

UC DAVIS
CHILDREN'S HOSPITAL

PCIT
Training
Center

FIRST 5
LA
Champions For Our Children
www.First5LA.org

LAC
DMH
Los Angeles County
Department of Mental Health

NCTSN
The National Child Traumatic Stress Network

The Efficacy of PCIT in Home Settings

Susan Timmer, Ph.D.
Sharon Zone, LCSW
Dianne Thompson, Ph.D.
Deanna Boys
Anthony J. Urquiza, Ph.D.

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 CLINIC

PROGRAM DELIVERY CHARACTERISTICS

- Children can not hear the therapist speaking



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 FINDINGS¹

• WHAT THEY LOOKED AT:

- ✓ **Rehearsal**, role-playing with peer or parent practice
- **Separate** child instructions
- **Ancillary** services
- **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

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

Program Content

- **Child development** focus- identification of delays and linking with other services
- **Emotional** communication and identification
- **Coping and stress**: Address parent mental health, emotional triggers
- **Routines**- bedtimes, mealtimes, nutrition

Program Delivery

- **Environment**- Find things parent can change in environment
- **Developmental assessment**, links with services
- **Help establish rules, limit setting**- trouble shoot, star charts
- **Psychoeducation** - Give information, give advice, link with services
- **No coaching**, no focus on changing parent speech

THE STUDY

INCLUSION & EXCLUSION CRITERIA

INCLUSION

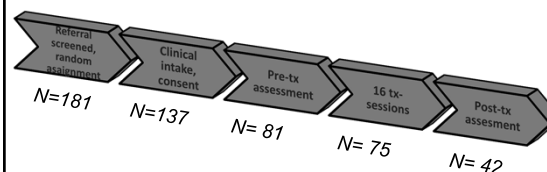
- 2 – 7 years old
- Child eligible for PCIT- disruptive behaviors, meet County standards for medical necessity
- Caregiver- legal guardian

EXCLUSION

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

PROCEDURES

STUDY PROCESSES



SAMPLE DESCRIPTION

N = 81

CHILD

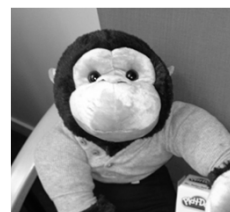
Sex (% male)	53%
Age (years)	2.85 (.60)
Language:	
% English	68 %
% Spanish	32 %

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

TIPS

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

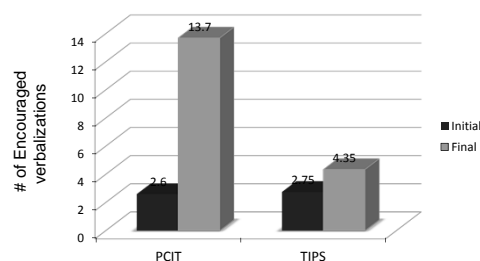
Droppers	4.7	8.4
Completers	14.6	15.11

Percent referred on after

16 th week	32%	42%
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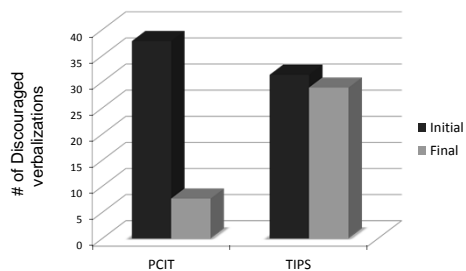
RESULTS: DPICS

