PCIT and EBP for the Future

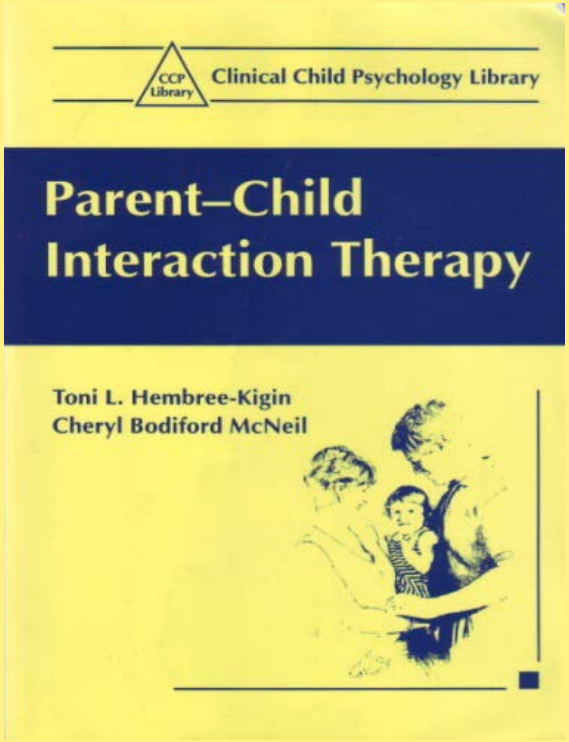
Lucy Berliner

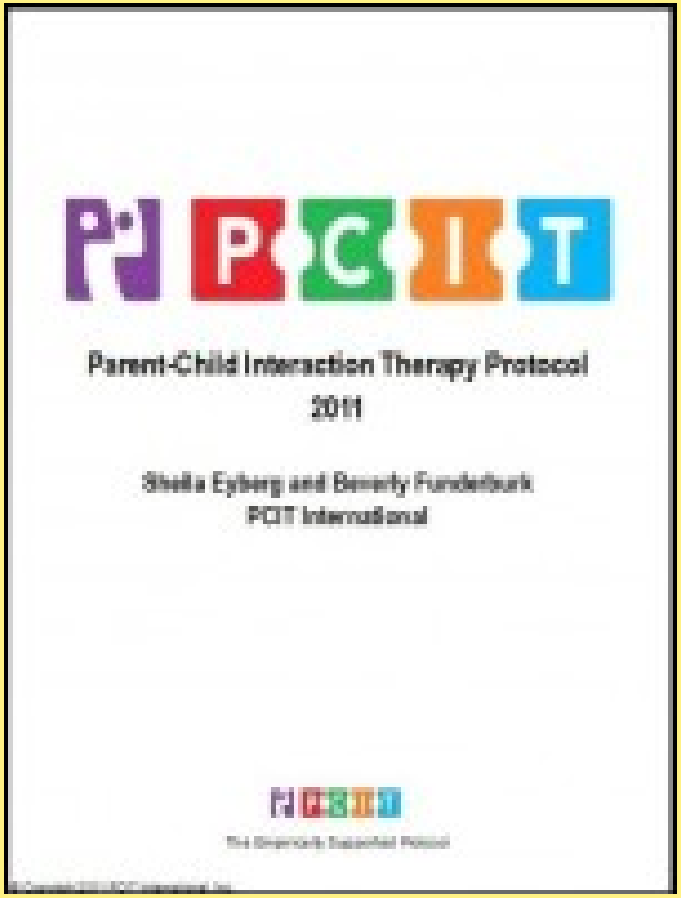
10th Annual Conference on Parent-Child Interaction Therapy
for Traumatized Children

