Effectiveness of PCIT with Adoptive Children in a Los Angeles Community Mental Health Clinic

Lauren Maltby, Ph.D.
Jennifer Gallagher, M.A.

ABSTRACT

- The efficacy of PCIT in reducing child behavior problems has been demonstrated in over 100 empirical studies, including with other high-risk populations, such as physically abused children and foster children. However, the effectiveness of PCIT with children adopted from foster-care has not yet been demonstrated.
- Data were collected on a sample of 15 foster-adopted dyads that received PCIT at a Los Angeles-based community mental health clinic. It was hypothesized that levels of pre-treatment child disruptive behaviors in an adoptive sample would be reported at levels similar to those reported in studies with other, similar samples (Self-Brown et al., 2012).
- PCIT will function similarly in the foster-adoptive sample as it does with other, previously researched, high-risk populations; however, statistically significant reductions were observed in five of the nine treatment scales from pre- to post-treatment, a majority of children remained in the clinically significant range of behaviors at post-treatment assessment.
- Results are interpreted in light of the unique factors affecting adoptive dyads, and recommendations for enhancing implementation and treatment fidelity with this population are provided.

BACKGROUND

- In the 2012 fiscal year, there were 5,938 adoptions from the child welfare system in California alone (U.S. Dept. of Health and Human Services, 2012).
- Although the families that adopt from the child welfare system are incredibly diverse, research on adoptive families has yielded some common findings relevant to young children. Namely, parents who sought adoption had a higher prevalence of “insecurely attached” infants than similar groups of children in foster care, perhaps due to the uncertainty in foster-to-adoptive cases (Cole, 2005). Cole believed that the lack of control over placement discouraged families who wished to adopt from the child welfare system from forming emotional attachments to the children in their care.
- The link between interpersonnel trauma and disruptive behavior disorders in children has been well-documented (Ford, Gagnon, Conner & Pearson, 2011). The children adopted from the foster care system have experienced intense trauma and may be subject to additional risk factors, including multiple changes in care taking, prenatal drug exposure, and increased number of placements.
- This, coupled with the uncertainty of the foster-adoptive situation, often precludes young children and their prospective adoptive parents from forming emotional bonds early in the placement. By the time the adoption is finalized, many young children and their adoptive parents may already be entrenched in a cycle of negative interactions that may even intensify the child’s pre-existing disruptive behaviors.
- Therefore, adoptive resource parents and their children are similarly likely as other high-risk populations (physically abusing parents/children; depressed mothers; etc.) to find themselves in need of treatment for both disruptive behaviors and parent-child relational problems. However, adoptive parent-child dyads also have many unique features that may influence treatment outcome.
- In light of the growing population of foster-adoptive children in Los Angeles County, ensuring effective mental health treatment for these children is of the utmost importance.

HYPOTHESES

1. It is hypothesized that levels of pre-treatment child disruptive behaviors in an adoptive sample will be reported at levels similar to those reported in studies with other, similar samples (Self-Brown et al., 2012).

METHOD

Participants:
- Participants were children adopted from child welfare and their adoptive parents who were referred to Parent Child Interaction Therapy (PCIT) due to disruptive behaviors.
- The treatment setting was a community-based mental health clinic in Los Angeles County with a special emphasis on facilitating adoptive families. The Los Angeles Biomedical Research Institute conducted the changes reported in benchmark studies, the current sample displayed smaller changes over the course of treatment (Intensity reduced by 23.7 and Problem reduced by 7.7 in our study; see table for comparison).
- The behavior problems in the current study, although they occurred less frequently remained problematic for parents. Parents in the current study reported the lowest problem score at pre-treatment compared to the benchmark studies, but had one of the highest problem scores at post-treatment, indicating that the parent perceptions of the child’s behaviors as problematic changed when compared to other studies over the course of treatment.

RESULTS

- Additionally, the adoptive parents in our sample did not report experiencing significant parental distress. Only 20% reported significant distress at pre-treatment, and only 13% reported significant distress at post-treatment.

DISCUSSION

- Even though it was not supported, PCIT did significantly reduce disruptive behaviors and parent-reported levels of stress on five of the nine scales/subscales collected at pre- and post-treatment.
- Although there were statistically significant changes from pre- to post-treatment in disruptive behaviors and parent-reported levels of stress, the majority of post-treatment scores remained clinically significant (see table). Thus, while children are improving over the course of treatment, the amount of improvement was less than what was reported in other studies. When comparing the changes in disruptive behaviors pre- and post-treatment reported on the ECBI, the changes reported in benchmark studies, the current sample displayed smaller changes over the course of treatment (Intensity reduced by 23.7 and Problem reduced by 7.7 in our study; see table for comparison).

RECOMMENDATIONS

- Because many treatment measures in the present study did not reflect clinically significant gains, it is recommended that clinicians administer and discuss post-treatment measures with the caregiver before deciding to terminate treatment. Considering the unique factors impacting adoptive dyads, including the myriad of reasons why families chose to adopt, it is necessary to assess whether scores are elevated in part due to parent expectations, continue child behavior problems, a combination of these factors, or other treatment barriers.
- In addition to parent measures, it may be beneficial for the therapist to have a standardized way to assess the parent-child relationship, particularly if the parent’s perception of the child is being influenced by other factors and is less objective. The Parent-Child Interaction Quality Index (PCIQ; Timmerman, Boys, & Forte, 2015) is a 28-item rating scale in which the therapist rates the quality of the parent-child relationship. This assessment yields scores across five domains: Parent Sensitivity, Parent Warmth, Parent Control, Parent Passivity, and Child Responsiveness and Involvement.
- It may also be beneficial to objectively measure the parent-child attachment when administering pre-, mid-, and post-treatment measures, particularly with the foster-adoptive population. The Devereux Early Childhood Assessment (DECA), a standardized measure of attachment, or the Emotional Availability Scales (EAS) which have been correlated with infant attachment styles, are two such measures which could assist in not only assessing the dyad’s strengths and areas for growth to target in treatment, but also by providing data regarding how PCIT may mediate attachment.

LIMITATIONS

- The small sample size significantly reduced power and may have obscured other notable findings in this population. Further research with a larger sample size is recommended.
- The present study utilized a slightly older sample than is typically recommended for PCIT (the sample included a 9-year-old), which may have had some effect in decreasing clinically significant gains.
- Additionally, the present sample contained two children whose primary diagnosis was Autism Spectrum Disorder. Although significant improvements were found in these two cases, many of their scores remained clinically significant for reasons other than disruptive behaviors (e.g., parent perceives that child has greater needs than other children, which while accurate, resulted in the Difficult Child subscale remaining elevated).