The Family Interaction Program
2017 Report

Background
The Family Interaction Program (FIP) was established in 2002 at Griffith University, School of Psychology, Gold Coast. FIP was formed with the purpose of assisting families with children who have behavioural problems, such as rule-breaking, defiance, and aggression. FIP was also founded with the aim of reducing the risk of child maltreatment in families, receiving funding from the Department of Communities, Child Safety, and Disability Services since 2003. All of our services incorporate research to examine the acceptability and effectiveness of its programs.

Our Programs
The Family Interaction Program currently offers three free programs for children and families, with each program aiming to improve the quality of relationships between caregivers and their children.

Parent-Child Interaction Therapy (PCIT)
PCIT is a 12-week program for children between the ages of 1 and 6 years who have significant problems with their behaviour at home or at school. Parents and children attend for 1-hour weekly. PCIT involves direct coaching by a therapist as parents and children play together. This coaching guides parents in the direct practice of positive parenting techniques. Through this direct practice, therapist and parent work together to enhance the quality of the parent-child relationship, which results in a reduction in children's tantrums and aggressive behaviours. The program has two phases: Phase 1 focuses on strengthening the parent-child bond, increasing effective parenting skills, improving child social skills and decreasing behaviour problems. Phase 2 focuses on parents’ behaviour management techniques within the context of positive parent-child interactions.

Circle of Security DVD Program (COS)
COS is an 8-week program for parents of children between the ages of 1 and 6 years. COS is conducted individually with parents/carers to assist in developing a positive, loving and satisfying relationship with their child.

The caregiver works one-on-one with a qualified therapist who can tailor the program to meet individual needs. COS teaches the core ideas of attachment theory, with the aim of boosting the parent-child attachment relationship by assisting the caregiver to understand their children’s needs and behaviours.

Regulating Overload and Rage (ROAR)
ROAR is a 10-week program for parents and their children aged 7 to 12 years who have behaviour problems, including excessive anger and explosive behaviours. During ROAR, therapists help parents and children with managing their emotions and developing better problem solving skills. FIP is currently offering ROAR for families who are connected with the Department of Communities, Child Safety, and Disability Services.
Our Clients

Since forming in 2002, FIP has worked with many hundreds of families living in South East Queensland. Of the families that have made contact with FIP, referrals come from Queensland Health and other government agencies, as well as from schools and families themselves.

Children who participated in PCIT were, on average, 4 years old, and the majority (67%) were male. Ninety-seven percent of caregivers were mothers, 70% were Australian-born, and 2% were Aboriginal or Torres Strait Islander. See Table 1 for further demographic details of PCIT clients.

Case study:

Peter is a 4-year-old boy referred by his paediatrician to the Family Interaction Program. Before treatment, his mother Donna reported she was having difficulty managing his behaviour at home, including his daily tantrums (crying, screaming, hitting) when he was frustrated and everything did not go his way. Peter also had great difficulty following instructions. His mother reported he had been acting out and hitting other children at his day care centre. Donna admitted she often resorted to yelling and sometimes smacking Peter in attempt to manage his behaviour. Despite her best efforts, Donna felt nothing she was doing was working.

Peter and Donna were perfect for PCIT. After an initial interview with Donna, the first phase of PCIT, the relationship enhancement phase, commenced with Peter. In vivo coaching was used, with a therapist behind a one-way mirror observing Donna and Peter play together. The therapist communicated with Donna via a headpiece. In the first phase of PCIT, coaching was used to assist Donna to practice positive parenting strategies, including praise in way that could be understood by Peter, descriptions of Peter’s behaviour, and reflections of Peter’s vocalisations. For extreme misbehaviour exhibited by Peter (e.g., playing roughly with toys), active ignore was used to reduce his bad behaviour. After 6 sessions of the first phase of treatment, Donna was observed to use more praise, descriptions, and reflections, and was able to effectively use ignores, when appropriate, in the session.

Phase 2 of PCIT, the additional skills phase, addressed Peter’s defiance and aggressive behaviour. This phase involved implementing new behaviour management strategies, which were practised so that Donna could use them effectively and only when necessary. Phase 1 skills, including labelled praise, were continued throughout the second phase. After 6 sessions of the additional skills phase, Donna reported improvements in Peter’s behaviour at home. She also reported her confidence in her own parenting abilities had increased.
Our Outcomes

The Family Interaction Program has been continually evaluating the effectiveness of its programs. FIP utilises gold-standard research methods, including randomised controlled trials to ensure families receive the best possible treatment.

In 2011, Griffith University researchers Thomas and Zimmer-Gembeck published a study of the effectiveness of PCIT in preventing child maltreatment. The study involved 150 female caregivers and their children from SE Queensland. All caregivers were considered to be at high risk of child maltreatment prior to entering the research program. Families were randomly assigned to PCIT or a waitlist control group. The number of PCIT sessions families received varied depending on the stage at which caregivers reached mastery of PCIT skills. This study found that, compared to families in the waitlist group, families who received PCIT reported better child behaviour and less parental stress after treatment (see Fig. 1 and 2). Caregivers who completed PCIT were less likely to be notified to child welfare than non-completers.

In 2012, Thomas and Zimmer-Gembeck evaluated the effectiveness of standard 12-session PCIT among 151 families at risk or with a history of maltreatment. This was in contrast to previous studies that allowed for longer, variable treatment length. After treatment and compared to Waitlist, mothers reported fewer child externalising and internalising behaviours, decreased stress, and were observed to have more positive verbalizations and maternal sensitivity. These outcomes were equivalent or better than outcomes of the previous PCIT trial when treatment length was variable and often longer.

In 2016, Webb and colleagues published a study of PCIT, evaluating whether motivational enhancement sessions conducted with parents at the start of treatment would reduce drop-out from the program and improve outcomes. 192 caregivers and their children were included in the study, and were assigned to either standard PCIT, motivation enhanced PCIT (M/PCIT), or a waitlist control group. Families who participated in PCIT and M/PCIT had greater reductions in child externalising and internalising behaviours and parental stress compared to the control group. Parents who received M/PCIT reported an increase in their readiness to change after the three motivational enhancement sessions. Families assigned to M/PCIT did not have lower drop-out rates or improved outcomes compared to families assigned to standard PCIT.

Summary of Past Research

FIP’s past evaluations of PCIT support the program as an effective treatment for reducing child behaviour problems and parental stress. Our 2012 and 2016 research found that the addition of extra sessions beyond the 12 standard PCIT sessions or the additional of extra sessions to motivate families prior to starting PCIT may not necessarily enhance outcomes for families. Thus, PCIT can be administered effectively in 12-weeks, so that families do not have to commit to lengthy treatment.

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**Fig. 1 Child Externalizing Behaviour, 2011 data**

**Fig. 2 Parenting Stress, 2011 data**
Current Research and Referrals

Circle of Security
The Family Interaction Program is currently conducting a randomised controlled trial of the Circle of Security (COS) DVD Program. Parents of children 1 to 6 years of age are eligible to participate. The Family Interaction Program is still recruiting participants for this program. To refer families to the COS DVD Program, please call us on (07) 5678 9105.

Regulating Overload and Rage
The number of referrals for the ROAR program is increasing, and we are evaluating the effectiveness of this program for families involved with the Department of Communities, Child Safety, and Disability Services.

Parent-Child Interaction Therapy
We are also conducting further research into PCIT and how the treatment works. Our latest study is investigating whether PCIT improves parents’ ability to regulate their emotional reactions to their children’s behaviour, and whether this teaches children how to manage their own emotions.

FIP is currently accepting referrals.