Davis, California

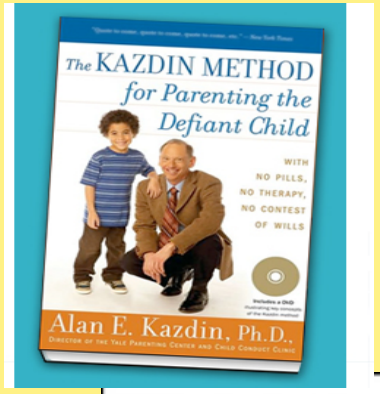
September 6, 2012

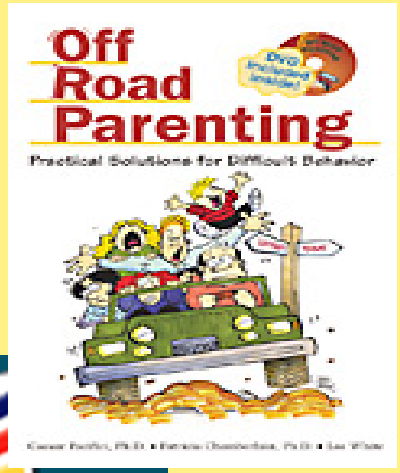
Awesomeness of PCIT

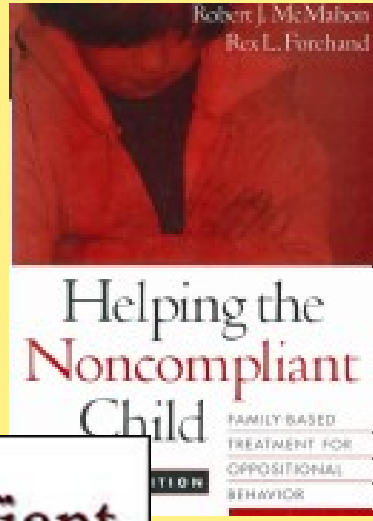


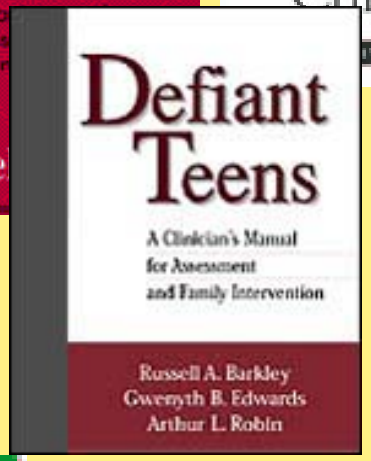


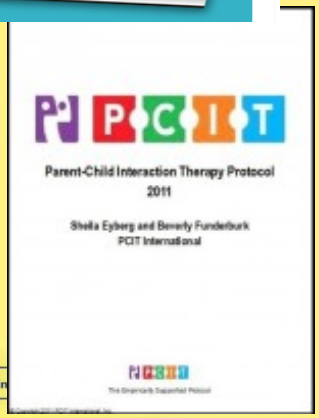
Family of PMT Interventions

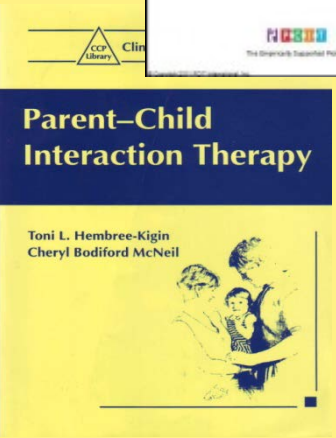




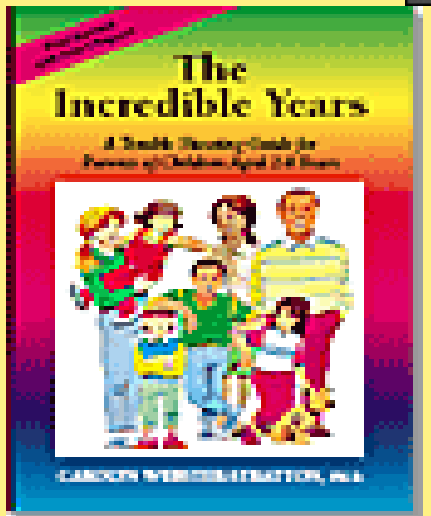


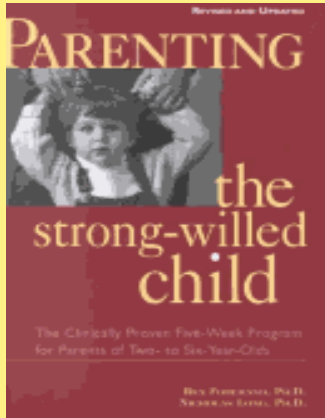






PMTO

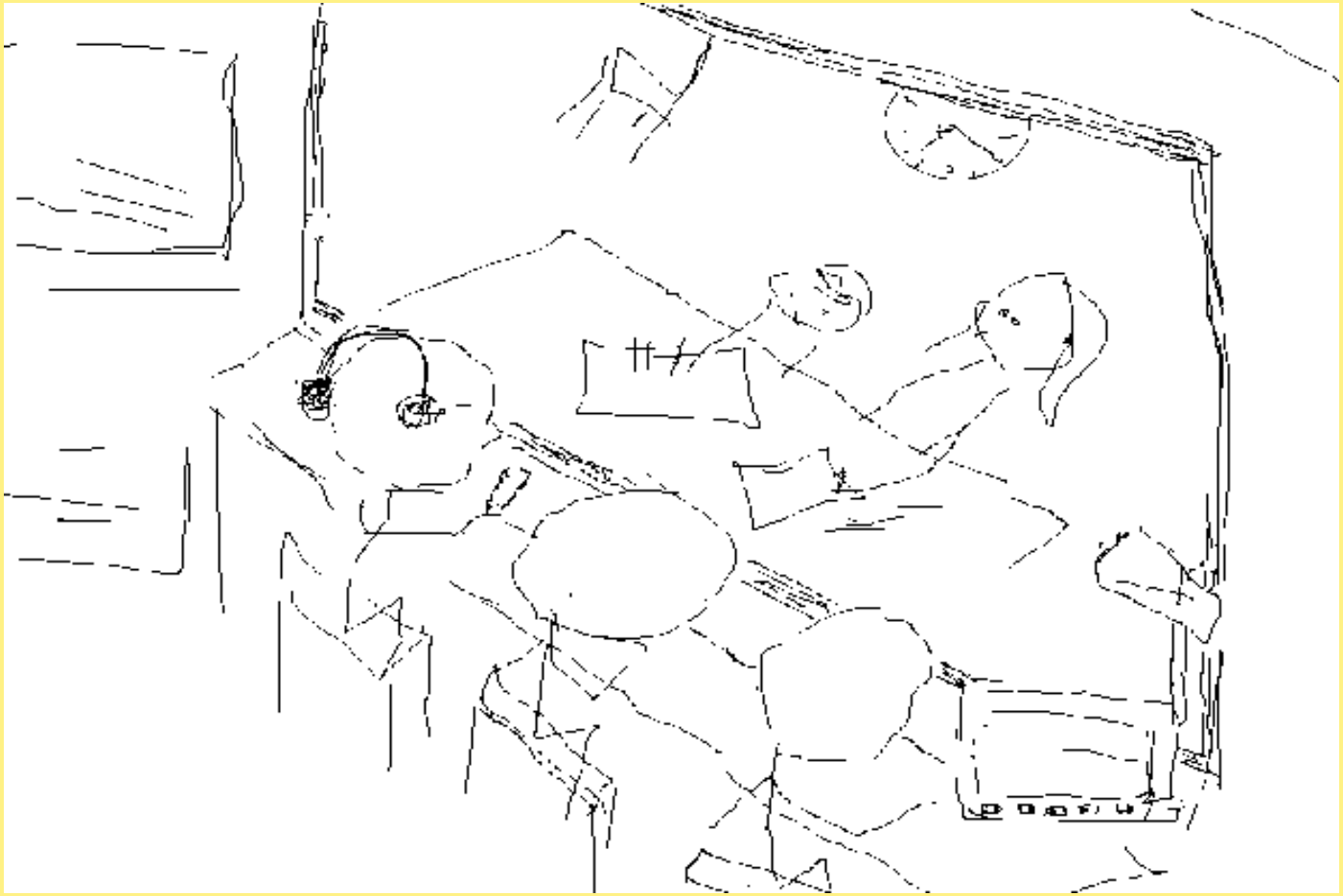




What They Have in Common

- Based on same theory of change
- Fully or partially parent mediated
- Teach non coercive/non-violent, warm, and consistent parenting
- Consist of same elements:
  - Positive parent-child time
  - Selective attention
  - Rewards and consequences
  - Problem solving skills

PCIT Difference? Delivery Method



Meta-analysis: ES for PCIT v. Triple P

J Abnorm Child Psychol (2007) 35:475–495
DOI 10.1007/s10802-007-9104-9

ORIGINAL PAPER

Behavioral Outcomes of Parent-Child Interaction Therapy and Triple P—Positive Parenting Program: A Review and Meta-Analysis

Rae Thomas · Melanie J. Zimmer-Gembeck

Abstract We conducted a review and meta-analyses of 24 studies to evaluate and compare the outcomes of two widely disseminated parenting interventions—Parent-Child Interaction Therapy and Triple P-Positive Parenting Program. Participants in all studies were caregivers and 3- to 12-year-old children. In general, our analyses revealed positive effects of both interventions, but effects varied depending on intervention length, components, and source of outcome data. Both interventions reduced parent-reported child behavior and parenting problems. The effect sizes for PCIT were large when outcomes of child and parent behaviors were assessed with parent-report, with the exclusion of Abbreviated PCIT, which had moderate effect sizes. All forms of Triple P had moderate to large effects when outcomes were parent-reported child behaviors and parenting, with the exception of Media Triple P, which had small effects. PCIT and an enhanced version of Triple P were associated with improvements in observed child behaviors. These findings provide information about the relative efficacy of two programs that have received substantial funding in the USA and Australia, and findings should assist in making decisions about allocations of funding and dissemination of these parenting interventions in the future.

