

# 18<sup>th</sup> Annual Conference on Parent-Child Interaction Therapy for Traumatized Children



## Commitment to Excellence in PCIT: Building a Strong Future

Jointly Sponsored by:



October 17<sup>th</sup> – 18<sup>th</sup>, 2018  
Davis, California





DEPARTMENT OF PEDIATRICS

CAARE DIAGNOSTIC AND TREATMENT CENTER  
UC DAVIS MEDICAL CENTER  
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October 17<sup>th</sup> – 18<sup>th</sup>, 2018

## Welcome to the 18<sup>th</sup> Annual PCIT Conference!

We've been here before. Actually, we have been here 17 times before. It is remarkable that after nearly two decades we are still treating and training in PCIT. It may be helpful to know that three problems, and three answers have brought you here today. **Problem #1:** We needed an effective treatment for physically abusive families. Some of you have heard me speak about my foray into PCIT – wanting an effective treatment for high-risk and physically abusive families that actually worked. I saw too many parents come to the end of their reunification – who were not offered any interventions that could reasonably be helpful. The answer to this problem was research and publications demonstrating the value of PCIT for abusive parents, foster parents, adoptive parents, and other types of families where some type of concern was raised.

In the late 1990s, we knew this 'PCIT thing' was helpful, but we had a different type of problem. We had been providing PCIT services, conducting PCIT research, and doing a small amount of PCIT training. But, relatively few therapists were actually delivering PCIT services. **Problem #2:** We needed a way to increase the number of PCIT therapists. In an effort to increase the number of PCIT therapists, we created the 'PCIT Training Center,' started our First Annual PCIT Conference, and got to work on implementation. Most of you are here – because you are the product of our implementation efforts – Yeah, You!

In the early 2010s, we discovered a different set of concerns. Yes, PCIT was good, but many families dropped out, it was difficult to learn, it required a dedicated treatment/observation room, and some electronics – which made implementation in public mental health a struggle. **Problem #3:** We started PC-CARE to solve this problem. PC-CARE is a more effective intervention for children and families; and part of our commitment to a strong future for our families.

The theme of this conference is a "Commitment to Excellence in PCIT: Building a Strong Future." It is not just a PCIT conference, or the start of a PC-CARE Conference; but it is the continuation of our effort to bring you the best we have to offer – to help you with the families in your community.

So, thank you for joining us this year. I look forward to talking with you!

Sincerely,

A handwritten signature in black ink, appearing to read "Anthony J. Urquiza".

Anthony J. Urquiza, Ph.D.  
Director



**18<sup>th</sup> Annual Conference on Parent-Child Interaction Therapy  
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## **Conference Director**

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Financial and Technical Equipment Manager

## **Acknowledgements**

*The Conference staff would like to extend a special "thank you" to the following organizations for their continued support of the Parent-Child Interaction Therapy Program:*

**First 5 LA**

**Hyatt Place UC Davis**

**Los Angeles County Department of Mental Health**

**Nor-Cal Publishing**

**California Governor's Office of Emergency Services (Cal OES)**

**The Substance Abuse and Mental Health Services Administration (SAMHSA)**

**The National Child Traumatic Stress Network (NCTSN)**

**three29 Media**

**University of California, Davis**

*This Conference would not have been possible without the assistance of many individuals and organizations. Thank you for your generosity and hard work!*

**UC Davis Children's Hospital**

**UCDMC – Department of Pediatrics**

**UCDMC – CAARE Center Staff & Research Assistants**

*A very special thanks to all of the presenters and participants who have traveled to share their ideas and research on PCIT!*





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**18<sup>th</sup> Annual Conference on Parent-Child Interaction Therapy**  
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**October 16-18, 2018**

