Parent-Child Interaction Therapy for Muslim-American Parents and Young Children

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There are limited data available regarding early childhood mental health in the Muslim American population. Nevertheless, the literature has shown that American Muslims are more likely to experience mental health disorders, including being twice as likely to report a history of suicide attempt[1] compared to other religious communities.[2] Despite these challenges, Muslims in America are often underserved and tend to underutilize mental health services, compared to other minority groups.[2-5] The combination of Muslim children with significant—mental health challenges and caregivers who underutilize mental health services reduces the likelihood that effective treatments will be used and increases risk of long-term harm for Muslim American children. Research has shown that Muslim American populations may be hesitant in seeking mental health treatment for a variety of reasons, including associated stigma behind mental illness within the community, fears related to past experiences of racism and discrimination in a post-9/11 world, differing way of conceptualizing mental illness and psychological distress that may lead to seeking alternative supports within family and community instead of mental health providers, and lack of knowledge about how to access formal mental health services.[6,7] Another plausible reason for the underutilization of mental health services in this population is the concern that mental health treatment may not align with religious or cultural values.[3]

The Muslim community in the United States is one that has vast diversity in terms of the ethnic, cultural, racial, and socioeconomic make-up of its groups, with a common thread binding them together of shared core values and principles rooted in Islam. It is important to note that these differences may be seen in the way that Muslims in the clinic present themselves (whether they choose to wear or not wear traditional outfits, hijab, kufis, beards) and how they decide to practice the religion. Assumptions should not be made that the information provided here is applicable to every Muslim who presents for treatment. However, the following discussion includes examples that are familiar to many individuals who identify as Muslim.

One effective way to provide support to the Muslim American population is to use evidence-based therapies that align with the religious values of Muslim Americans. For example, Parent-Child Interaction Therapy (PCIT), is a well-established, effective treatment in which there is an overlap in the skills that are stressed in PCIT and Islamic beliefs and attitudes towards parenting children. As an example, well-known advice given by Ali ibn Abi Talib, an important figure in Islamic history is: “Play with them for the first seven years of their life; then teach them for the next seven years; then advise them for the next seven years.” In Islam, one is guided by the teachings of the Quran and the Sunnah, or the traditions and practices, of the Prophet Muhammad, peace be upon him (PBUH). The evidence used to highlight why PCIT may be well-suited for Muslims derives primarily from the Sunnah.

Originally intended to treat disruptive behaviors in children ages 2 to 7, PCIT is an evidence-based intervention that is now used in the treatment of a wide range of emotional and behavioral difficulties in children across many cultures. PCIT originates from two theoretically distinct child therapy models: traditional play therapy and child behavior therapy. In traditional play therapy, the therapist follows and reflects the child’s behavior and emotions to convey acceptance and to allow for the child to express emotions safely. In child behavior therapy, the parent is seen as the agent of change based on the principles of attachment and social learning theory.[8,9]

PCIT is a two-part intervention, child-directed interaction (CDI) in the initial phase followed by parent-directed interaction (PDI) in the second phase. Both phases of PCIT have overarching goals that align with basic goals that exist for parent-child relationships in Islam. CDI focuses on creating a warm, responsive caregiver-child relationship by introducing parents to a set of foundational skills that they use during play, designated by the acronym PRIDE. Children are dealt with through praise, the caregiver's reflections of the child's words and behaviors, imitation of the child's play, description of their actions, and enthusiasm during the interaction with the child. PDI focuses on improving child compliance to parental instructions through behavioral management skills such as giving clear, effective instructions and enforcing predictable, structured time-outs for non-compliance.

Examples of the use of CDI PRIDE skills are quite commonly found within narrations from the time of the Prophet Muhammad (PBUH). As an example, a companion of Prophet Muhammad (PBUH) by the name of Jabir, said, "I came to the Prophet while Hasan and Husayn (Prophet Muhammad's grandchildren) were on his back. The Prophet was walking on his hands and feet and saying, 'You are having a good ride, and you are good riders!'" This interaction illustrates two major principles that are aligned with the foundational skills highlighted during the CDI component of PCIT, labeled praises and description of behaviors. It also shows the importance of sharing joy and connecting with children through enthusiastic play, by showing Prophet Muhmmad (PBUH) participating in play as a way of connecting with his grandchildren.