Effect size differences are modest;
favor PCIT for some outcomes but not others

PCIT and Child Maltreatment

Child Maltreatment
http://cmx.sagepub.com/

Anthony and Cheryl's excellent adventure;
the article that started it all back in 1996

Parent-Child Interaction Therapy: An Intensive Dyadic Intervention for Physically Abusive Families

Anthony J. Urquiza
University of California Davis Medical Center
Cheryl Bodiford McNeil
West Virginia University

A designated priority in the field of child maltreatment is the development of empirical approaches for treating abusive families. This article describes parent-child interaction therapy (PCIT), an intervention that has been shown to be effective for helping parents manage young children with severe behavioral problems. The potential application of this treatment program to the child maltreatment field is examined by (a) providing a social learning perspective to explain the development and stability of some physically abusive parent-child relationships, (b) outlining the effectiveness of PCIT with similar populations, and (c) discussing the unique benefits that PCIT may offer the field of child maltreatment. The limitations of PCIT with physically abusive families are also discussed.

effective with a similar population and may be beneficial to some types of physically abusive parent-child dyads.

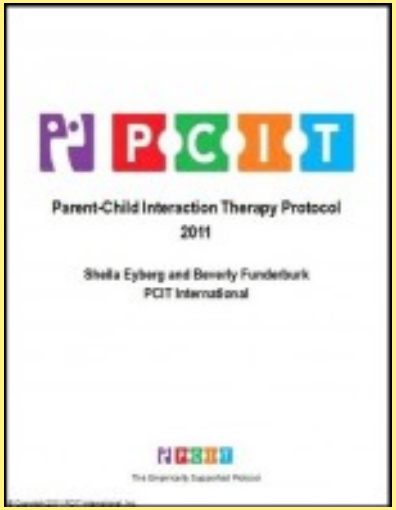
PHYSICALLY ABUSIVE FAMILIES: PARENT FACTORS

Parents physically abuse their children for many reasons. In a recent article, Milner and Chilamkurti (1991) provide an excellent overview of the current literature concerning characteristics of individuals who physically abuse their children. They cite a constellation of factors including socialization factors (i.e., demographics, childhood history of abuse), biological factors (i.e., neuropsychological characteristics, physiological reactivity, physical health

Child Welfare Outcomes

PMTs that successfully target physical abuse and neglect

The SafeCare® Model



Take Home Message

Lots of winners

D & I Challenge: Packages, Brand Names

aps
ASSOCIATION FOR PSYCHOLOGICAL SCIENCE

The Old Solutions Are the New Problem: How Do We Better Use What We Already Know About Reducing the Burden of Mental Illness?

Perspectives on Psychological Science
6(5) 493–497

DOI: 10.1177/1745691611418240
http://pps.sagepub.com
SAGE

Bruce F. Chorpita[1], Mary Jane Rotheram-Borus[1], Eric L. Daleiden[2], Adam Bernstein[1], Taya Cromley[1], Dallas Swendeman[1], and Jennifer Regan[1]
[1]Department of Psychology, University of California, Los Angeles, and [2]PracticeWise, LLC, Wilsonville, OR

Kazdin and Blase (2011) assert that unless we make some major changes, our profession cannot meet the demand for mental health services in the U.S. or globally. They offer the idea of a portfolio of models, and we agree entirely that increasing the range of how existing treatments can be applied will help reduce the overall burden of mental health suffering. However, within the current zeitgeist, this could well mean that we will see 10 different versions of each protocol, each requiring 10 efficacy trials and 10 more effectiveness trials—essentially taking us from thousands of treatments to hundreds of thousands. This is certainly not what Kazdin and Blase intend, but we believe that without deliberate intervention, it is likely to be how the field responds.

We Need More and Better Ways to Organize and Move Knowledge

We see this as a knowledge management problem. That is, continued proliferation of knowledge about treatment will not help unless we get much, much better at summarizing, synthesizing, integrating, and delivering what we already have (Graham et al., 2006). The existing knowledge base is now too large to comprehend and apply optimally by any psychologist. In our recent efforts to examine how to choose a set of evidence-based treatments (EBTs) that best fit an organization's service population (Chorpita, Bernstein, & Daleiden, in press), we discovered that simply selecting a set of no more than a dozen treatments from among all EBTs for children yields over 67 sextillion possibilities. To put this number in some perspective, if one were to write each unique set of 12 or fewer treatments on a single sheet of ordinary paper, the resulting pile would reach to the sun and back. Over 20 million times. Each of these sets has a unique composition and thus a potentially unique impact on the service population. Selecting an ideal array of treatments from among the promising possibilities is no longer a simple problem and it is approaching unsolvability. Although we know much about what works, we can no longer apply that knowledge efficiently.

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Extending Reach: Package Dilemma

Advantages

- Results of RCTs based on package
- Adherence improves outcomes
- Following manual prevents drift
- Road map for clinicians

Downsides

- Results are for group not individuals
- One size does not fit all
- Ingredients equally active?
- Providers like less
- One target at a time

PCIT and CWS Outcomes

Requires add on to be evidence-based

Journal of Consulting and Clinical Psychology
2011, Vol. 79, No. 1, 84–95

0022-006X/10/$12.00 DOI: 10.1037/a00212

A Combined Motivation and Parent–Child Interaction Therapy Package Reduces Child Welfare Recidivism in a Randomized Dismantling Field Trial

Mark Chaffin, Beverly Funderburk, and David Bard
University of Oklahoma Health Sciences Center

Linda Anne Valle
Centers for Disease Control and Prevention

Robin Gurwitch
Cincinnati Children's Hospital Medical Center

Objective: A package of parent–child interaction therapy (PCIT) combined with a self-motivational (SM) orientation previously was found in a laboratory trial to reduce child abuse recidivism compared with services as usual (SAU). Objectives of the present study were to test effectiveness in a field agency rather than in a laboratory setting and to dismantle the SM versus SAU orientation and PCIT versus SAU parenting component effects. ***Method:*** Participants were 192 parents in child welfare with an average of 6 prior referrals and most with all of their children removed. Following a 2 × 2 sequentially randomized experimental design, parents were randomized first to orientation condition (SM vs. SAU) and then subsequently randomized to a parenting condition (PCIT vs. SAU). Cases were followed for child welfare recidivism for a median of 904 days. An imputation-based approach was used to estimate recidivism survival complicated by significant treatment-related differences in timing and frequency of children returned home. ***Results:*** A significant orientation condition by parenting condition interaction favoring the SM + PCIT combination was found for reducing future child welfare reports, and this effect was stronger when children were returned to the home sooner rather than later. ***Conclusions:*** Findings demonstrate that previous laboratory results can be replicated in a field implementation setting and among parents with chronic and severe child welfare histories, supporting a synergistic SM + PCIT benefit. Methodological considerations for analyzing child welfare event history data complicated by differential risk deprivation are also emphasized.

Motivational Add On

- 6 sessions was to be comparable to usual care, may not be necessary
- Evidence-based MI and most motivational enhancement interventions are much briefer
- May not be necessary when ambivalence is not present
- MI ≠ psychoed (so traditional psychoed sessions are not a substitute)

PCIT and Internalizing Conditions

Reduces anxiety and depression

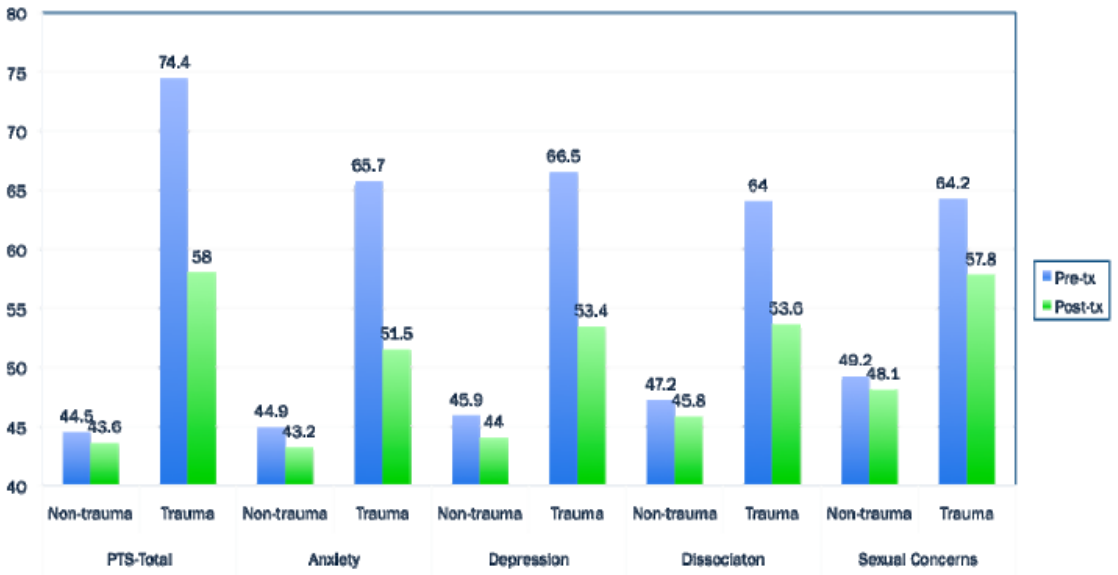
THE JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY
Journal of Child Psychology and Psychiatry 53:3 (2012), pp 313–322 doi:10.1111/j.1469-7610.2011.0248

A novel early intervention for preschool depression: findings from a pilot randomized controlled trial

Joan Luby, Shannon Lenze, and Rebecca Tillman
Early Emotional Development Program, Washington University School of Medicine, St. Louis, M

Background: Validation for depression in preschool children has been established; howeve empirical investigations of interventions for the early onset disorder have been conducted. E and the modest efficacy of available treatments for childhood depression, the need for interventions has been emphasized. Large effect sizes (ES) for preschool psychotherapie Axis I disorders suggest that earlier intervention in depression may also be promising. There form of treatment for preschool depression, Parent–Child Interaction Therapy Emotion I (PCIT-ED) was developed and tested. **Methods:** A preliminary randomized controlled tria conducted comparing PCIT-ED to psycho-education in depressed 3- to 7-year-olds and thei A total of 54 patients met symptom criteria for DSM–IV major depressive disorder and were 19 patients completed the active treatment (n = 8 dropouts) and 10 completed psycho-educ dropouts). **Results:** Both groups showed significant improvement in several domains, w showing significance in a greater number of domains. An intent-to-treat analysis suggeste ED was significantly more effective than psycho-education on executive functionin ES = 0.12) and emotion recognition skills (p = .002, ES = 0.83). **Conclusions:** The RCT pr and suggests an individual control condition should be used in future trials to minimiz dropout. These pilot data, although limited by power, suggest that PCIT-ED may be a pro intervention for depression. Larger scale randomized controlled trials of PCIT-ED for de schoolers are now warranted. **Keywords:** Preschool depression, Parent–Child Interaction

Treatment Effects: Pre- & Post-PCIT Means on TSCYC Scales by Trauma Group

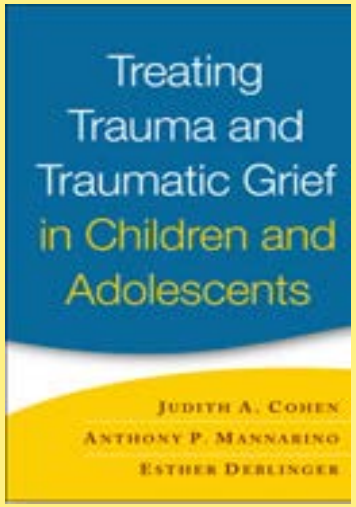


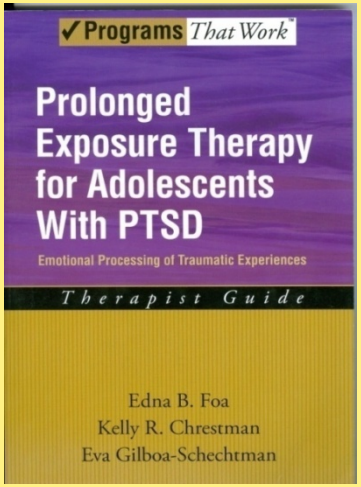
What about the Trauma Narrative?

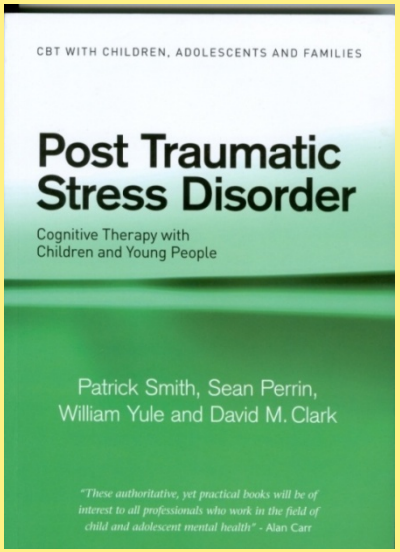
Key change principles:

