Serving At-risk Families: An Evaluation of PCIT

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Agenda

• CII: Who We Are
• Addressing Childhood Trauma
• PCIT Treatment Model
• Inform Treatment with Reports
• Evaluation of PCIT and program outcomes
• Conclusion and Questions
Children’s Institute
Who We Are

CII: An Organization Driven By Purpose
Today, CII reaches children and families in some of Los Angeles’s most underserved communities.
Children’s Institute, Inc. (CII) helps children in Los Angeles’s most challenged communities heal from the trauma of family and community violence, build the confidence and skills to break through the barriers of poverty, and grow up to lead healthy, productive lives.

Established in 1906, CII now serves more than 20,000 children and families in Los Angeles County through treatment, youth development, family support and early childhood services.

We also inform the larger child welfare field through the research and professional training efforts of the CII Research and Evaluation Center.
Addressing Trauma
Los Angeles, almost half:

- Of all children in LA County have experienced at least one *adverse childhood experience*.
  - 45% of children 0-5 have had substantiated cases of child abuse and neglect
    - California Behavioral Risk Factor Surveillance System (Rodriguez et al. 2016; Webster et al., 2016)
Children who are abused, neglected, or witness violence:

1. Cognitive, emotional and behavioral problems
2. Increasing the risk for health problems in adulthood
3. Issues creating or maintain healthy and fulfilling relationships
   • (Jonson-Reid, Kohl, & Drake, 2012; Putnam, 2006)

What can be done to help assist families?
Positive Parenting: PCIT

- **Effective**
  - Words and actions influence child

- **Consistent**
  - Follow through with principles/practice

- **Active**
  - Participate in child’s life

- Effective (physical, sexual, emotional abuse and neglect)
PCIT

The Evaluation of Parent-Child Interaction Therapy at a Non-profit Agency Serving at-risk Families
“Originally developed in the 1970’s, Parent-Child Interaction Therapy is an evidence-based practice for young children age 2-7 years old with emotional and behavioral disorders that focuses on improving the parent-child relationship by modifying parent-child interaction patterns.”

Combined play therapy and behavior therapy into one intervention

- (Funderburk, B. & Eyberg, S., 2011)
PCIT: Model Description

- (Restore Therapy, PO.)
Goals of Treatment

- **Child Directed Intervention**: Improve parenting skills and enhance quality of parent-child relationship
- **Parent Directed Intervention**: Establish child compliance and decrease problem behaviors
PCIT: Model Timeline

**Intake**
Interview, measures, assessment (DPICS) & treatment plan/goals

**CDI**
Phase 1:
Child-Directed Intervention (PRAISE)

**PDI**
Phase 2:
Parent-Directed Intervention (BE DIRECT)
DPICS

Dyadic Parent-Child Interaction Coding System

Assesses:

• Quality of parent-child interactions
• Guide for treatment decisions
• Measuring behavior change

(Urquiza, Zebell, Timmer, 2012)
DPICS: Positive Statements

- Acknowledgements: Yes and No
- Informational Descriptions: introduce info
- Unlabeled Praise: Unspecific + evaluation
- Labeled Praise: Specific + evaluation
- Reflection: Repeating the child’s words
- Behavior Description: Verbs describing the child
  - (Urquiza, Zebell, Timmer, 2012)
DPICS: Negative Statements

- **Questions**: No behavior performed
- **Indirect Commands**: Direction with optional response
- **Direct Commands**: Order with expected response
- **Negative Talk**: Critical statement

  - (Urquiza, Zebell, Timmer, 2012)
DPIC Video and Activity

**Activity:**
- Using your *DPICS Data Recording Sheet*, mark all times you see the positive parent statements in the video.

**PCIT Activity**
- (Younger, 2013)
PCIT Phase 1: CDI

**Child Directed Intervention:** To improve quality of parent-child relationship and strengthen attention, and reinforcement of positive behaviors.

**Parents learn:**
1. Follow child lead
2. Provide positive attention
3. PRIDE skills
4. Selective Attention skills
5. Avoid leading with intrusive verbal and physical behaviors
PCIT Phase 1: CDI

P
raise
- “thank you for sharing”

R
reflect
- “You did it all by yourself”

I
mitate
- “I'm playing quietly like you”

D
describe
- “Your sharing your animals with me”

E
enjoy
CDI Mastery Criteria

- 10 Behavior Descriptions
- 10 Reflections
- 10 Labeled Praises
- Fewer than 3:
  - Questions
  - Commands
  - Negative talk
PCIT Phase 2: PDI

**Parent Directed Intervention:** Use the foundation created from the CDI to learn to lead their child’s activity in dyadic play and real-life situations.

