

# Implementing an Evidenced Based Treatment for Children in the Child Welfare System:

## Parent-Child Interaction Therapy

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# Overview of Agenda

- Evidence Based Practices in Systems of Care
- Overview of Parent-Child Interaction Therapy
- Hands on Practice—Let's Play!
- Break Time (15 minutes)
- Family Experience with PCIT
- Research on PCIT Outcomes
- Implementing EBPs
- Implementing PCIT
- Cultural Considerations
- Dissemination of PCIT
- Other Resources on Evidence Based Practices

# Importance of Evidence Based Practices

- The gap between routine mental health care practice and evidence based practice represents a significant public health problem.

(US Surgeon General's Report on Mental Health, 1999)

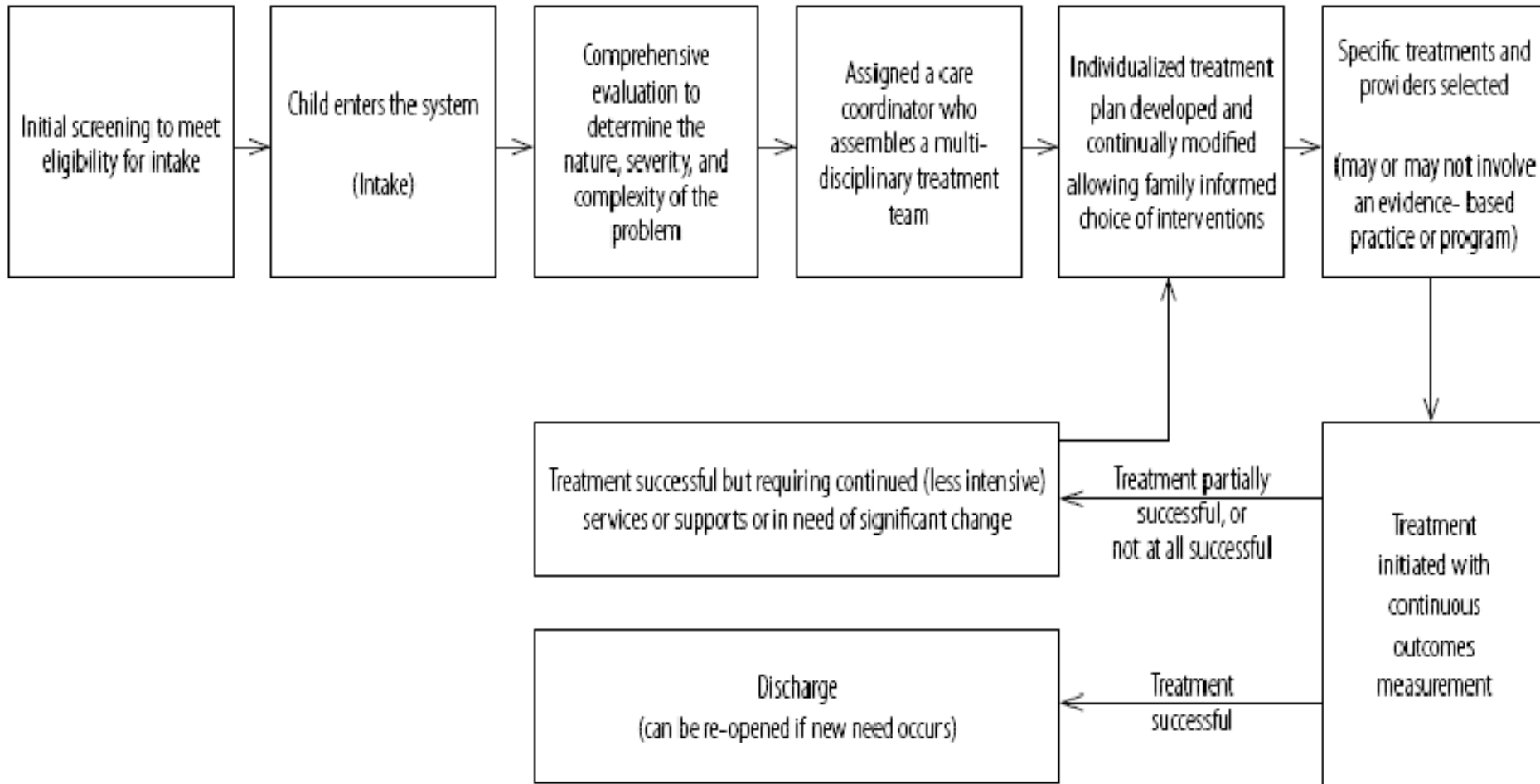
- Evidence-based practices are supported by scientific research as being effective in improving outcomes for children and families.

# Requirements for System of Care Cooperative Agreements

- Key activities and concepts of service provision:  
*“Delivery of effective clinical interventions, which as research has demonstrated, produce positive child and family outcomes”*
- Delivery of clinical interventions:  
*“Clinical interventions should be used that are effective within the cultural contexts of children, youth and families. ”*

# Integrating Systems of Care, Individualized Care, and EBTs

Conceptual Mental Health Services  
Flow Chart



# Use of Evidence Based Practices in Systems of Care

<u>Practice</u>	<u>Number of Communities</u>
Wraparound services	8
Positive Behavioral Interventions and Support	7
Multisystemic Therapy	6
Trauma Focused CBT	4
Parent Child Interaction Therapy	4
Functional Family Therapy	3
Incredible Years	3

# Lessons Learned in Implementing Evidence Based Practices

- Staff recruitment and selection
- Pre-service or in-service training
- Coaching, mentoring, and supervision
- Internal management support
- System-level partnerships
- Staff and program evaluation

*(“Implementing Evidence Based Practices: Six Drivers of Success”  
Allison Metz, Karen Blasé, Lillian Bowie. Child Trends, Research to Results Brief)*

# Experiences in Implementing Evidence Based Practices?

- What EBT services are being considered/implemented in your community?
- What were the challenges in implementation?
- What were the successes?





# Mental Health Needs of Children and Youth in Child Welfare

- 50% of children (ages 2-14) who had completed child welfare investigation had clinically significant emotional and behavioral programs
- 25% had received any behavioral health care in last 12 months

(National Survey of Child and Adolescent Well Being)

# Child Welfare Research

Components of parent training programs associated with better parent and child outcomes:

- Teaching parents to interact positively with their children and provide positive attention
- Having parents practice with own child during parent training.

# Parent-Child Interaction Therapy

An Evidenced-Based Practice for  
Young Children  
with Behavior Problems

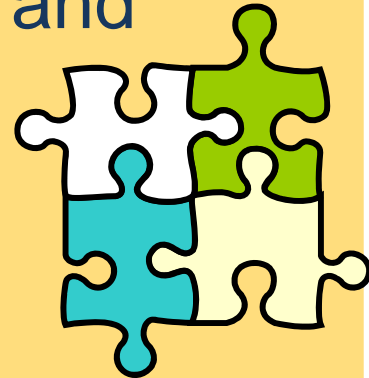
# What is PCIT?

- Developed by Dr. Sheila Eyberg for families of children aged 2-7 with disruptive behavior disorders
  - Combines elements of attachment and learning theories, systems theory, and behavior modification
  - Short-term – avg. 14-16 weekly sessions
  - Direct coaching of parent with child
  - Empirically validated in over 80 studies
  - Gives parent responsibility, not blame

# Overview of PCIT

- Key features

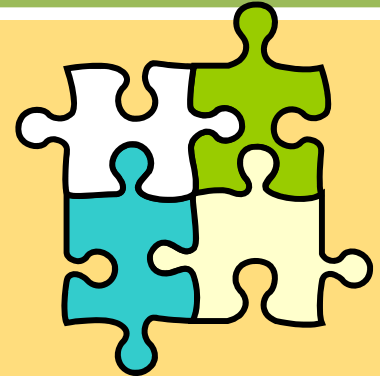
- Emphasizes restructuring the parent-child interaction by teaching specific parenting skills
- Based on principles of attachment and social learning theory
- Implemented with parent and child together
- Designed as a treatment for severe behavior problems in young children



# Overview of PCIT

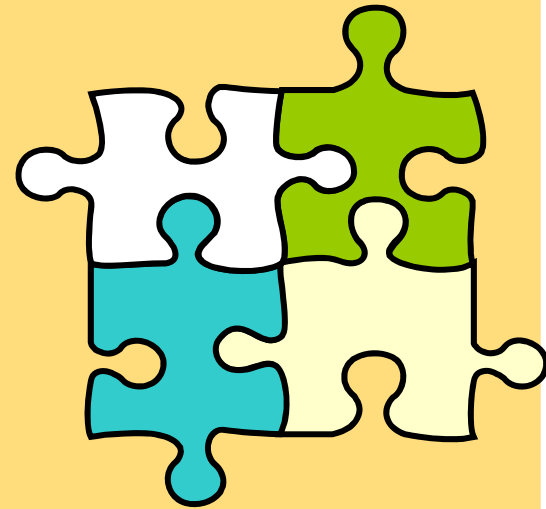
- Key features

- Involves direct practice
- and coaching of skills in sessions
- Establishes daily positive parent-child interaction time
- Teaches generalization of skills

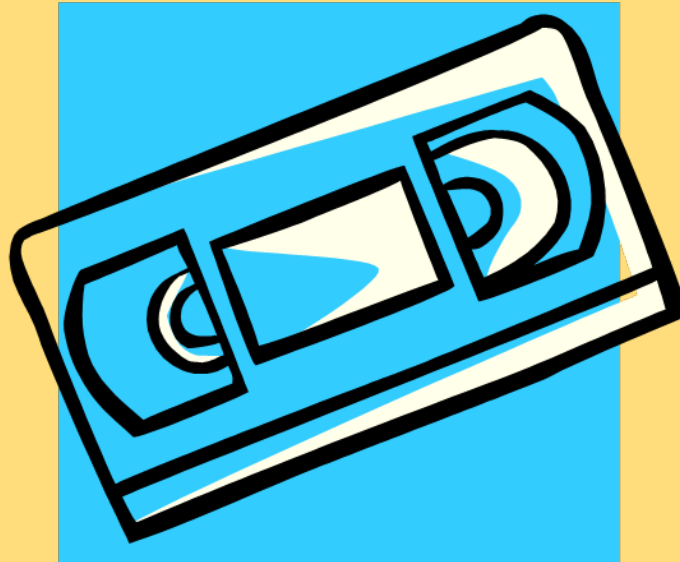


# Overview of PCIT

- Key features
  - Treatment manual used
  - Not time-limited
  - Assessment driven



# Pre-post tapes





# Goals of PCIT

## Balancing Two Factors...

### 1. Positive Interaction with the Child

- Increase positive attention
- Decrease negative attention
- Addressed directly in the Child Directed Interaction (CDI)

### 2. Consistent Limit Setting

- Consistency
- Predictability
- Follow-Through
- Addressed in the Parent Directed Interaction (PDI) [also in CDI]

# Goals of the Child Directed Interaction (CDI)

- Enhance relationship between parent and child
  - Reduce frustration/anger
  - Improve social skills
  - Improve self-esteem
  - Improve organization and attention

# Features of CDI

- Special Time
- PRIDE skills
- Tactical Ignoring
- Coaching to Criteria

# Special Time

## 5 minutes every day

### -Avoid distractions

- Find a way to have other children occupied so you can be one-on-one with the child
- Don't answer the phone
- Planning 1:1 into your routine

### – Follow the child's lead

- Allow child to choose the activity from 2-3 choices

### – Encourage positive behavior by choosing positive activities at a time that is good for the parent and child

# DON'T RULES



# DON'T Give Commands



- Directs the play
- If the child doesn't obey, the play becomes not fun
- Can make the play feel more like school
- Can be judgmental
- Examples:
  - “Give me the red one.”
  - “Let's put these away”

# DON'T ask Questions

- Often hidden commands
- Take over the lead of the conversation
- Suggest disapproval
- Suggest parent isn't listening
- Examples
  - “What color is that?”
  - “Is that what you wanted?”