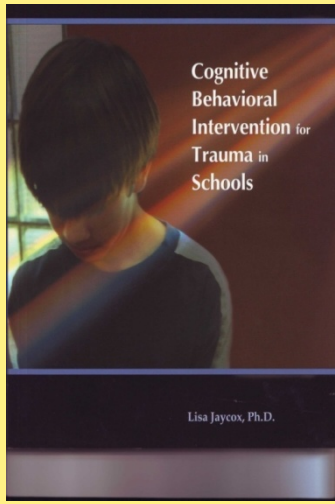
Exposure

Cognitive Processing



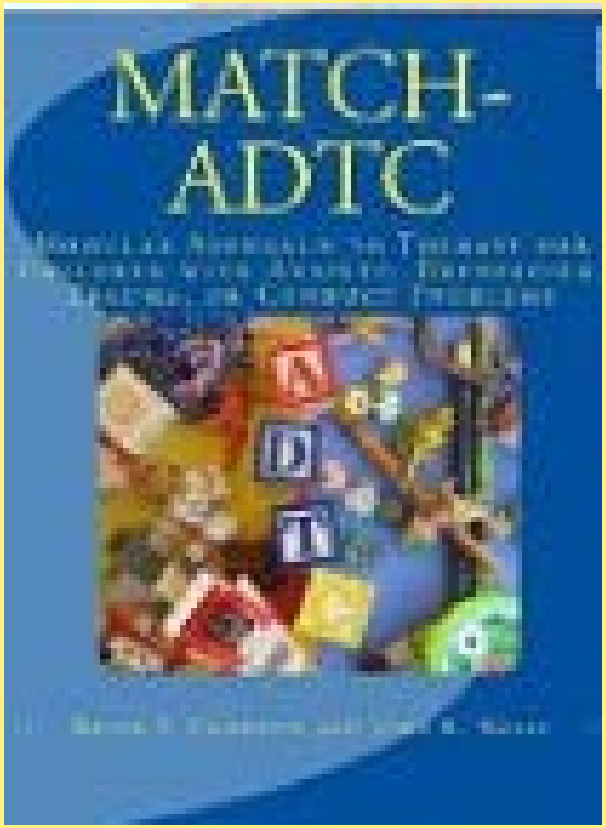






Modular Approaches

Multiple targets during a single intervention
Individualized tailoring



ORIGINAL ARTICLE

Click on Sign to add text and place signature on a PDF File.

ONLINE FIRST

Testing Standard and Modular Designs for Psychotherapy Treating Depression, Anxiety, and Conduct Problems in Youth

A Randomized Effectiveness Trial

John R. Weisz, PhD; Bruce F. Chorpita, PhD; Lawrence A. Palinkas, PhD; Sonja K. Schoenwald, PhD; Jeanne Miranda, PhD; Sarah Kate Bearman, PhD; Eric L. Daleiden, PhD; Ana M. Ugueto, PhD; Anya Ho, PhD; Jacqueline Martin, PhD; Jane Gray, PhD; Alisha Alleyne, PhD; David A. Langer, PhD; Michael A. Southam-Gerow, PhD; Robert D. Gibbons, PhD; and the Research Network on Youth Mental Health

Context: Decades of randomized controlled trials have produced separate evidence-based treatments for depression, anxiety, and conduct problems in youth, but these treatments are not often used in clinical practice, and they produce mixed results in trials with the comorbid, complex youths seen in practice. An integrative, modular redesign may help.

Objective: Standard/separate and modular/integrated arrangements of evidence-based treatments for depression, anxiety, and conduct problems in youth were compared with usual care treatment, with the modular design permitting a multidisorder focus and a flexible application of treatment procedures.

Design: Randomized effectiveness trial.

Setting: Ten outpatient clinical service organizations in Massachusetts and Hawaii.

Main Outcome Measures: Outcomes were assessed using weekly youth and parent assessments. These assessments relied on a standardized Brief Problem Checklist and a patient-generated Top Problems Assessment (ie, the severity ratings on the problems that the youths and parents had identified as most important). We also conducted a standardized diagnostic assessment before and after treatment.

Results: Mixed effects regression analyses showed that modular treatment produced significantly steeper trajectories of improvement than usual care and standard treatment on multiple Brief Problem Checklist and Top Problems Assessment measures. Youths receiving modular treatment also had significantly fewer diagnoses than youths receiving usual care after treatment. In contrast, outcomes of standard manual treatment did not differ significantly from outcomes of usual care.

Extending Reach: Brand Name Dilemma

Advantages

- Implementation/training infrastructure
- Well developed materials
- Ongoing supervision available
- QA mechanisms established

Downsides

- $$$$$
- Limited reach
- Focused/narrow population and problem target
- Requires separate supervision and QA structure
- Larger organizational context not addressed

Organizational Level Considerations

- Outside funding almost always required, where does it come from?
- How to integrate multiple brand names within an organization?
- Turnover? Internal training/consultation capacity?
- Reimbursement rates?

Why should an organization choose PCIT?

Extending Reach: Delivery Methods

Rebooting Psychotherapy Research and Practice to Reduce the Burden of Mental Illness

Perspectives on Psychological Science
6(1) 21–37

DOI: 10.1177/1745691610393527
http://pps.sagepub.com
SAGE

Alan E. Kazdin and Stacey L. Blase
Department of Psychology, Yale University, New Haven, CT