**Parents learn:**
1. Lead child activities
2. **Provide effective instruction (BE DIRECT)**
3. Follow through with consequences (praise, time out, etc.)
PCIT Phase 2: PDI

Improving Compliance

Be specific with your commands
- Telling the child exactly what you want them to do, will likely provide the desired result (5 second rule)

Every command positively stated
- Avoid “No”, “Don’t”, “Stop”, “Quit”
- Can cause negative responses
PCIT Phase 2: PDI

**D**evelopmentally appropriate

**I**ndividual

- “put your shoes away, then. . .”

**R**espectful and polite

- “Please share your toys”

**E**ssential commands only

- Increases chance of compliance

**C**arefully timed explanations

- “It’s time to eat, come to the table”

One of voice is neutral
PDI Mastery Criteria

- 4 Commands
- 75% Commands effective
- 75% Correct follow-through
- If Time Out, correct follow-through
Skill Building

PCIT offers building blocks of skill acquisition that begins in CDI and continues into PDI

If caregivers feel confident about managing behaviors in CDI, the parent is more than likely to be successful in PDI!
Limitations

Notes from a PCIT National Trainer:

• Focus on child behavior problems, parenting skills, and changing relationships rather than other family aspects (e.g. DV, substance abuse, parent psychopathology)
• Limited age range 2-7 years
• Parent and child must have regular contact
Study 1: Abusive Caregivers

PCIT and physically abusive parents (N = 110)
• A randomized control trial of PCIT with caregivers with history of physical abuse/neglect
  1. PCIT
  2. Community based parenting group

Results for re-report physical abuse outcomes:
• 19% PCIT
• 49% Community Group

Findings support the efficacy of PCIT for reducing rates for future child abuse among physically abusive parents.

• (Chaffin et al., 2004)
Study 2: PCIT and Trauma

U.C. Davis Child Abuse Treatment Program (N = 133):
• Compare change between children with normative-range vs. clinical range trauma symptoms
  • History of abuse, neglect, or DV
  • Children age 2-8 years

Results showed significant decreases from PRE to POST for the trauma group in:
• Externalizing
• Parenting stress
• Post Traumatic Stress

Findings support the efficacy of PCIT for reducing cognitive, behavioral, and emotional symptoms.
• (Urquiza, 2007)
Can PCIT be used for Trauma?

1. Do you include Dis. Beh. as a trauma symptom?  **YES**
2. Do you view resilience as a product of a positive, consistent, & warm relationship?  **YES**
3. Do you perceive trauma treatment as overcoming barriers to child mistrust and insecurity?  **YES**

(Urquiza, 2007)
Utilizing Individual Reports
Clinical Treatment Assessment Protocol

Client Enrolls in EBP program

Staff completes intake packet

Staff submits packet to REC via EHRS

REC generates intake report

And so on...
PCIT Measures

Youth Outcomes Questionnaire (YOQ):
• Change sensitive caregiver report measure of psychological distress observed in the child

Eyberg Child Behavior Inventory (ECBI):
• Assesses parent perception of child disruptive behaviors

Parent Stress Index (PSI-SF):
• Assesses caregivers level of stress in regards to parenting their child (parent and child characteristics and interactions)

Trauma Symptom Checklist for Young Children (TSCYC):
• Caregiver report that assesses behaviors, feelings, and experiences of a child exposed to trauma
Benefits of Being Data Informed?

Buy in
- Balance of power

Psycho-education
- Behaviors
- Feelings

Measures change
- Inform decision making

Improves practice
- Supports engagement
Client Vignette

Mother began treatment with her 5 year old son. Mother describes her child as having **temper issues at home and at school**. Her child also has difficulty with **attention, concentration**, and seems to **cry more often** than a typical child.

Mother mentioned a **history of DV** with the child’s father who no longer lives in the home. The mother-child **relationship** appears **stressed** at initial interview.
Informing Treatment with Reports

Discussion:

1. What **symptoms** is the client experiencing at PRE treatment? How would you address them using PCIT?
2. Was PCIT **effective** at treating disruptive behaviors and improving parent-child relationship?
**YOQ Subscale Scores**

**Intrapersonal Distress**
- Scores above cutoff indicate possible emotional distress, anxiety, depression, fearfulness, hopelessness, and self-harm.

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<th>Pre</th>
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<td>9</td>
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**Interpersonal Relations**
- Scores above cutoff indicate difficulty maintaining or creating pleasant relationships.