# DON'T Be Critical

- Points out mistakes
- Lowers self-esteem
- Creates an unpleasant interaction
- Examples
  - “That doesn’t go there.”
  - “Stop hitting the table.”





# DO RULES



# Praise

- Increases behaviors that are praised
- Increases self-esteem
- Adds warmth to relationship
- Makes parent and child feel good
- Praise for spontaneous compliance
- Examples
  - “Thank you for sitting quietly”
  - “Good job making that piece fit”
  - “I like the way you made that basket”



# Praise



# Reflect

- Allows child to lead conversation
- Shows parent is really listening
- Shows acceptance
- Improves/increases child speech
- Children love it!
- Example
  - C: “I’m making a super-tall tower.”
  - P: “It is super-tall.”



# Reflect



# Imitate

- Lets the child lead
- Demonstrates approval
- Shows parent is involved
- Teaches appropriate social skills

# Describe

- Lets the child lead
- Shows that parents are interested and paying attention
- Models speech and teaches vocabulary/concepts
- Holds child's attention
- Examples
  - “You're making a tower.”
  - “You're rolling out the play-doh.”



# Describe





# Enthusiasm



- Expresses parent's pleasure in spending time with child
- Increases warmth in play

# What if the child doesn't behave during one-to-one time?



# Ignoring

- Avoiding all verbal and nonverbal reaction to inappropriate behavior
- Decreases attention-seeking behaviors
- Behavior tends to escalate before extinction begins
- Praise child immediately for appropriate behavior
- Not for aggressive/destructive behaviors

# Ignoring



# Stopping the play

- Aggressive or Destructive behaviors
  - Immediately stop the play and briefly explain to child why
  - Attempt one-to-one time again the next day



# PRIDE skills in action!



# Hands On Practice with PRIDE



# Features of the Parent Directed Interaction (PDI)

- Command training—giving good instructions
- Contingent praise or consequence (time-out)
- Gradual generalization
- Planned responses to:
  - Refusing negative consequence
  - House Rules
  - Behavior disruptions in public settings



# What do therapists do in PCIT?

# What do parents do in PCIT?



# What do therapists do in PCIT?



# Coaching in action!



# More coaching in action!



# In-room coaching



# Break Time



PLEASE  
RING  
IN  
MINUTES



# **One Family's Experience with PCIT**



**Terry Mummery: Grandfather/Foster  
Parent of a Child with Prenatal  
Substance Exposure**



# One Family's Experience with PCIT

# Access to Services and Supports



If the Mumry family was in your community, what services would be available to them?

Why did you feel treatment was necessary?

A large yellow rectangular area for writing, with a light blue vertical bar on the left side. The yellow area is the main space for the response, and the blue bar is a decorative element on the left.

What were your  
first impressions of PCIT?

A large yellow rectangular area for writing, with a light blue vertical bar on the left side. This area is intended for the user to provide their first impressions of PCIT.

What made you continue treatment?

What did you do in PCIT?

What results did you see?



# One Family's Experience with PCIT

- What were your expectations when you started PCIT?
- Did your family face any obstacles in participating and completing treatment?
- What made the difference in your attitude toward PCIT?
- What changes did you see in your family as a result of PCIT?
- What words of wisdom do you have for others considering PCIT?



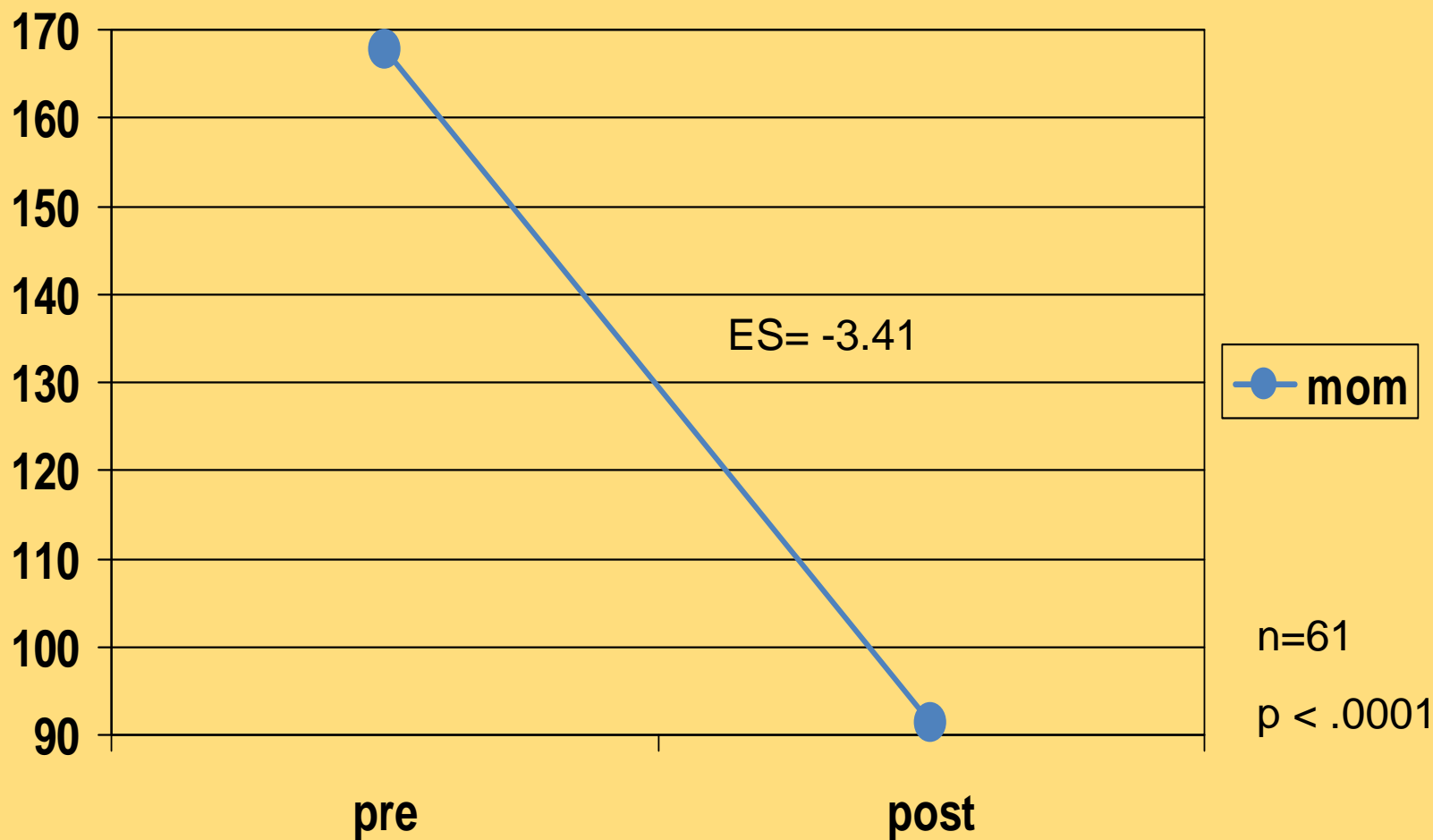
# Empirical Support for PCIT



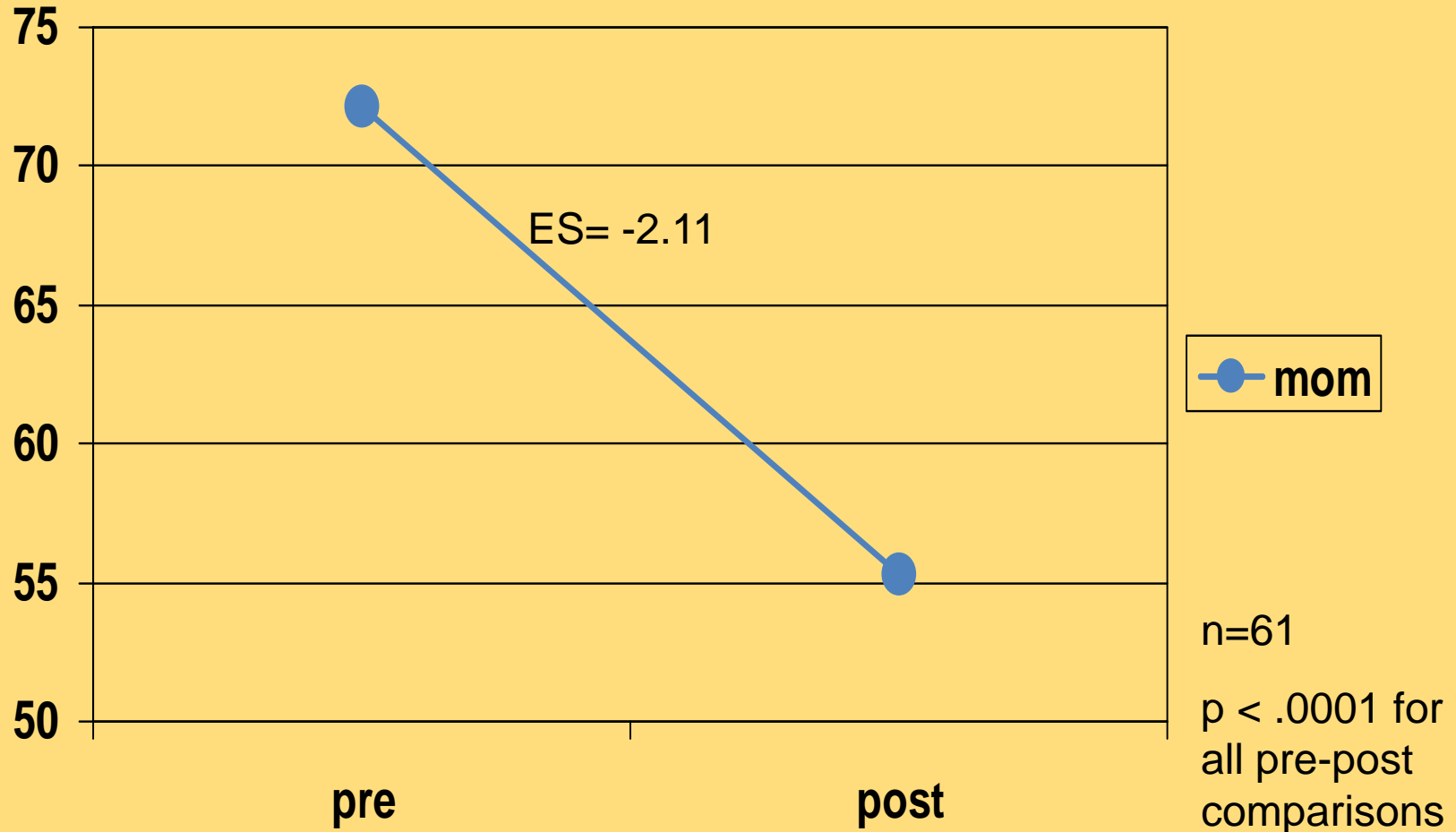
# How effective is PCIT?