**DAY AT A GLANCE – WEDNESDAY, OCTOBER 17, 2018**

UC Davis Conference Center and Alumni Center – Davis, California

TIME		SCHEDULE	SPEAKERS	ROOM
9:00 – 9:25		Check-In and Registration		
9:30 – 9:40		Welcome and Introductions Review of Course Objectives Introduction of Speakers	Anthony Urquiza, PhD	Ballroom
9:50 – 10:50		<u>Keynote</u> : PCIT, Child Welfare, and the Road Ahead	Melanie Zimmer-Gembeck, PhD	
11:00 – 11:20		The Real World of Children Experiencing Homelessness	Casey Knittel	
11:30 – 1:00		PCIT LUNCHEON BUFFET & WORKSHOPS – Lunch served in Conference Center Ballroom		
Room		1:00 – 1:45	2:00 – 2:45	
Conference Center Building	Conference Room A (49)	<b>Workshop 1.</b> Learning Another New Language: PC-CARE Coding!, Deanna Boys, MA	<b>Workshop 2.</b> Advanced DPICS Coding in English, Deanna Boys, MA	
	Conference Room B (49)	<b>Workshop 3.</b> Beginning DPICS Coding en Español, Elizabeth Mota-Garcia, LCSW, PPSC, Rosa Valencia, MA, & Alexis Servín	<b>Workshop 4.</b> Advanced DPICS Coding en Español, Elizabeth Mota-Garcia, LCSW, PPSC, Rosa Valencia, MA, & Alexis Servín	
	Ballroom A & B (200)	<b>Workshop 5.</b> Becoming a PCIT Trainer, Marta Shinn, PhD, Brandi Hawk, PhD & Lindsay Forte, MS		
	Ballroom C (90)	<b>Workshop 6.</b> Congrats on your Engagement: Using Social Psychology to Strengthen Buy-In, Bethany Vaudrey, PsyD	<b>Workshop 7.</b> Using Culturally Traditional Toys in PCIT, Lizette Chavez & Jose Cholula, EdD	
Alumni Center Building	AGR Hall (200)	<b>Workshop 8.</b> PCIT with Toddlers (PCIT-T): Improving Attachment and Emotion Regulation, Emma I. Girard, PsyD	<b>Workshop 9.</b> Collaborating with Teachers, Karrie Lager, PsyD & Emma I. Girard, PsyD	
	Founders Board Room (49)	<b>Workshop 10.</b> How do I Explain Trauma en Español to my PCIT Families?, Alejandra Trujillo, LMFT	<b>Workshop 11.</b> More Power to You: Calculating Your Effect Size, Kelly Pelzel, PhD & Beth Troutman, PhD , ABPP	
2:45 – 3:00		REFRESHMENT BREAK – served in Conference Center Ballroom or Conference Center Lobby		
3:00 – 3:30		Adapting PCIT Coaching Strategies to Meet the Needs of Deaf and Hard-of-Hearing Families	Amy Weir, PsyD	Ballroom
3:40– 3:45		5 Minutes of Movement! – Fortnite: Dance Battle Royale!	Jarred C. Vermillion	
3:55 – 4:30		Bringing Research into Practice: Poster Sessions	Discussant: Susan Timmer, PhD	
4:30 – 6:00		SOCIAL HOUR (Catering and Bar) – Walter A. Buehler Alumni Center		





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**DAY AT A GLANCE – THURSDAY, OCTOBER 18, 2018**

