing these additional resources, parents may be able to enhance their empowerment because they will have

the tools and resources to be more confidence in their parenting abilities and in the relationships with their children. Another recommendation is utilizing an empowerment measure, such as the Parent Empowerment and Efficacy Measure (PEEM). This measure analyzes all different aspects of empowerment, such as social support, parent self-efficacy and confidence, child behaviors, and sense of belonging with their community (Freiberg et al., 2014). This will provide a more accurate measure of empowerment after parents complete their PCIT treatments.

A last recommendation for future research is exploring homosexual parents' participation in PCIT. In examining the results of this study there was no existing research found on homosexual parents participating in PCIT. According to Witeck (2014), in today's society more homosexual couples or single individuals are raising children from previous marriages, through adoption, or through surrogacy. This data shows that homosexual parents are becoming more recognized in today's society, but there are still some barriers they may have to overcome (Witeck, 2014). One reason there may be limited data with this population is due to the negative stigma of homosexuality.

In a research study conducted by Brown et al. (2009), gay and lesbian parents were asked "What are the three biggest challenges you now face as an Lesbian/Gay adoptive parent?". Results revealed that 40% of the parents in the study felt discriminated against and therefore felt a lack of acceptance of their children and their families in their communities. In addition to the

discrimination, homosexual parents also discussed the issues and awkwardness of “having to come out” to various community personnel, such as schools, churches, their children’s friends’ parents, and medical professionals (Brown et al., 2009). These responses of discrimination and issues with “coming out” to others in their community may make homosexual parents more resistant to accessing additional resources or interventions in their community, such as PCIT. Future research is encouraged to address these treatment barriers and gaps in PCIT research to determine the benefits it may provide for homosexual parents.

### Conclusions

PCIT has shown to be reliable in the fact that it helps reduce negative interactions between parents and their children, decreases child behavioral problems, and decreases the risk of child maltreatment. Results from this study have shown to be consistent with the PCIT literature, with the exception of the decreased stress levels and the asymmetrical relationship between enhanced skills and decreased stress levels. These results could be explained by the fact that parents experience many different stressors and PCIT may not account for all the environmental factors in parents’ lives. To address these environmental factors, it was recommended that professional social workers be more aware of additional services provided by their own agencies and of other agencies that they could refer their clients to. Addressing different parent needs, such as referrals for mental health services, could also decrease the

risk of child maltreatment and/or the child developing a mental illness. PCIT has been shown to decrease child maltreatment and enhance parent-child relationships, and if utilized with additional resources, it may also enhance parent empowerment.

APPENDIX A  
DYADIC PARENT-CHILD INTERACTION  
CODING SYSTEM (DPICS)



## 15-MINUTE DPICS DATA RECORDING AND CLINICAL NOTES

CLIENT NAME		DATE	START TIME	STOP TIME	CDI	PDI	CU (circle one)
CAREGIVER		CLINICAL PRESENTATION			TOYS USED		
PARENT'S STATEMENTS: POSITIVE		TALLY CODES			TOTAL		
TALK	AK						
	ID						
UNLABELED PRAISE (UP)							
LABELED PRAISE (LP)							
REFLECTION (RF)							
BEHAVIOR DESCRIPTION (BD)							
AVOID		TALLY CODES			TOTAL		
QUESTIONS	Q						
	RQ						
INDIRECT COMMANDS (IC)		CO	NC	NOC			
DIRECT COMMAND (DC)		CO	NC	NOC			
NEGATIVE TALK (NTA)							
<b>CLINICAL NOTES</b>							
ISSUES TO ADDRESS							
PLAN							

CLINICAL NOTES/ DPICS ASSESSMENT (CONT'D.)

STRENGTHS OF DYAD
CLINICAL OBSERVATION OF INTERACTION DURING CHILD DIRECTED PLAY ACTIVITY
CLINICAL OBSERVATION OF INTERACTION DURING PARENT- DIRECTED PLAY ACTIVITY
CLINICAL OBSERVATION OF INTERACTION DURING CLEAN UP ACTIVITY
THERAPIST NAME/ DATE

Urquiza, A., Zebell, N., Timmer, S., McGrath, J., & Whitten, L. (2011) *Course of Treatment Manual for PCIT-TC*. Unpublished Manuscript. 2.22

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APPENDIX B  
AGENCY PERMISSION LETTER



(909) 793-1078 (909) 335-7330 www.ccs-cares.org  
101 E. Redlands Blvd. Suite 215, Redlands, CA 92373



October 8, 2015

Re: Letter of Intent

To Whom It May Concern:

This Letter of Intent is being written on behalf of Marlena Hernandez. Ms. Hernandez has been accepted by Christian Counseling Service as a research student and has been cleared to gather data/conduct research at this agency.

Feel free to contact me if further information is needed at [jboyd@ccs-cares.org](mailto:jboyd@ccs-cares.org) or (909) 793-1078 x200.

Sincerely,

Jana Boyd, PhD, LMFT  
Clinical Director

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