- National research findings:
  - Improvements in child behavior
  - Improvements in parenting skills and attitudes
  - Generalization to school
  - Generalization to untreated siblings
  - Reductions in the risk of child abuse
  - Benefits for parents and other caregivers

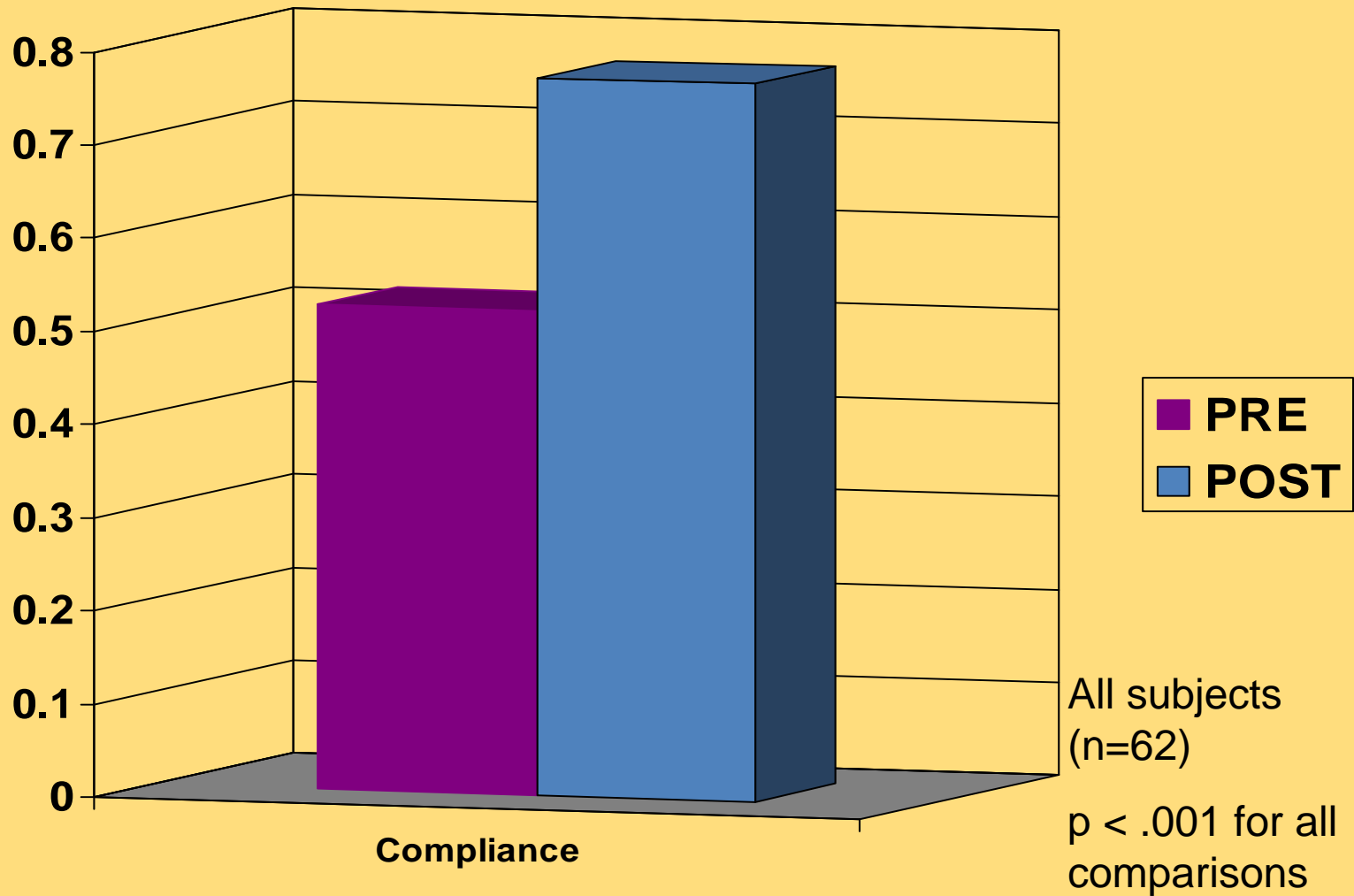
# Mother Report of Child Behavior Problems—ECBI Intensity Score



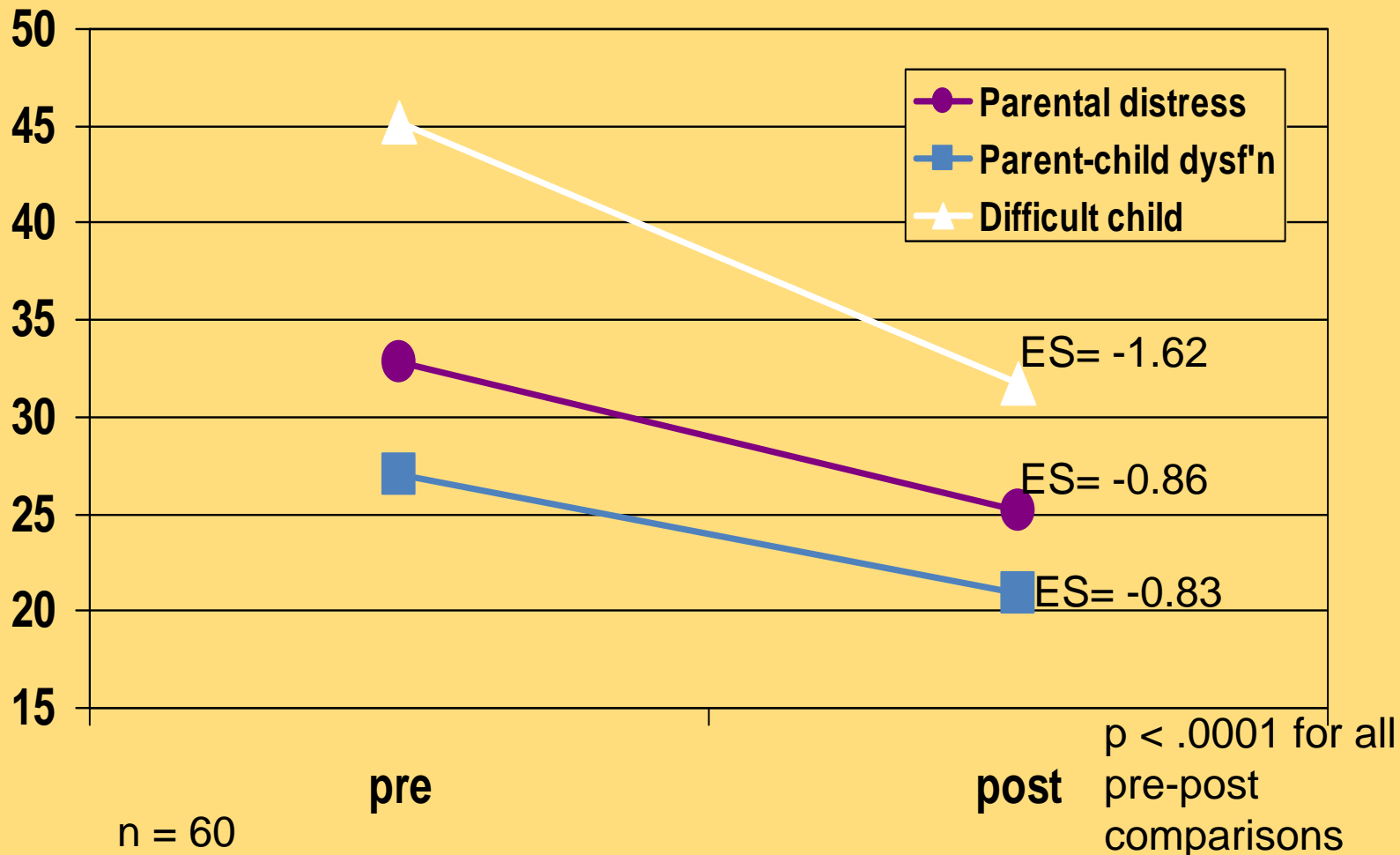
# Parent rating of child disruptive behavior (CBCCL Externalizing Scale T-score)