UC Davis Conference Center and Alumni Center – Davis, California

TIME		SCHEDULE		SPEAKERS	ROOM
8:30 – 9:25		Spanish Coalition – Open meeting for all current AND prospective members!		Room: Conference Room B	
9:00 – 9:25		Check-In and Registration			Ballroom
9:30 – 9:40		Welcome and Introductions Review of Course Objectives Introduction of Speakers		Anthony Urquiza, PhD	
9:50 – 10:50		<u>Keynote:</u> The Heart of Successful Childhood Intervention: Preserving Essential Elements While Meeting Each Family’s Unique Needs		Jessica Dym Bartlett, MSW, PhD	
11:00 – 11:20		Harnessing the Power of PRIDE Skills: The link between “catching” good behavior and child compliance		Rebecca Handman, MS	
11:30 – 1:00		PCIT LUNCHEON BUFFET & WORKSHOPS – Lunch served in Conference Center Ballroom			
Room		Workshops: 1:00 – 1:45		Workshops: 2:00 – 2:45	
Conference Center Building	Conference Room A (49)	Workshop 12. PDI Coding, Deanna Boys, MA		Workshop 13. Harnessing Parent Strengths for PCIT Mastery, Paul DePompo, PsyD, ABPP & Cassandra Moore, LMFT	
	Conference Room B (49)	Workshop 14. Coaching in a Child’s Natural Environment, Cara Samelson, LMFT & Carly Gibson, LMFT		Workshop 15. <u>Symposium – PCIT with Spanish-Speaking Families, Discussant: Nancy Zebell, PhD: 1.</u> PCIT for Spanish Speaking Parents with Limited Literacy, Verenice Torres, ACSW; <u>2.</u> Use of Colloquialisms and Sayings to Explain PRIDE and Skills to Manage Behaviors to Spanish-Speaking Families, Alejandra Trujillo, LMFT	
	Ballroom A & B (200)	Workshop 16. The Magic of Level 3 Coaching: Using Coach Coding and the ATC to improve your PCIT training skills, Mary Pratt, LCSW, Susan Timmer, PhD & Rosario Williams, LMFT			
	Ballroom C (90)	Workshop 17. Breathe, Move, Repeat: Promoting Children’s Regulation with Trauma-Informed Yoga, Brandi Hawk, PhD		Workshop 18. DPICS Dancing, Beth Troutman, PhD, ABPP, Marta Shinn, PhD, Emma Girard, PsyD, Kami Guzman, MS, LMHC, Burgundy Johnson, DO, Kelly Pelzel, PhD, Deanna Boys, MA & Lindsay Forte, MS	
Alumni Center Building	AGR Hall (200)	Workshop 19. PCIT Competencies en Español, Jose Cholula, EdD		Workshop 20. Top Tips for Effective and Collaborative PCIT Training: Dual Trainers & Trainee Perspective, Brandi Liles, PhD & Dawn Blacker, PhD	
	Founders Board Room (49)	Workshop 21. Building Healthier Learning Environments: Early Childhood Mental Health Consultation Using PCIT, Belinda Villalpando, MA, LMFT		Workshop 22. PCIT: The Resilient Therapist, Karen Rogers, PhD & Irma Ocegueda, PhD	
2:45 – 3:00		REFRESHMENT BREAK – served in Conference Center Ballroom or Conference Center Lobby			
3:00 – 3:30		Parent-Child Care (PC-CARE) as a Prevention Program for Children Entering New Foster Placements: Lessons from the field		Susan Timmer, PhD & Sarah Kahle, PhD	Ballroom
3:40 – 3:45		5 Minutes of Movement! – Fortnite: Dance Battle Royale – Part 2!		Deanna Boys, MA	
3:55– 4:30		Final thoughts: Building a Strong Future		Anthony Urquiza, PhD	



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## Agenda Descriptions

PCIT Conference Day 1

WEDNESDAY, OCTOBER 17, 2018

9:00 – 9:25am CHECK-IN & REGISTRATION

9:30 – 9:40am WELCOME

Anthony Urquiza, PhD

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

9:50 – 10:50am

### KEYNOTE SPEAKER

#### PCIT, Child Welfare, and the Road Ahead

Melanie Zimmer-Gembeck, PhD

Professor, School of Applied Psychology

Director, Family Interaction Program

Acting Deputy Head of School (Research), Griffith University

Queensland, Australia



**Melanie J. Zimmer-Gembeck** is a developmental psychologist and Professor in Applied Psychology at Griffith University in Australia. She is also the Director of The Family Interaction Program (FIP). With a staff of 10, FIP is a centre for developing and evaluating innovative interventions for young children and their families funded by the Queensland (Australia) government. A prominent service and research program through FIP is PCIT for families referred from the child welfare and health systems, which has produced numerous publications about the effectiveness of PCIT. In addition to this work, her research interests include child