AVERAGE NUMBERS OF ENCOURAGED PARENT VERBALIZATIONS, INITIAL & FINAL ASSESSMENT



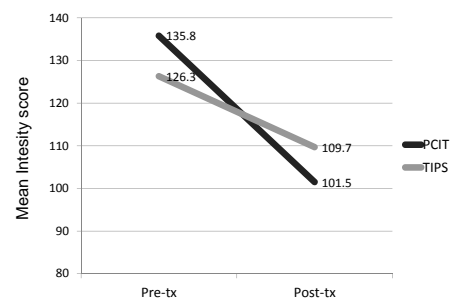
RESULTS: DPICS

AVERAGE NUMBERS OF DISCOURAGED PARENT VERBALIZATIONS, INITIAL & FINAL ASSESSMENT



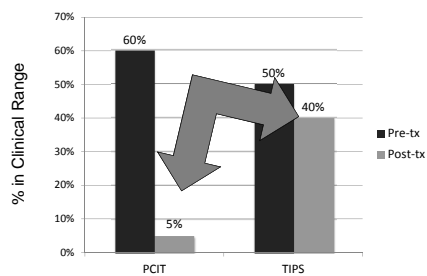
EYBERG: INTENSITY SCALE

MEAN RAW SCORES PRE- AND POST-TREATMENT



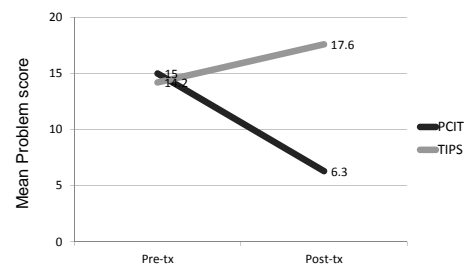
EYBERG: INTENSITY SCALE

% of CLIENTS SCORING IN CLINICAL RANGE INITIAL AND FINAL ASSESSMENT



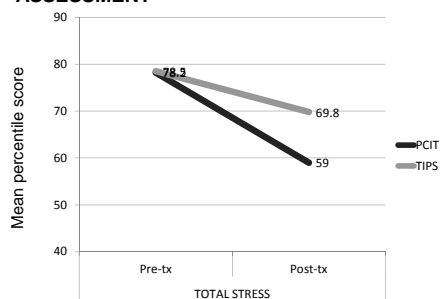
EYBERG: PROBLEM SCALE

AVERAGE RAW SCORES INITIAL AND FINAL ASSESSMENT



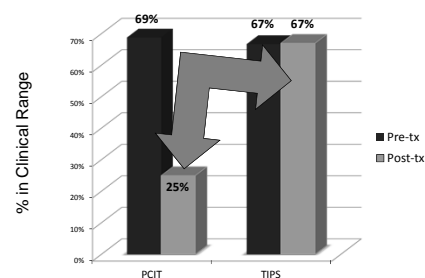
PSI-SF: PARENTING STRESS

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

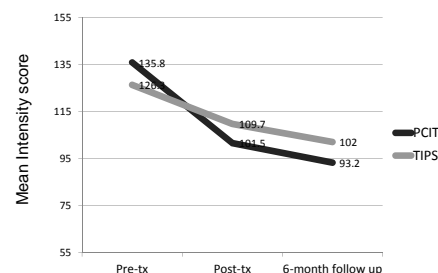
RESULTS

PRE to POST to FOLLOW UP



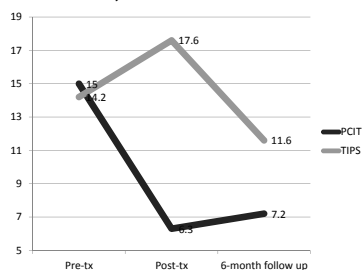
EYBERG: INTENSITY SCALE

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
- **Negative** verbalizations
- **Intensity** of child behavior problems
- **Number** of behavior problems
- **Parenting** stress

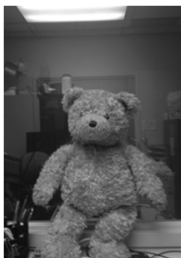
PCIT

- ✓ **INCREASE**
- ✓ **DECREASE**
- ✓ **DECREASE (sustained)**
- **DECREASE (sustained)**
- ✓ **DECREASE**

TIPS

- No change
- No change
- **DECREASE (sustained)**
- 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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- Joanna Servin
- Alonzo Lamas
- Deanna Boys

THANK YOU! CONTACT US

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