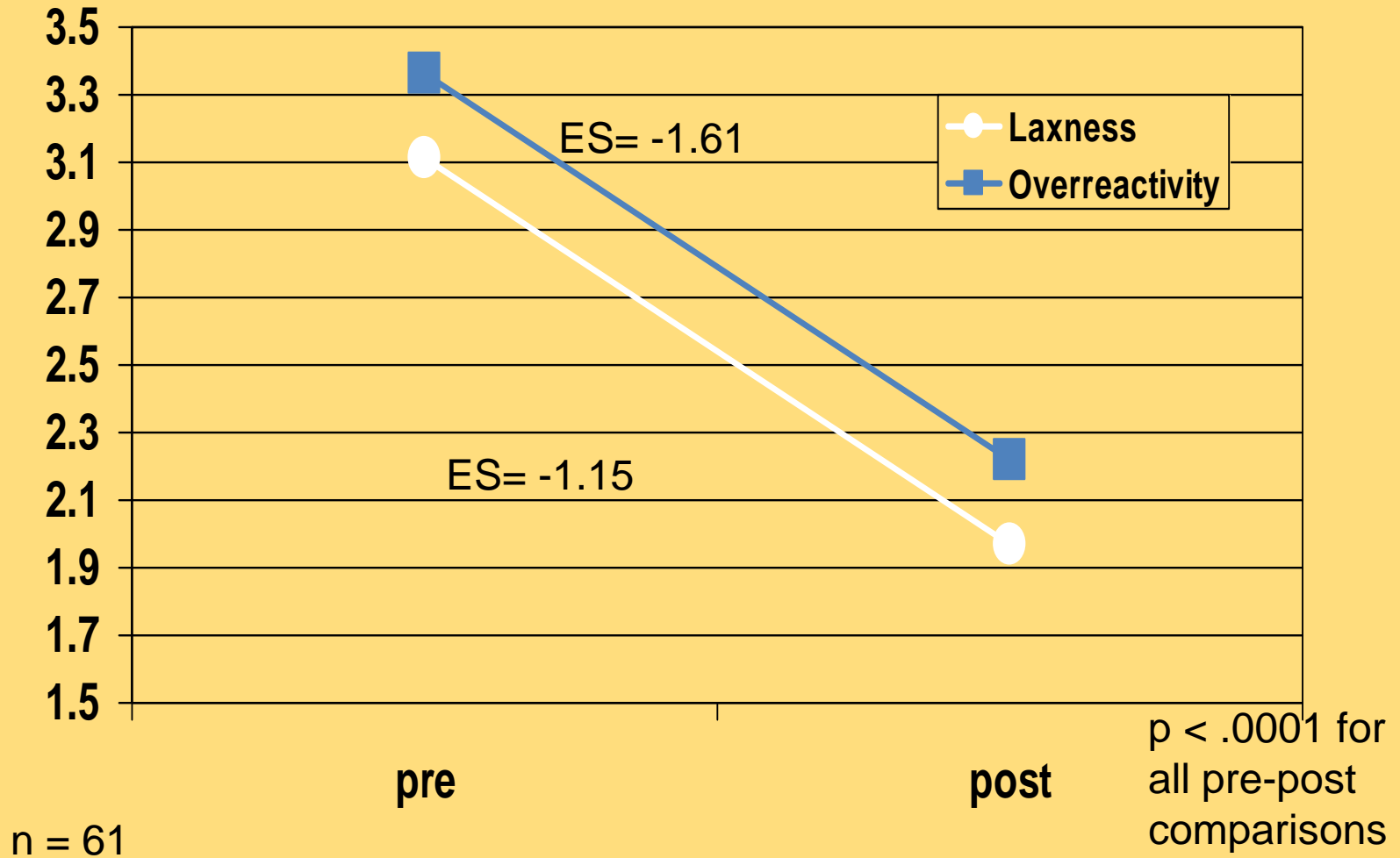
# Observed Child Compliance



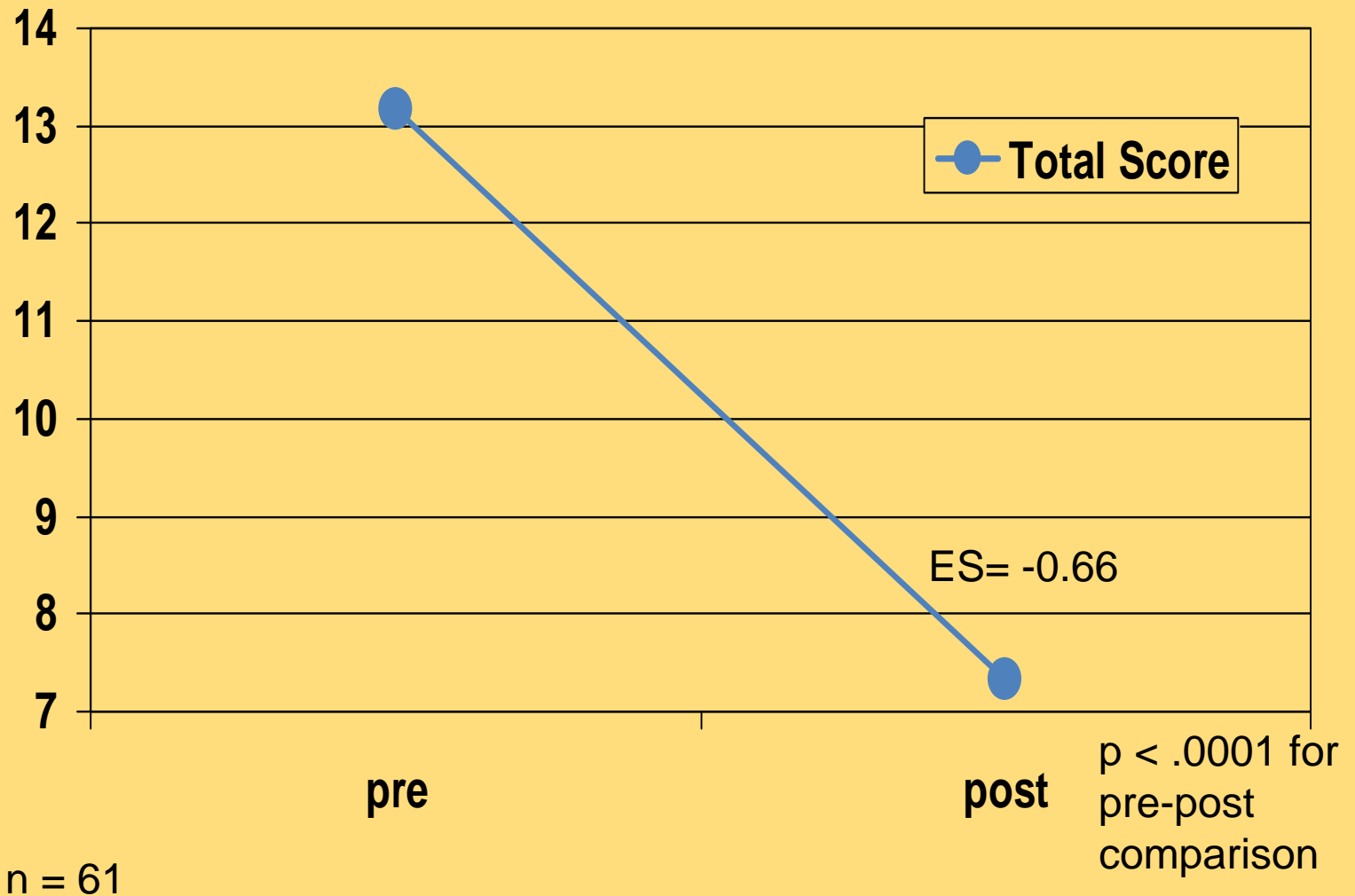
# Mother report of parenting stress (PSI-SF)



# Mother Report of Parenting Practices (Parenting Scale)



# Mother Report of Depression (BDI)



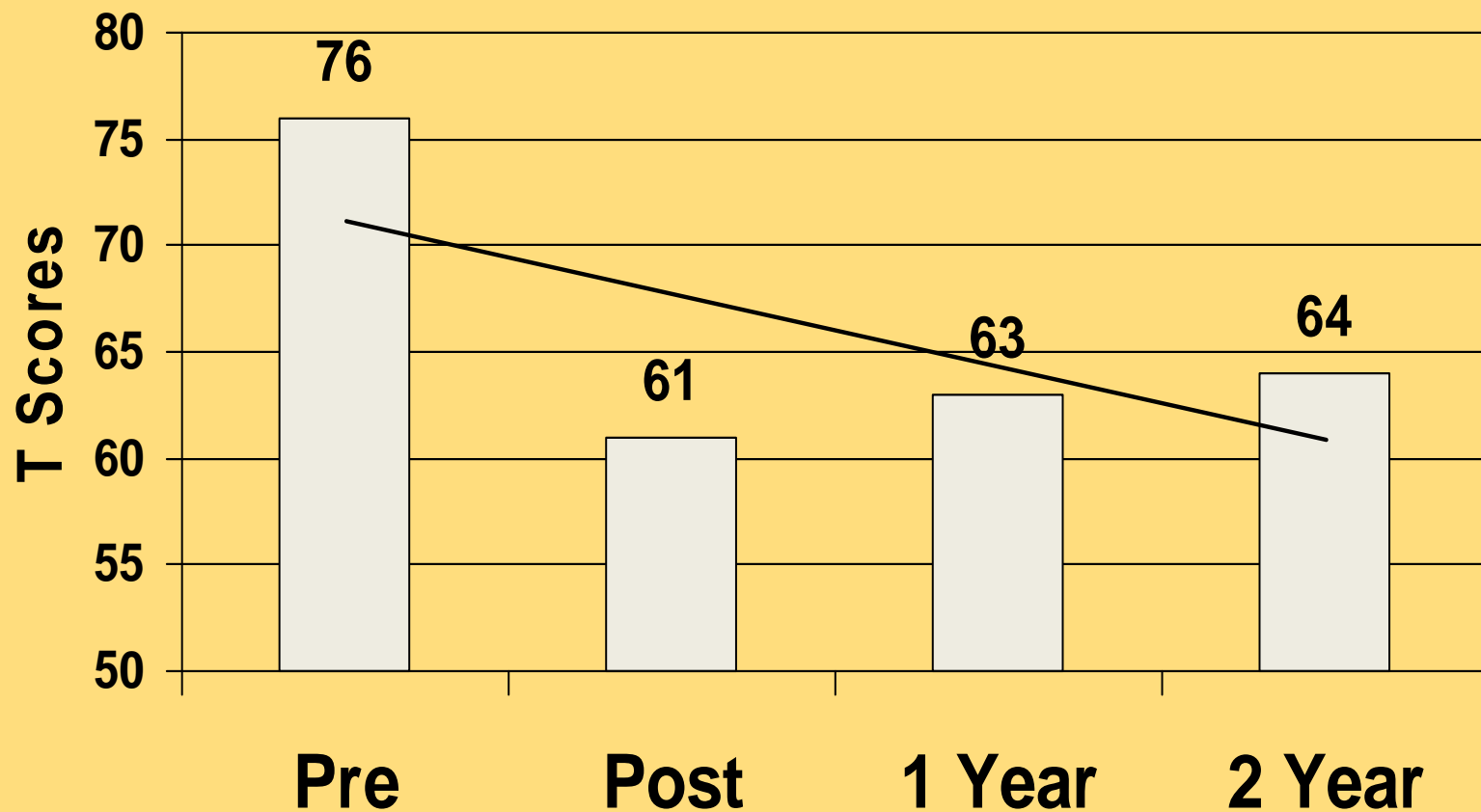


# 1- to 2-year follow-up

- Followed a sample of 13 PCIT completers at 1- and 2-year post-treatment
- Treatment was time-limited
- Demographic characteristics
  - 100% boys; 84% Caucasian
  - Mean age = 4.7
  - Median income = \$15K