and adolescent social relationships and social cognition; depression and anxiety; rejection, stress and the development of coping, emotion and regulation; appearance and appearance-related concerns; and sexual behaviour and health. She has published more than 200 articles, books, edited volumes and book chapters, is Associate Editor of the International Journal of Behavioral Development, and serves on editorial boards of other international journals. Her most recent published book is *The development of coping from birth to emerging adulthood: Neurophysiological and social underpinnings, qualitative shifts, and differential pathways towards psychopathology and resilience* (Springer).

**Keynote Abstract:** PCIT is now a firmly established evidence-based treatment. In this keynote address, the history of a community-university research and service partnership, the Family Interaction Program (FIP), will be described. FIP staff have worked for more than 15 years to establish PCIT as an effective program for Australian families referred from child welfare. The research findings from FIP will also be described, including multiple randomized controlled trials of PCIT effectiveness, meta-analyses of all PCIT studies, research on motivation and PCIT, and research on parents' emotion regulation and reflective functioning as outcomes of PCIT. Finally, the latest work from FIP will be introduced, including modifications of PCIT for children with ASD and Eat PCIT.

**11:00 – 11:20am            INVITED SPEAKER**  
**The Real World of Children Experiencing Homelessness**

Casey Knittel  
*Director*  
*Mustard Seed School*  
*Sacramento, California*

Casey Knittel is the director of Mustard Seed School, a free, private school in Sacramento for children whose families are experiencing homelessness. The challenges faced by these children are numerous, ranging from basic needs such as food and shelter, to urgent psychological needs due to complex trauma. In addition to the trauma of homelessness, many children in this population have additional traumatic experiences in their recent history. Serving this population's needs involves partnerships and outreach with other service providers, as well as mindfulness in regards to secondary trauma and the avoidance of exhaustion for the staff devoted to serving these families. In 2017, CAL-OES funded the UC Davis CAARE Center to partner with Mustard Seed School in order to integrate professional therapeutic treatment for children and their parents into Mustard Seed's well-established framework and foundation of compassionate service. Ms. Knittel will draw on her nine years of experience to discuss the unique challenges faced by children experiencing homelessness.

**11:30 – 1:00pm                            PCIT LUNCHEON BUFFET**

**1:00 – 2:45pm   Round Table Workshops**

*Presentations are first come, first seated. Please have a backup in mind.*

**Workshops 1 – 7** will take place in the **UC Davis Conference Center Building**.

**Workshops 8 – 11** will take place next door in the **Walter A. Buehler Alumni Center Building**: exit this building, turn right, you'll see the Alumni Center at the top of the Vanderhoef Quad (grass area). The **Alpha Gamma Rho (AGR) Hall** and **Founders Board Room** rooms will be on the first floor.

**1. Conference Room A: 1:00 – 1:45pm**

**Learning Another New Language: PC-CARE Coding!**

Deanna Boys, MA  
*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Whether you are trained in PC-CARE already, or just started training yesterday, you can never have too much PC-CARE Coding practice! Join us to sharpen your new language skills with PC-CARE Coding. This workshop is perfect for those of you who attended the PC-CARE Skill Building Workshop yesterday.

**2. Conference Room B: 2:00 – 2:45pm**

**Advanced DPICS Coding in English**

Deanna Boys, MA  
*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Come challenge yourself and push your skills to the limit! We will be working on commands and compliance and dealing with those pesky fast talkers. Come ready for some solid fast coding action! Advanced DPICS recordings will be shown in English. Coding sheets will be provided.

**3. Conference Room B: 1:00 – 1:45pm**

**Beginning DPICS Coding en Español**

Elizabeth Mota-Garcia, MSW, PPSC  
*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*  
Rosa Valencia, MA  
*UC Davis Training Partner, Anaheim, California*  
Alexis Servín  
*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Jump start your DPICS coding skills while watching PCIT session recordings en Español. