The Efficacy of PCIT in Home Settings

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PCIT IN HOME SETTINGS

WHY DO WE NEED IT?

• PARENT ACCESS TO SERVICES
  • Transportation
  • Child care
• LESS STIGMA
• CHANGES MAY BE MORE ECOLOGICALLY VALID
• THERAPIST HAS A REALISTIC VIEW OF CLIENT’S STRENGTHS AND CHALLENGES
• FUNDER’S BELIEF IN ITS VALUE

PCIT IN HOME SETTINGS

WILL IT WORK?

• WE KNOW PCIT IS EFFICACIOUS IN CLINIC SETTINGS
• Supported by over 100 studies of its efficacy and effectiveness
• WE DON’T KNOW EXACTLY WHAT MAKES PCIT EFFICACIOUS IN CLINIC SETTINGS
  • Content?
  • Protocol?
  • Procedure?

IN HOMES vs. IN CLINICS

PROGRAM DELIVERY DIFFERENCES

IN THE CLINIC

PROGRAM DELIVERY CHARACTERISTICS

• Therapists are behind a mirror, parents communicate therapeutically with their children (agents of change)

IN THE CLINIC

PROGRAM DELIVERY CHARACTERISTICS

• Parents and children play in a clinic room with few distractions (no breakable objects)
IN THE CLINIC

PROGRAM DELIVERY CHARACTERISTICS
• Time out chair- few distractions, minimal likelihood of social engagement

IN THE HOME

PROGRAM DELIVERY CHARACTERISTICS
• Therapists are in the room with the parent and child

IN THE HOME

PROGRAM DELIVERY CHARACTERISTICS
• There are many distractions (phones, dog barking)

PCIT IN THE HOME

FUNCTIONAL CHARACTERISTICS
• Therapists are available to the parent and child

IN THE HOME

PROGRAM DELIVERY CHARACTERISTICS
• Time out space is rarely distraction-free
• The child is more comfortable in the home, and may implement trusted escape strategies.
IN THE HOME
PROGRAM DELIVERY CHARACTERISTICS: Time Out

PROGRAM DELIVERY
WHAT WE KNOW: CDC META-ANALYSIS FINDINGS:

- WHAT THEY LOOKED AT:
  - Curriculum or manual
  - Modeling: recorded or live demonstrations of parenting behavior
  - Homework
- WHAT THEY DIDN'T LOOK AT:
  - Therapist role
  - Therapeutic environment: Distractions impede skills acquisition

IN THE HOME
PROGRAM DELIVERY CHARACTERISTICS: Time Out

PROGRAM DELIVERY
WHAT WE KNOW: CDC META-ANALYSIS FINDINGS:

- WHAT THEY LOOKED AT:
  - Rehearsal, role-playing with peer or parent practice
  - Separate child instructions
  - Ancillary services
- WHAT THEY DIDN'T LOOK AT:
  - Therapist role
  - Therapeutic environment: Distractions impede skills acquisition

PURPOSE
STUDY THE EFFECTS OF PROGRAM DELIVERY ON PCIT OUTCOMES

Will PCIT delivered in home settings do a better job than “treatment as usual” in treating children with disruptive behaviors?

STUDY HYPOTHESES
Compared to TIPS participants, PCIT Participants will show:

- More improvements in parent positive and negative verbalizations
- Greater reductions in child behavior problems
- Greater reductions in parenting stress

THE STUDY
RCTs in the field need TAU:

- TAU is trouble
- TIPS had to be different
- Nature of therapists
- Need for fidelity

THE STUDY
HOW TIPS DIFFERED FROM PCIT

<table>
<thead>
<tr>
<th>Program Content</th>
<th>Program Delivery</th>
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</thead>
<tbody>
<tr>
<td>Child development focus - identification of delays and linking with other services</td>
<td></td>
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<tr>
<td>Emotional communication and identification</td>
<td></td>
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<tr>
<td>Coping and stress: Address parent mental health, emotional triggers</td>
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<tr>
<td>Routines - bedtimes, mealtimes, nutrition</td>
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<tr>
<td>Environment - Find things parent can change in environment</td>
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<tr>
<td>Developmental assessment, links with services</td>
<td></td>
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<tr>
<td>Help establish rules, limit setting - trouble shoot, star charts</td>
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<tr>
<td>Psychoeducation - Give information, give advice, link with services</td>
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<tr>
<td>No coaching, no focus on changing parent speech</td>
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</tbody>
</table>
THE STUDY