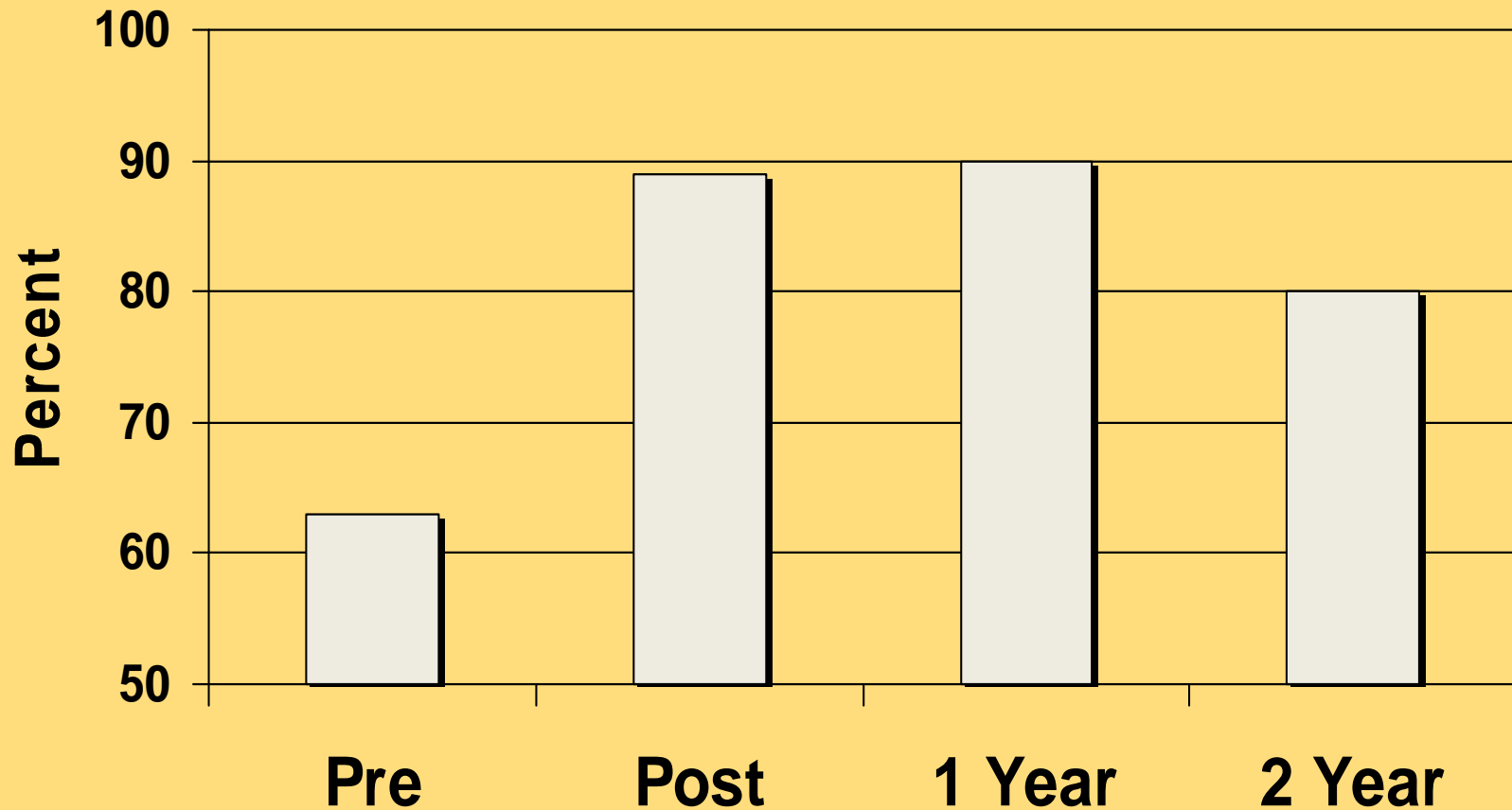
Eyberg, Funderburk, Hembree-Kigin,  
McNeil, Querido, & Hood (2001)

# Parent rating of Child Disruptive Behavior (CBCL Externalizing)



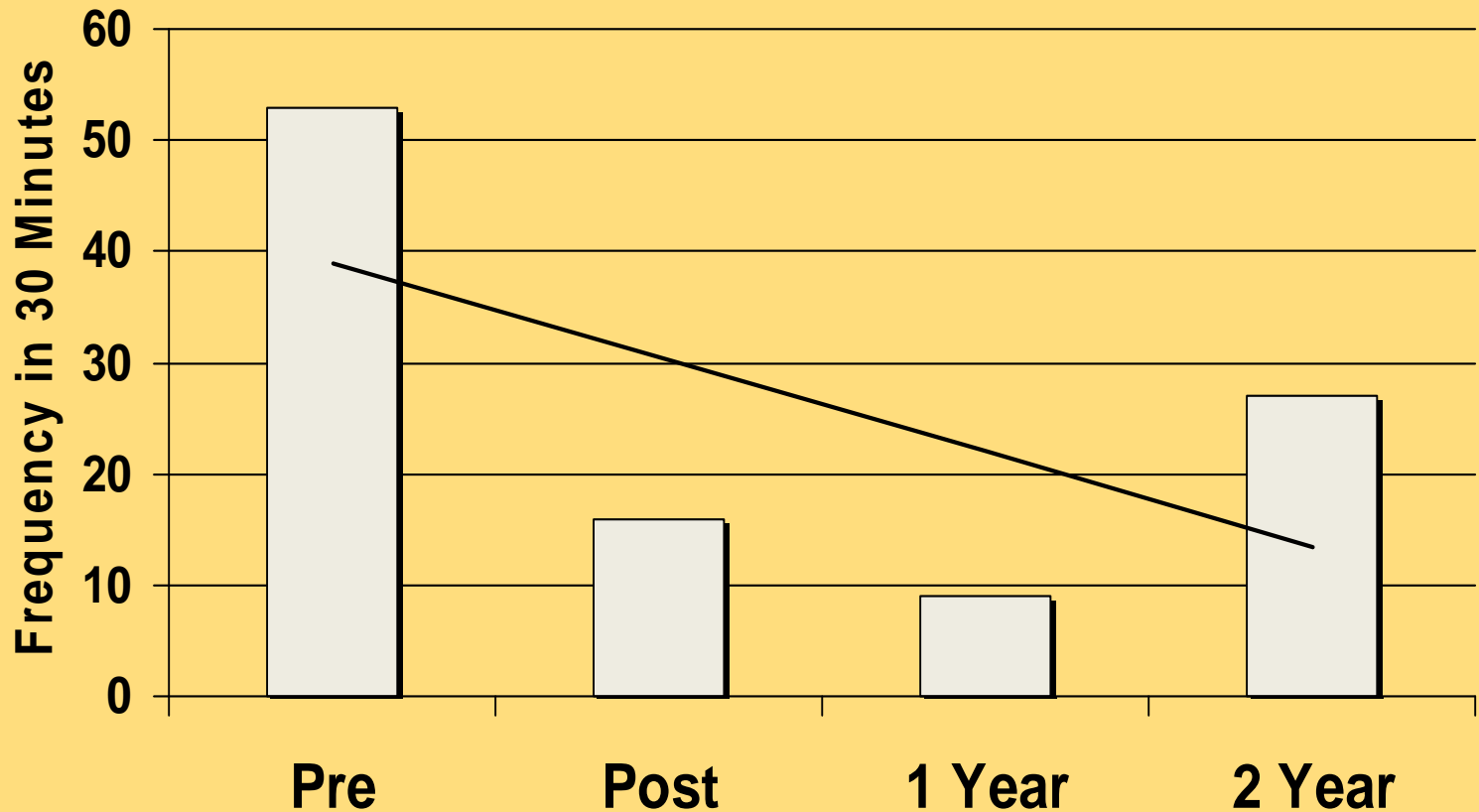
Eyberg, Funderburk, Hembree-Kigin,  
McNeil, Querido, & Hood (2001)

# Observed Compliance

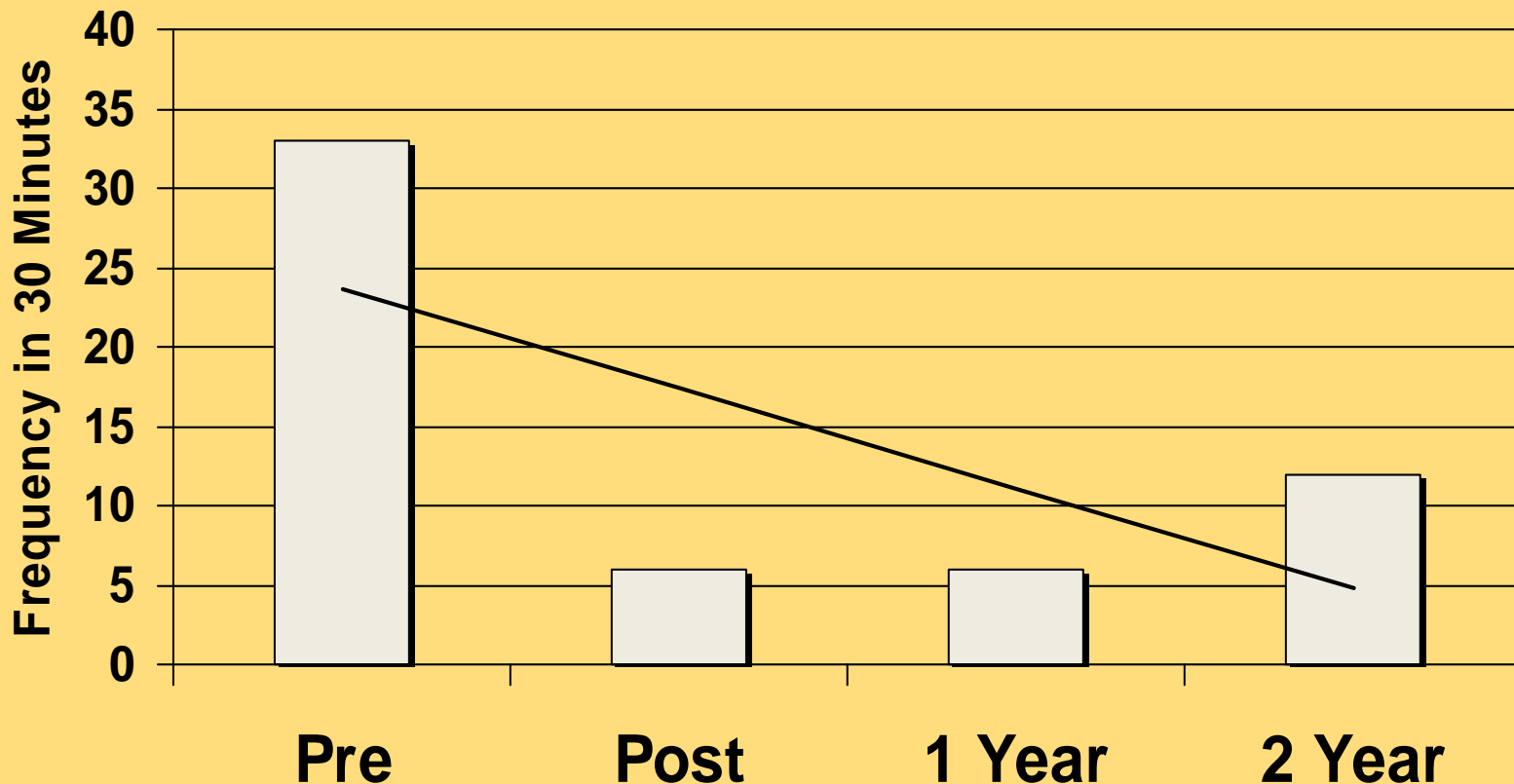


Eyberg, Funderburk, Hembree-Kigin,  
McNeil, Querido, & Hood (2001)

# Observed Child Negative Behavior



# Observed Parent Negative Behaviors



Eyberg, Funderburk, Hembree-Kigin,  
McNeil, Querido, & Hood (2001)

