Dissemination of Parent-Child Interaction Therapy: Out of the University and into the Community

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ABSTRACT

Dissemination of evidence-based treatments to community-based agencies where a majority of mental health services is provided is critical for improving the quality of services provided to children and families. Parent-Child Interaction Therapy (PCIT) has received support for wide-spread dissemination. This study examined the outcome data for the clients served at these community-based mental health treatment agencies. Demographic and outcome measures were collected on 181 clients from 12 different providers at the end of PCIT training from UC Davis PCIT Training Center from 2002 to present. Outcome measures that were collected include the Parenting Stress Index (short-form), Eyberg Child Behavior Inventory, and DPICS coding results.

INTRODUCTION

❖Since 1999, UC Davis PCIT Training Center has trained over 50 community-based mental health treatment agencies to provide PCIT. Previous research suggests that therapists' trained by UC Davis PCIT Training Center maintained PCIT program fidelity (Porter, Timmer, Urquiza, Zebell, & McGrath, 2006).

❖In addition to receiving training in the PCIT model, therapists were also trained to use standardized measures pre-, mid- and post-treatment to obtain outcomes for use in evaluating treatment objectives and the effectiveness of their PCIT programs.

❖This preliminary study is the first step in collecting this data and examining the effects of a large scale dissemination project.

STUDY PURPOSE

The purpose of this study is to evaluate outcome effects of an evidence-based treatment program after wide-scale dissemination of PCIT and to specifically investigate:

1. At the completion of PCIT training, do we observe significant treatment? Specifically, we ask the following questions:
   - ❖ Do children's behavior problems improve after community-based PCIT service?
   - ❖ Do caregiver's positive verbal communication skills increase after community-based PCIT services?
   - ❖ Do caregiver's stress level decrease after PCIT services?
2. What are the characteristics of the children and their families that received community-based PCIT services?

METHOD

Therapists trained in PCIT were asked to report demographic and outcome measures on a PCIT data log on clients they had treated at the completion of PCIT training. The PCIT data log has approximately 29 data points that include demographic information such as client age, ethnicity, primary language, placement, and child abuse history. Outcome measures that are collected include the Parenting Stress Index-Short Form, Eyberg Child Behavior Inventory and results of 5-minute DPICS coding at pre-, mid-, and post- treatment. Data about the treatment were also collected including number of sessions in CDI and PDI.

The PCIT data logs were collected at the completion of the PCIT training year. Data logs were also sent in voluntarily by agencies wishing to participate in this evaluation.

Paired sample t-tests were used to analyze the data.

SAMPLE DESCRIPTION

Agency Descriptions: Twelve agencies submitted 181 PCIT logs on their PCIT cases. The following agencies that reported include:

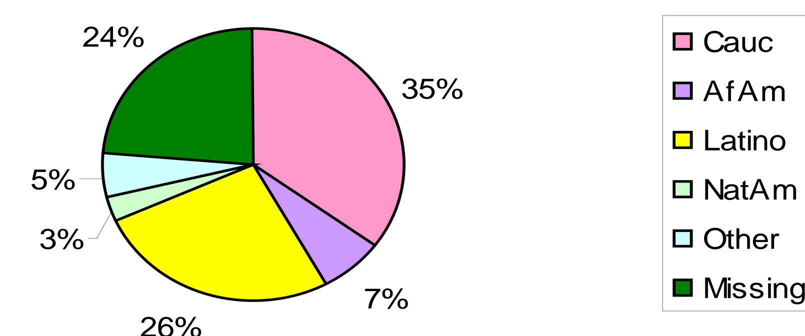
- ❖Humboldt County Mental Health, Eureka
- ❖Family Service Agency of Shasta County, Redding
- ❖Youth for Change, Chico
- ❖Women's Crisis Center, Salinas
- ❖Comprehensive Youth Services, Fresno
- ❖Eastern Sierra Family Resource Center, Mammoth Lakes
- ❖Richstone Family Center, Hawthorne
- ❖Christian Counseling Center, Redlands
- ❖Children's Center of Antelope Valley, Lancaster
- ❖Child Guidance Center, Santa Ana
- ❖Indian Child & Family Services, Temecula
- ❖Home Start, San Diego

Seven of the agencies are classified as medium-sized providers, having 3-4 therapists to provide PCIT, 5 agencies are small, having 1-2 providers, and 1 is large with more than 4 PCIT providers.

The average number of years agencies have been providing PCIT is 3.5 years with a range of 1 to 6 years.

Family Descriptions: The mean age for children in treatment was 4.88 years, ranging from 1.5 to 9.9 years; and 64.5% of children were in PCIT with their biological mother. More children in treatment were males than females. Chart 1 shows ethnicity of children in PCIT

Chart 1: Child Ethnicity in PCIT



Sample Description, cont.

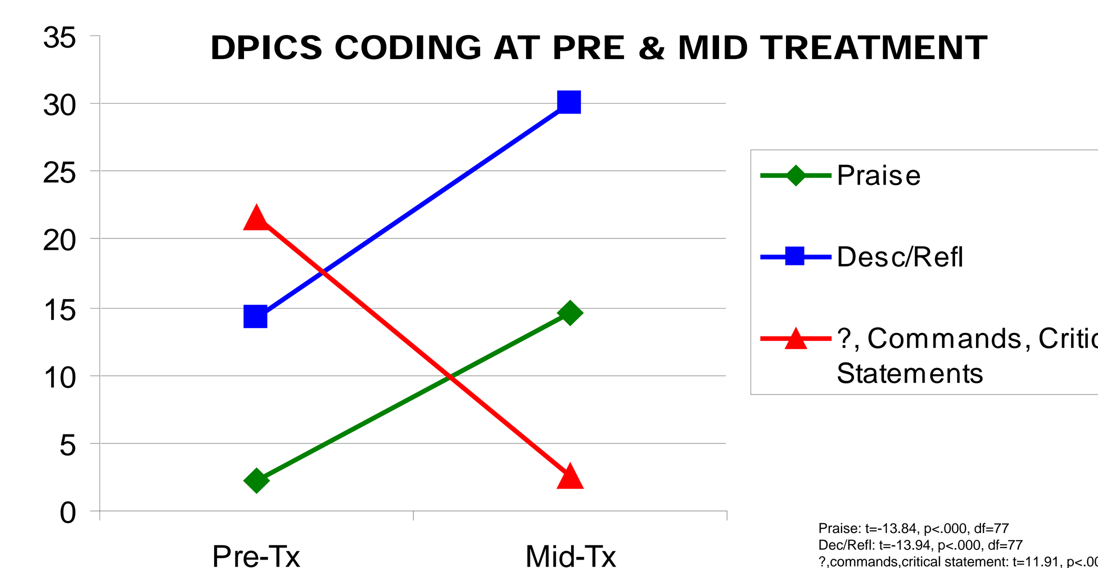
Most children in this study have a history of maltreatment (Table I).

	%	N
Sexual Abuse	9.8%	18
Physical Abuse	13.7%	25
Neglect	25.1%	46
DV	31.1%	57
Substance Exp	17%	32

RESULTS

Course of Treatment Results: Out of 181 PCIT participants, 37.2% completed both CDI and PDI (65.7% of cases did not complete both phases of treatment). However, 59% of the cases completed the Relationship Enhancement phase of treatment. The length of time in treatment also varied greatly in this sample. The mean number of CDI sessions for completed cases was 10.78 weeks with a range of 5-23 weeks. The mean number of PDI session for completed cases was 9.15 weeks with a range of 2-20 weeks.

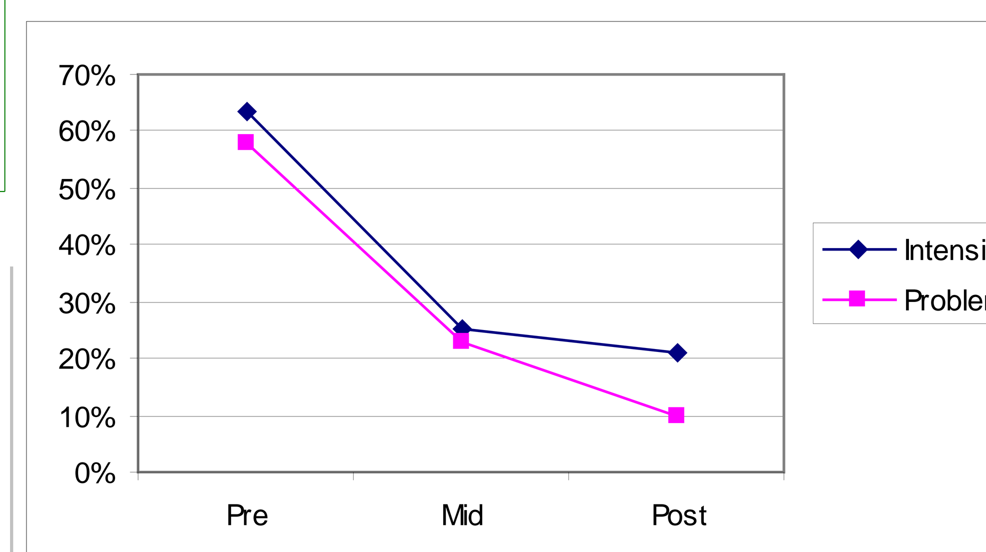
Mid-Treatment Results: Treatment effects at mid-treatment show gains in all areas. Most caregivers reaching mid-treatment showed an increase in the number of positive verbal communications skills (i.e., praises and descriptions/reflections) and a decrease in the negative verbal communication skills (questions, commands, critical statements) as measured by the 5-minute DPICS coding. Graph 1 shows the increase in positive communication skills (i.e., praises, descriptions/reflections) and decrease in negative communication skills (i.e., questions, commands, and critical statements).