INCLUSION & EXCLUSION CRITERIA

**INCLUSION**
- 2 – 7 years old
- Child eligible for PCIT-disruptive behaviors, meet County standards for medical necessity
- Caregiver-legal guardian

**EXCLUSION**
- Open CPS case
- Child- cognitive delays, autism spectrum
- Parent-cognitive delays, severe mental health barriers

INCLUSION & EXCLUSION CRITERIA

**INCLUSION**
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**EXCLUSION**
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SAMPLE DESCRIPTION

**CHILD**
- Sex (% male) 53%
- Age (years) 2.85 (.60)
- Language:
  - % English 68%
  - % Spanish 32%

**CAREGIVER**
- Relationship to child:
  - % Biological mothers 94%
- Caregiver ethnicity:
  - % African American 18%
  - % Latino 51%
  - % Caucasian 24%
  - % Other 8%
  - % < HS education 39%
  - % Yrly income <$15,000 72%
  - % Report exposure to violence in past 22%

RESULTS

PRE-POST TREATMENT COMPARISONS

**TREATMENT PROCESS**

**PCIT**
- Treatment progress
  - Complete 51% (N=25) 59% (N=19)
  - Follow-up 56% (N=14) 58% (N=11)
  - Early termination 41% 34%
  - Never start 8% 6%
  - Average number of sessions
    - Droppers 4.7 8.4
    - Completers 14.6 15.11
  - Percent referred on after 16th week 32% 42%

**TIPS**
- Average numbers of encouraged parent verbalizations, initial & final assessment

RESULTS: DPICS

AVERAGE NUMBERS OF ENCOURAGED PARENT VERBALIZATIONS, INITIAL & FINAL ASSESSMENT
RESULTS: DPICS
AVERAGE NUMBERS OF DISCOURAGED PARENT VERBALIZATIONS, INITIAL & FINAL ASSESSMENT

EYBERG: INTENSITY SCALE
MEAN RAW SCORES PRE- AND POST-TREATMENT

EYBERG: INTENSITY SCALE
% of CLIENTS SCORING IN CLINICAL RANGE INITIAL AND FINAL ASSESSMENT

EYBERG: PROBLEM SCALE
AVERAGE RAW SCORES INITIAL AND FINAL ASSESSMENT

PSI-SF: PARENTING STRESS
MEAN PERCENTILE SCORES INITIAL & FINAL ASSESSMENT

TOTAL PARENTING STRESS
% of CLIENTS SCORING IN CLINICAL RANGE PRE- AND POST TREATMENT
LONG TERM EFFECTS
6-months later: PCIT vs TIPS

6-MONTH FOLLOW UP

PROCEDURE:
• Phone call - short interview and ECBI read over the phone

SAMPLE DESCRIPTION:
• 14 PCIT completers
• 11 TIPS completers
• 14 boys, 11 girls
• 36% - mental health services in past 6 mos
• 24% - developmental services in past 6 mos

RESULTS
PRE to POST to FOLLOW UP

MEAN RAW SCORES- INITIAL & FINAL ASSESSMENT, AND 6-MONTH FOLLOW UP

EYBERG: INTENSITY SCALE

MEAN RAW SCORES- INITIAL & FINAL ASSESSMENT, AND 6-MONTH FOLLOW UP

EYBERG: PROBLEM SCALE

MEAN RAW SCORES- INITIAL & FINAL ASSESSMENT, AND 6 MONTH FOLLOW UP

SUMMARY
COMPARING CHANGE: PCIT & TIPS

OUTCOMES

| Positive verbalizations | INCREASE |
| Negative verbalizations | DECREASE |
| Intensity of child behavior problems | DECREASE (sustained) |
| Number of behavior problems | DECREASE (sustained) |
| Parenting stress | DECREASE |

PCIT

| No change |

TIPS

| No change |

| No change |

| No change |
DISCUSSION

- Study findings support many hypotheses. PCIT does better than TIPS in predicting change in a 16-week time frame.
- Analyses are limited to completers—though not all analyses used 16th week assessments. ITT analyses to come.
- Good treatment fidelity

DISSEMINATION ISSUES

TRAINING AND BEYOND

- Therapists need to be trained in clinic-based PCIT before going out into the home
- Therapists need to continue to see clients in the clinic for at least a year after completing training, with supervision from a trainer
- Therapists need regular team meetings (no less than once a month), giving them an opportunity to practice coding, discuss difficult cases, and talk about the practice of PCIT.

16th WEEK- TIPS

16TH WEEK PCIT

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THANK YOU!

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