# 4- to 6-Year Follow-up

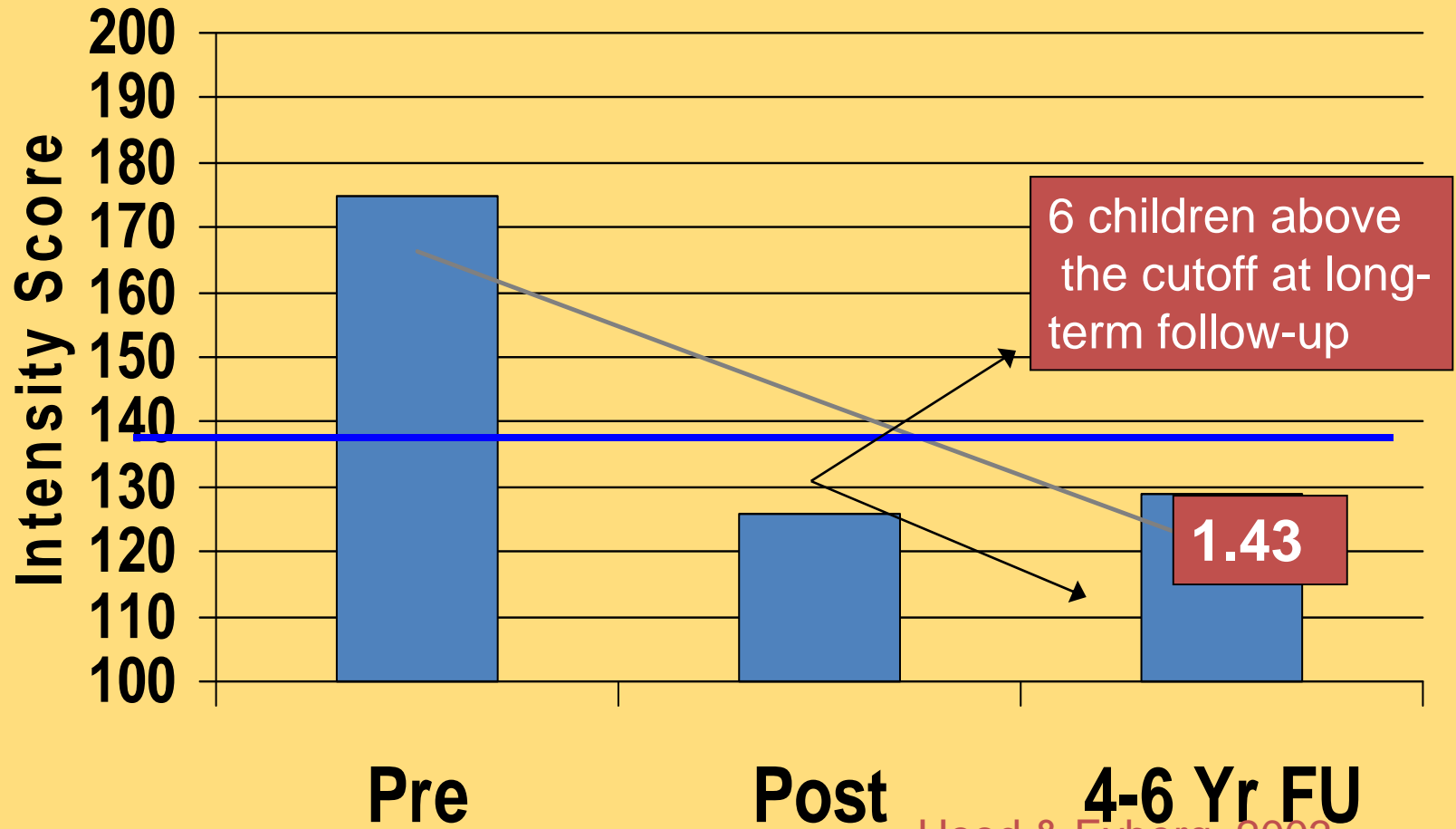
- 23 families (out of 50 completers)
  - 70% boys
  - 83% Caucasian
  - Mean age at pre-treatment = 5.0
  - Mean Hollingshead Index = 40



Hood & Eyberg, 2002

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# Parent Rating of Child Behavior Problems—ECBI Intensity



Hood & Eyberg, 2003

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# PCIT in families with a history of abuse





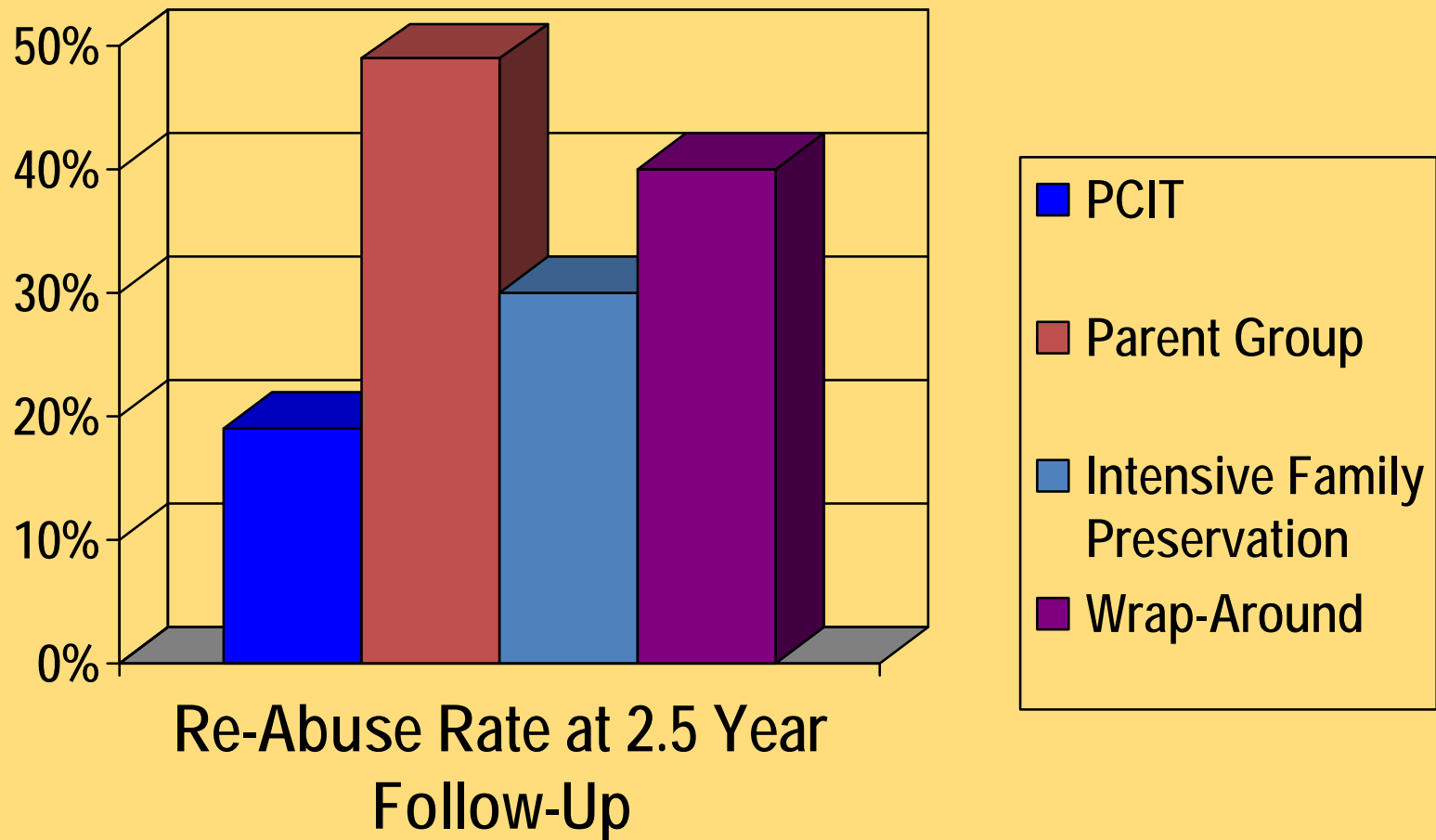
# Rationale for Applying PCIT to Physical Abuse

- Physical abuse usually occurs in the context of discipline.
- Physically abusive parents perceive their children as behaviorally disordered.
- Parent skills taught in PCIT are consistent with the intermediate goals for physical abuse treatment (ultimate goal is to stop abusive behavior)

# Pre-treatment Scores

- Average 2 prior physical abuse reports
  - 39% had severely beaten a child
- Average 2 prior neglect reports
- Diagnostic Interview (DIS)
  - 32% drug or alcohol
  - 39% probably antisocial personality
- Beck Depression Inventory II
  - 22% moderate or higher depression score (>19)
- No differences between groups on demographic or test scores

# PCIT with Abusive Parents



# Study Conclusions

- PCIT is effective in reducing future child physical abuse reports relative to standard services
- PCIT outcomes can be obtained by therapists with a wide range of prior experience and training, if adequately trained in PCIT.
- PCIT is more expensive, but the cost to avert a single re-report is not unreasonable (\$300-\$1300)

# Challenges

- Children may not be in the parent's home
  - Limited opportunity to practice skills outside of session
  - Don't want to discipline during session/visits
- Treatment tends to last longer
- Treatment is often mandated
- Parents may abuse drugs/alcohol

# PCIT in families of children with prenatal substance exposure (PSE)



# Rationale for Applying PCIT to families of children with PSE

- Increased risk for behavioral difficulties as secondary disabilities
- Increased risk for parenting stress
- Increased risk for failed foster care placement

OR

- Increased risk for substance abuse relapse



# Rationale for Applying PCIT to families of children with PSE

- Parents perceive children as behaviorally disordered solely due to drug/alcohol exposure
- They are more receptive to an approach offering effective behavior management
- Needs of caretakers with children considered “at risk” are consistent with the skill training focus of PCIT





