PCIT and EBP for the Future

Lucy Berliner
10th Annual Conference on Parent-Child Interaction Therapy for Traumatized Children
Davis, California
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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

Behavioral Outcomes of Parent-Child Interaction Therapy and Triple P—Positive Parenting Program: A Review and Meta-Analysis
Rae Thomas · Melanie J. Zimmer-Gembeck

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

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

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

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Cheryl Bodiford McNeil
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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.

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

Anthony and Cheryl’s excellent adventure; the article that started it all back in 1996
Child Welfare Outcomes

PMTs that successfully target physical abuse and neglect

The SafeCare® Model

Parent-Child Interaction Therapy Protocol 2011
Sheila Eyberg and Beverly Funderburk
PCIT International

Alternatives for Families
A COGNITIVE BEHAVIORAL THERAPY

Positive Parenting Program
Take Home Message

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

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

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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
What about the Trauma Narrative?

Key change principles:

Exposure

Cognitive Processing
Modular Approaches

Multiple targets during a single intervention
Individualized tailoring
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

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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.
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

Patient Health Questionnaire – PHQ-9
Nine Symptom Depression Checklist

Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and select your response.

Little interest or pleasure in doing things.
- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling down, depressed, or hopeless.
- Not at all
- Several days
- More than half the days
- Nearly every day

Trouble falling asleep, staying asleep, or sleeping too much.
New Technology: Tx Delivery
Parent–Child Interaction Therapy: A Comparison of Standard and Abbreviated Treatments for Oppositional Defiant Preschoolers

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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

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ABSTRACT: Objective: To determine the effectiveness of an on-site modular intervention in improving access to mental health services and outcomes for children with behavioral health issues.
The Future?

What is next for PCIT?