Praise: t=-13.84, p<.000, df=77
Dec/Refl: t=-13.94, p<.000, df=77
?,commands,critical statement: t=11.91, p<.000

Post-Treatment Results: Comparisons of children's behavior problems, parental stress, and parents' positive verbalizations at pre- and post-treatment also show gains in all areas.

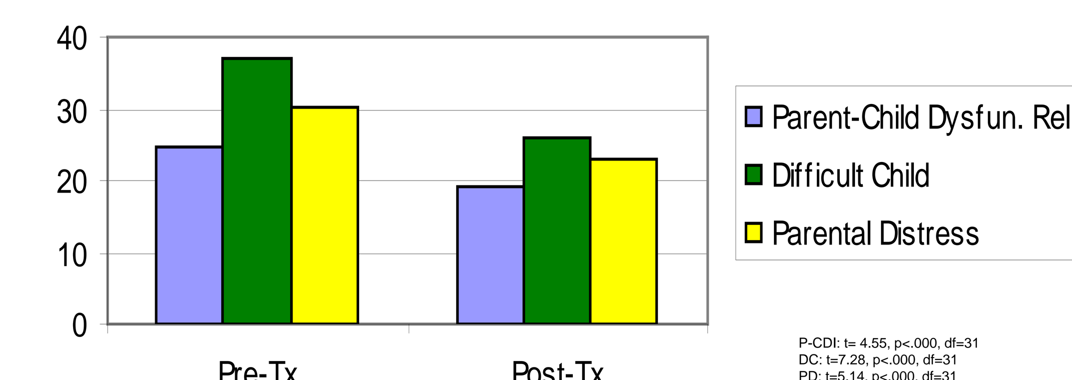
Child Behavior Problems: The percent of children with behavior problems in the clinical range (as measured by the ECBI) decreases significantly from pre-, to mid- and post-treatment. Graph 2 shows these results.



RESULTS, Cont.

Parental Stress: Parenting stress levels (as measured by scores on the Parenting Stress Index- short-form) also demonstrate significant reductions in parental stress levels, especially on the Parent-Child Dysfunctional Relationship, Difficult Child and Parental Distress scales.

PSI SCORES AT PRE & MID TREATMENT



P-CDI: t= 4.55, p<.000, df=31
DC: t=7.28, p<.000, df=31
PD: t=5.14, p<.000, df=31

DISCUSSION

❖**Agency Outcomes:** Preliminary findings presented indicate that therapists at community-based agencies, trained to deliver PCIT services, can reduce child behavior problems, improve parenting and positive communication skills, and decrease parental stress. Since most of these data are collected from cases with newly trained therapists these results are quite promising. The preliminary findings on treatment effectiveness in this study are similar to other research findings on the effectiveness of PCIT.

❖**Family Outcomes:** Children and families receiving services at the community level, may have more challenges than those involved in formal research studies. For example, they usually are not paid to participate in treatment and often have limited resources (i.e., transportation) needed to participate in treatment. This may explain some of the high attrition levels seen in community-based treatment.

❖**Length of Treatment:** Length of treatment for community services appears to be longer then the traditional PCIT research model of 14-20 weeks. However, this preliminary study shows that significant improvement is seen at mid-treatment. This could have promising implications for families that have challenges in staying in treatment.

LIMITATIONS

Evaluation studies such as this one have many limitations including:

•Sample Bias: Agencies reporting their data were asked to do so on a voluntary basis. Not every PCIT-trained agency provided data and not every PCIT case has been reported.

•Missing data: Some of the data sheets had significant amount of missing data which could affect study results.

CLINICAL IMPLICATIONS

When conducted within a university laboratory setting, PCIT has been shown to be a highly effective intervention aimed at decreasing child behavior problems, decreasing parenting stress, and improving parent-child relationships. This preliminary study shows that community-based therapists can be trained to deliver PCIT services, and can demonstrate outcomes similar to that found in a university setting. Since this is a preliminary study, further evaluation of outcomes at the community-based level is needed.

REFERENCES

Please contact authors for complete reference list.

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