Abstract

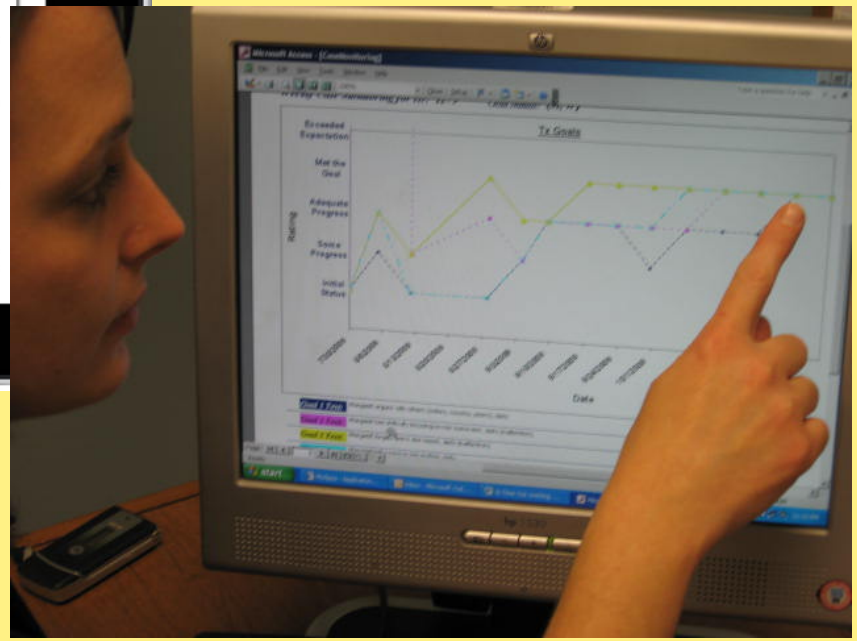
Psychological interventions to treat mental health issues have developed remarkably in the past few decades. Yet this progress often neglects a central goal—namely, to reduce the burden of mental illness and related conditions. The need for psychological services is enormous, and only a small proportion of individuals in need actually receive treatment. Individual psychotherapy, the dominant model of treatment delivery, is not likely to be able to meet this need. Despite advances, mental health professionals are not likely to reduce the prevalence, incidence, and burden of mental illness without a major shift in intervention research and clinical practice. A portfolio of models of delivery will be needed. We illustrate various models of delivery to convey opportunities provided by technology, special settings and nontraditional service providers, self-help interventions, and the media. Decreasing the burden of mental illness also will depend on integrating prevention and treatment, developing assessment and a national database for monitoring mental illness and its burdens, considering contextual issues that influence delivery of treatment, and addressing potential tensions within the mental health professions. Finally, opportunities for multidisciplinary collaborations are discussed as key considerations for reducing the burden of mental illness.

NEW RESEARCH

Telephone-Based Mental Health Interventions for Child Disruptive Behavior or Anxiety Disorders: Randomized Trials and Overall Analysis

Patrick J. McGrath, Ph.D., Patricia Lingley-Pottie, Ph.D., Catherine Thurston, M.A., Cathy MacLean, M.D., Charles Cunningham, Ph.D., Daniel A. Waschbusch, Ph.D., Carolyn Watters, Ph.D., Sherry Stewart, Ph.D., Alexa Bagnell, M.D., Darcy Santor, Ph.D., William Chaplin, Ph.D.

New Technology: Assessments



New Technology: Tx Delivery

PCIT by Phone

Journal of Consulting and Clinical Psychology
2003, Vol. 71, No. 2, 251-260

0022-006X/03/$12.00 DOI: 10.1037/0022-006X.71.2.251

Parent–Child Interaction Therapy: A Comparison of Standard and Abbreviated Treatments for Oppositional Defiant Preschoolers

Reginald D. V. Nixon, Lynne Sweeney, Deborah B. Erickson, and Stephen W. Touyz
University of Sydney

Families of 54 behaviorally disturbed preschool-aged children (3 to 5 years) were randomly assigned to 1 of 3 treatment conditions: standard parent–child interaction therapy (PCIT; STD); modified PCIT that used didactic videotapes, telephone consultations, and face-to-face sessions to abbreviate treatment; and a no-treatment waitlist control group (WL). Twenty-one nondisturbed preschoolers were recruited as a social validation comparison condition. Posttreatment assessment indicated significant differences in parent-reported externalizing behavior in children, and parental stress and discipline practices from both treatment groups on most measures compared with the WL group. Clinical significance testing suggested a superior effect for the STD immediately after intervention, but by 6-month follow-up, the two groups were comparable. The findings indicate that abbreviated PCIT may be of benefit for families with young conduct problem children.

Integrated with Primary Care

Improving Access to Care and Clinical Outcome for Pediatric Behavioral Problems: A Randomized Trial of a Nurse-Administered Intervention in Primary Care

David J. Kolko, PhD, ABPP,* John V. Campo, MD,† Kelly Kelleher, MD, MPH,† Yu Cheng, PhD*

ABSTRACT: *Objective:* To determine the effectiveness of an on-site modular intervention in improving access

The Future?

What is next for PCIT?