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**Behavioral Dysfunction**
- Scores above cutoff indicate possible inattention, hyperactivity, impulsivity, or inability to organize tasks.

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<td>16</td>
<td>12</td>
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**Critical Items**
- Scores above cutoff indicate possible paranoia, obsessive-compulsive behaviors, hallucinations, delusions, suicide, mania, or eating disorders.

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Informing Treatment: PRE

Client frequently wanted to be alone, felt others were trying to hurt him, was constantly nervous, cried and was angry more than a typical child.

The mother-child relationship was stressed and the child has been having tantrums in school and difficulty with this peers.

Mother reported client as being restless, fidgety, trouble organizing thoughts, and experienced rapid change in emotions.
Informing Treatment: POST

All subscales are in the normative range except behavioral dysfunction.
Child no longer is experiencing symptoms related to critical items.

The child is getting along with family members and peers.

Child no longer experiences frequent tantrums, and spends more quality time with mom.
PCIT Data Analysis
Current Evaluation

**Question:**
Can PCIT help reduce child trauma symptoms in at-risk families?

- **Evaluate** program effectiveness
- **Compare** the magnitude of change in disruptive and internalizing behaviors between the trauma group vs. non-trauma group
Sample Demographics

Figures include families who successful completed PCIT and completed PRE-POST ECBI measures (2011-2016)

Child Demographics: (N = 94)

- Male: 68%
- Latino: 85%

Age (Min, Average, Max)
- 2
- 4
- 7

Caregiver Demographics:

- Mothers: 77%

Age (Min, Average, Max)
- 19
- 31
- 62
Statistical Analysis

T-test:
• Determines if the difference between the (PRE-POST) group means is statistically significant
  • $p < .05 = \text{significant}$
  • $p > .05 = \text{NS}$

Reliable Change Index:
• Determines if the change in an \textit{individual} score from (PRE-POST) is statistically significant
Overall Effectiveness

**ECBI Intensity, Mean T-Score (N = 94)**

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<tbody>
<tr>
<td>Score</td>
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<td>47.5</td>
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$t (93) = 15.54 \quad p<.001$

**YOQ Total, Mean Score (N = 50)**

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<tbody>
<tr>
<td>Score</td>
<td>55.5</td>
<td>21.1</td>
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$t (49) = 9.53 \quad p<.001$
Overall Effectiveness

Reliable Change Index on Outcome Measures

YOQ (N = 50)
- % positive change: 82%
- % no significant change: 16%
- % negative change:

ECBI (N = 94)
- % positive change: 86%
- % no significant change: 13%
- % negative change:

PSI3 (N = 18)
- % positive change: 67%
- % no significant change: 33%
- % negative change:

(Sample size for PSI are too low to consider statistics on these measures reliable)
Trauma vs. Non-Trauma

**Trauma Group (N = 36):**
Families who indicated a trauma at intake
- YOQ & ECBI
- TSCYC
- PSI-SF

**Non-Trauma Group (N = 58):**
Families who did not indicate a trauma
- YOQ & ECBI

Only ECBI and YOQ mean scores were used for comparison between groups
## Trauma vs. Non-Trauma

### PRE to POST

**ECBI:**
- **Trauma:** $t(35) = 8.68$, $p < .391$, NS
- **Non-Trauma:** $t(35) = 1.023$, $p < .323$, NS

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<tr>
<td>Trauma</td>
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</tr>
<tr>
<td>Non-Trauma</td>
<td>63.5</td>
<td>47.9</td>
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<tr>
<td><strong>YOQ</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td>51.6</td>
<td>18.9</td>
</tr>
<tr>
<td>Non-Trauma</td>
<td>57.3</td>
<td>22.1</td>
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Caregiver Feedback

Program Satisfaction ($N = 27$):

- **100%**: Child was better at handling daily life and gets along better with their family
- **86%**: Child was doing better in school and is better at coping
- **95%**: Overall satisfied with the program overall
Conclusion

What does this mean?

PCIT treatment was effective for reducing parenting stress, child problem behavior, and improving overall child mental health for both clients who did and did not indicate a trauma at intake. Why?

PCIT Improved parent-child relationship and parenting techniques. Large percent were satisfied with the program outcomes.
PCIT and Trauma Review
Review and Questions

• CII: Who We Are
• PCIT and Trauma
• PCIT Treatment Model
• Inform Treatment with Reports
• Evaluation of PCIT and program outcomes
• Questions?
Thank You!

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