Applying PRIDE skills involves allowing the child to lead the play by encouraging the caregiver to imitate the child's behavior and reflect on what the child is saying. There are many accounts highlighting how Prophet Muhammad (PBUH) followed a child's lead in play. For example, Prophet Muhammad (PBUH) was known to have a very noticeable birthmark on his back that Muslims refer to as the "Seal of the Prophethood." One narration describes how Prophet Muhammad (PBUH) was holding a child who was playing with the seal that was between his shoulders and the father of the child became irritated. Prophet Muhammad (PBUH) indicated to the father to let the child be content in the play and allowed the child to continue what she was doing. He prayed for her to have a long life. By allowing for the child to take the lead, rather than disrupting the child's play, Prophet Muhammad (PBUH) indicated that harmless play and curiosity about the environment and others is normal, expected, and should be encouraged.

There are many other instances that demonstrate how Prophet Muhammad (PBUH) highlighted the importance of child-directed play, including during tasks that are considered sacred by Muslims. Several accounts report on how he lengthened the congregational prayer when his grandson jumped on Prophet Muhammad's (PBUH) back because he did not want to interrupt his grandson's play. In another instance, Prophet Muhammad (PBUH) would shorten a congregational prayer if he heard a child in distress so the parent could attend to the child's needs promptly. These are only a few of the examples of how CDI fundamentals overlap with the way that Muslims are instructed to care for their children within the parent-child relationship.

As mentioned previously, the goal of CDI is to help foster a warm relationship between the parent and the child through the mastery of PRIDE skills. While, on its own, this may be effective in helping to improve some behavioral difficulties that young children present with, PDI is conducted after CDI in order to help train parents on giving instructions effectively and safely disciplining their child in order to reduce problematic behaviors and increase compliance. Culturally, this will likely be attractive to Muslim parents because of the importance that is placed on children being respectful and compliant to the instructions of their parents.

PCIT is an evidence-based approach that can be used to support parents who are struggling with behavioral difficulties in young children. Through the development of warm relationships and the establishment of a safe, effective discipline method, the basic goals of PCIT

align with many of the goals of a healthy parent-child relationship within Islam.

This information can be applied within a clinical setting during the rapport building and initial phases of discussing treatment options. As always, clinicians should inquire about religion and spirituality prior to making assumptions based on appearance. Parents can then be explicitly asked if they have any specific concerns regarding treatment, including any related to the treatment's alignment with religious values. If a family expresses hesitation as a result of these concerns, clinicians can offer the family additional information. Muslim clinicians who are treating Muslim patients could use these examples highlighted above to engage in conversations about the overlap between the goals for PCIT and principles for raising children in Islam. Clinicians who are not Muslim may offer to provide written information, in the form of the attached hand-out, to help provide additional information regarding this overlap.

All clinicians may find it useful to highlight the parts of PCIT that are in alignment with the values that are highlighted within Islam as summarized below.

- PCIT helps children 2 to 7 years of age learn how to listen to their parents and be obedient the first time that parents give them instructions to follow.
- PCIT helps children 2 to 7 years of age learn about the consequences of breaking rules in a safe, effective manner that can generalize to other environments outside of the home.
- PCIT helps children 2 to 7 years of age behave better in school as well so that they are able to learn without disruption to their education.

Through understanding and focusing on the overlap between Islamic values on parenting and the goals of PCIT, clinicians can enhance the therapeutic relationship, increase treatment retention, and improve buy-in of Muslim parents to use these skills in creating stronger, healthier relationships with their young children.

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Take Home Summary

Muslim American populations may be hesitant in seeking mental health treatment for a variety of reasons, including concerns that mental health treatment may not align with religious or cultural values. Parent-Child interaction therapy (PCIT) could be effective in this population due to the overlap of its goals and Islamic beliefs and attitudes towards parenting. Through highlighting this overlap, clinicians can enhance the therapeutic relationship and increase comfort level of utilizing PCIT as a treatment modality.

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