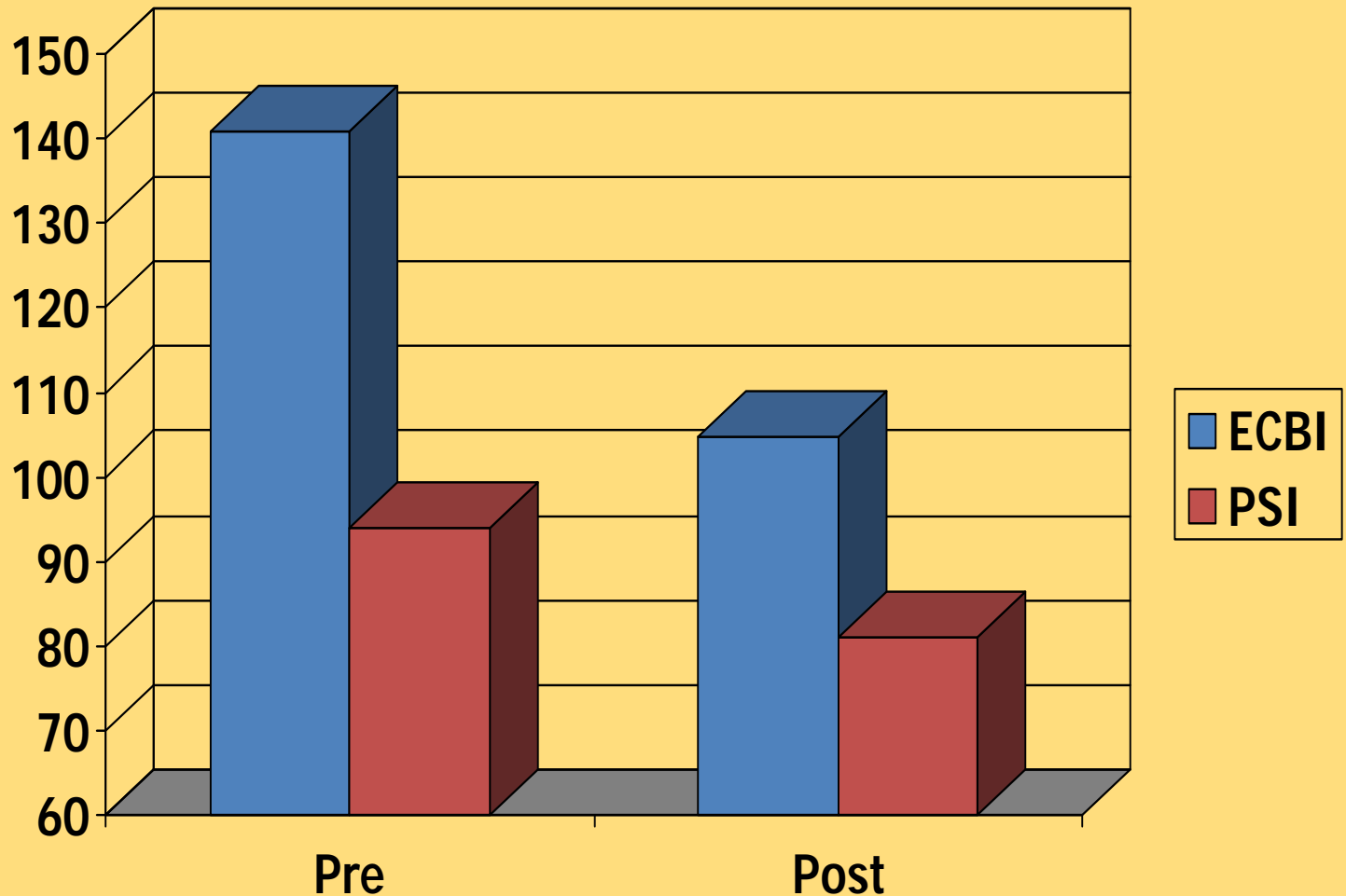
# Population Studied

- Children (n=38)
  - Diagnosed with FAS/ARND or other substance exposure
  - Functioning at a minimum of 30 months of age in cognitive development
  - Between 2½ and 7 years of age
- Parent/Caregiver
  - >65 IQ based on KBIT

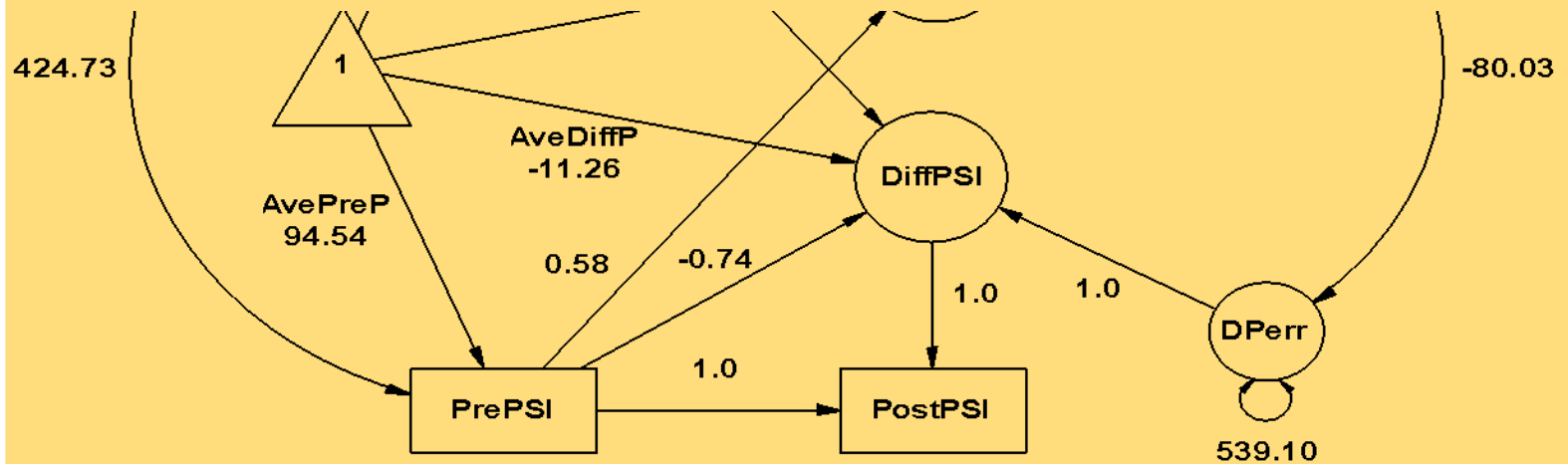
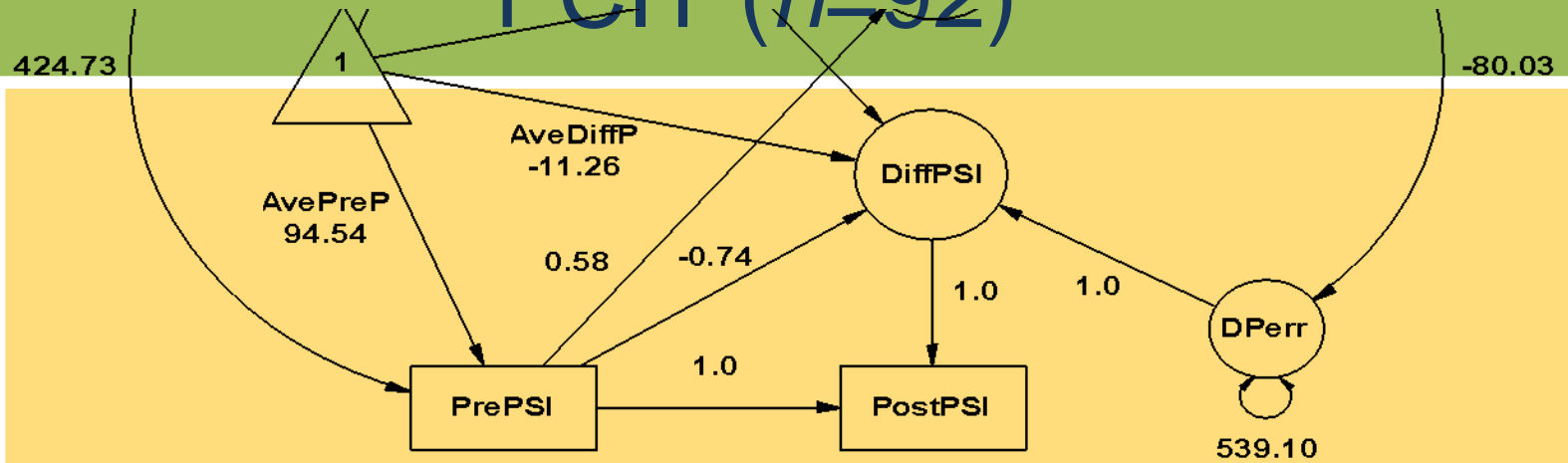
# Rationale for Group Format

- Too many referrals, too few therapists
- Attrition
- Time efficiency
- Cost efficiency
- Vicarious learning opportunities
- Increased generalization opportunities
- Feedback and praise from others
- Support group for caregivers

# Results of Group PCIT (n=38)



# Bi-variate Difference Score Model: Group PCIT ( $n=92$ )



# Implementation of Evidence-Based Practices



# Which EBT is right?

- **Core intervention components?**
  - Core values and philosophy
  - Relevance for population of focus
  - Service delivery activities- service duration, setting, staff skills, protocols
- **Core implementation components?**
  - Costs (implementation costs and ongoing costs)
  - Staff recruitment and selection criteria
  - Training and ongoing coaching for staff
  - Administrative structures necessary
- **Effectiveness of program?**
- **Plan for program consultation and TA?**

# Organizational Readiness and Capacity Assessment

- Clients
- Leadership/clinicians /staff
- Supervision
- Internal and external stakeholders
- Program/culture /services
- Finance and administration
- Education
- Technology

# Lessons Learned in Implementing Evidence Based Practices

- Staff recruitment and selection
- Pre-service or in-service training
- Coaching, mentoring, and supervision
- Internal management support
- System-level partnerships
- Staff and program evaluation

*(“Implementing Evidence Based Practices: Six Drivers of Success” Allison Metz, Karen Blasé, Lillian Bowie. Child Trends, Research to Results Brief)*



# Stages of Implementation

- Exploration
- Installation
- Initial Implementation
- Full Implementation
- Innovation
- Sustainability

2-4 Years

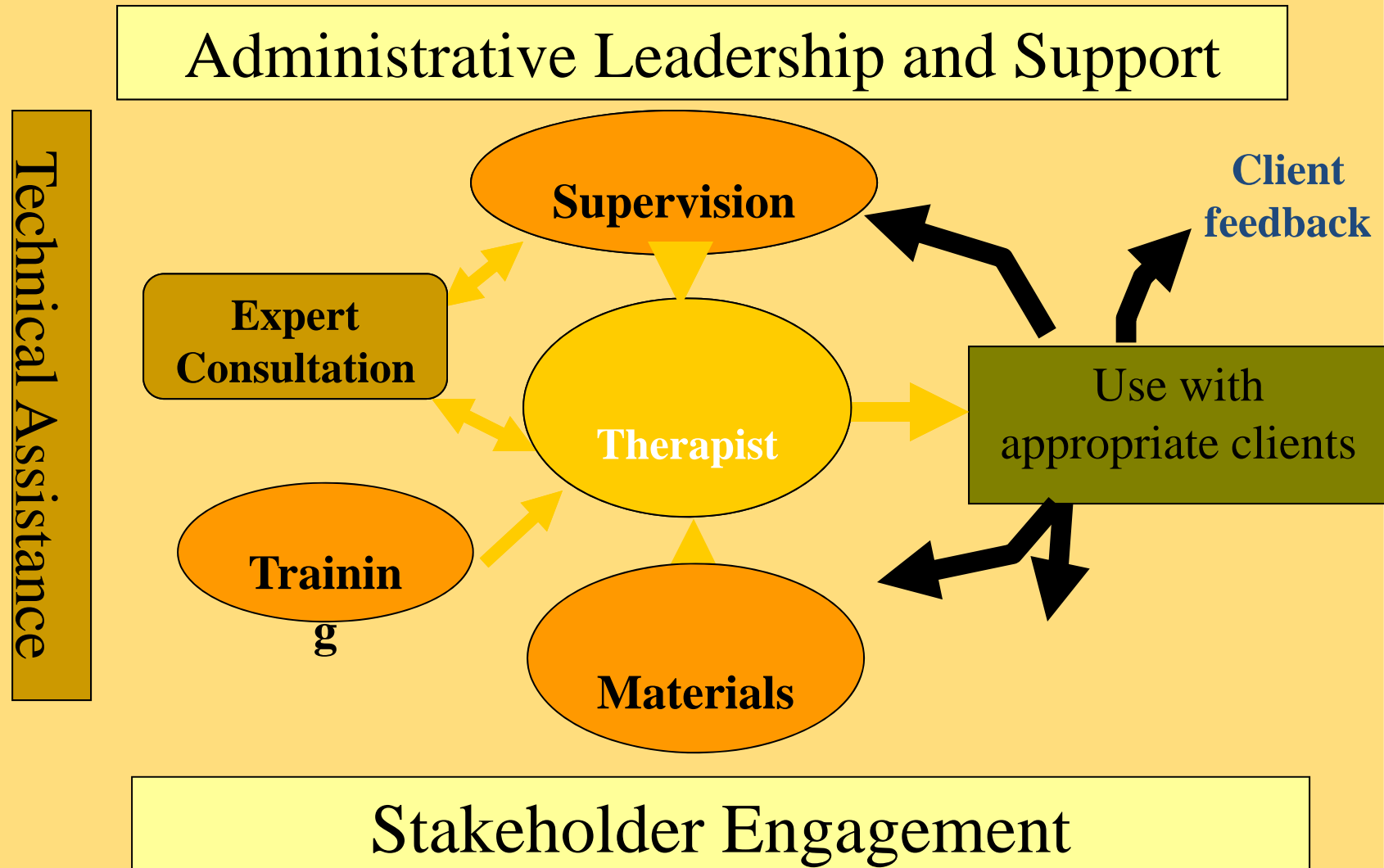
Fixsen, Naoom, Blasé, Friedman & Wallace 2005

# What is Implementation?

“Methods to assure the use of evidence-based programs and other innovations with fidelity and benefit to consumers”.

(National Implementation Research Network website definition, 2008 )

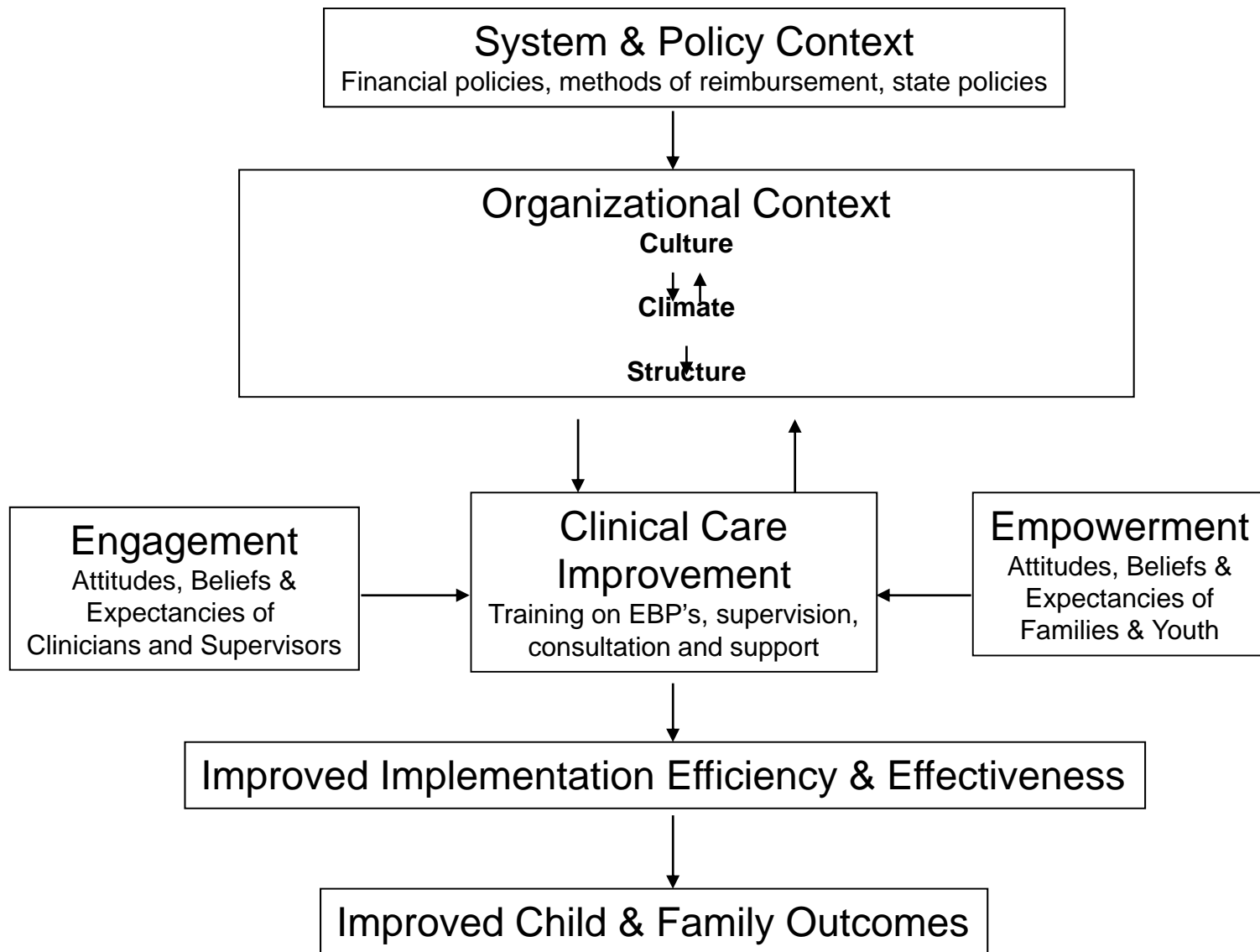
# Implementation Model



# Stages of Implementation

Moving from initial implementation to full implementation to sustainability

# New York State Implementation Model



# Implementation of PCIT



# Lessons Learned: Agency Commitment

- Memorandum of Understanding with Agency
- Room with observation room
- Sound equipment, assessment toys, etc
- Provide measures (ECBI), videotape capacity
- Staff time for initial training, ongoing consultation, co-therapy in early cases

# Challenges to Maintaining a PCIT Program

- Adequate Referrals – new PCIT therapists should carry 4 or more cases for optimal learning
- Staff Turnover
  - agencies are encouraged to train at least 2 staff members in PCIT for mutual support and so the program doesn't end if one person leaves
  - Rural agencies may have only 1 child/family therapist
- Supervisors in agency need to understand PCIT and support the theoretical basis and protocol adherence
- Staff turnover requires ongoing training – “within agency trainers”



# Requirements for Within Agency Trainers

- Licensed to provide therapy services to children and families
- Meet 10-10-10 criteria for PRIDE skills
- Demonstrate understanding of PCIT principles, protocol, and implementation
- Successful implementation of protocol
- Reliable DPICS coding
- Competent coaching
- Completion of 2 cases with weekly consultation from experts





# Co-therapy model

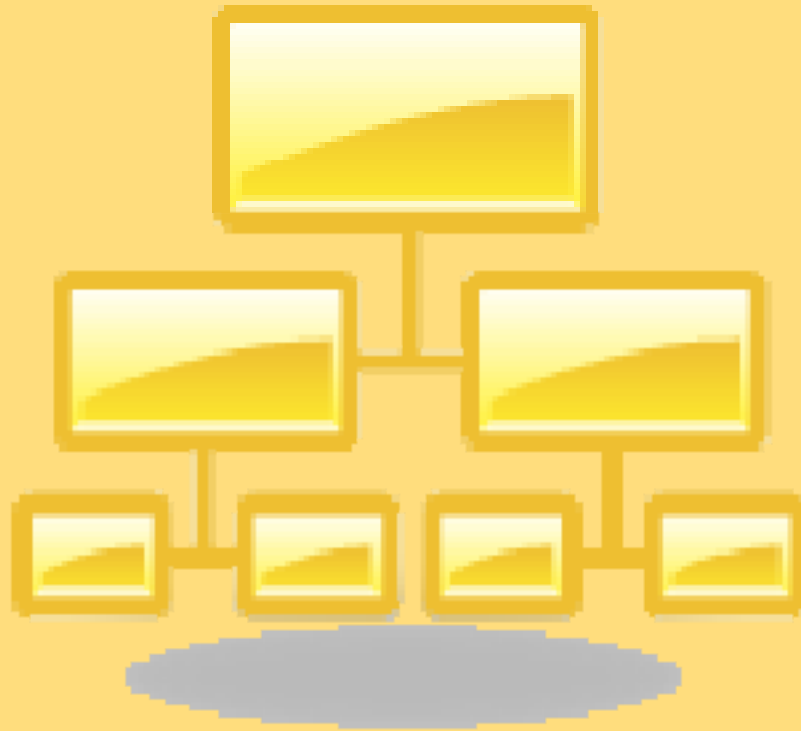
- Traditional PCIT training model in graduate programs
- Involves seeing cases with trainees as a co-therapy team
- Trainer is lead for 2 completed cases, trainee is lead for 2 completed cases
- Trainers responsible for instructing trainees in theory, procedure, and implementation of PCIT
- Trainees responsible for collecting/scoring measures; maintaining client records

# Factors Contributing to Success

- Ongoing training model
- \$\$\$
- Administrative support
- Pre-existing data collection system



# Successful Implementation of PCIT at the Organizational Level



# Considering Cultural Relevance of EBTs

Evidence Based Practice must:

- Have content that is welcoming to the host culture
- Be relevant to the host culture and not offensive
- Be validated and endorsed by the host culture
- Be individualized for your community

# PCIT: Culturally Relevant Evidence-Based Practice

Latino Families are highly likely to benefit from PCIT, and to experience sustained behavioral change, because the core principles are in alignment with many value systems found in the Latino families.

# PCIT: Culturally Relevant Evidence-Based Practice

Why is it important to understand the culturally specific elements of an Evidence Based Practice?

- **Strengthen and Grow critical Protective Factors**
- **Decrease Risk Factors**

# Latino Protective Factors

PCIT can enhance Latino protective factors that break down during the immigration and acculturation process.

- Confianza
- Machismo
- Acculturation
- Language
- Familismo
- Compadrazco



# Dissemination of PCIT



# PCIT Training Programs

- Graduate programs in clinical psychology
- University of Florida
  - 1 week, for academics and researchers
- University of Oklahoma ([www.okpcit.org](http://www.okpcit.org))
  - For community providers
  - 7 week-days, plus 6-months consultation
  - Also 1-year practicum placements and seminar
- University of California-Davis
  - For community agencies
  - 1-year program

# Remote Live Consultation



# Resources on Evidence Based Practices

- Child Welfare Information Gateway  
([www.childwelfare.gov/systemwide/serviceimprovement/systemsreform/improvingpractices](http://www.childwelfare.gov/systemwide/serviceimprovement/systemsreform/improvingpractices))
- The California Evidence-Based Clearinghouse for Child Welfare  
([www.cachildwelfareclearinghouse.org](http://www.cachildwelfareclearinghouse.org))
- National Resource Center for Family Centered Practice and Permanency Planning  
([www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/evidence-based-practice.html](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/evidence-based-practice.html))

# For More Information

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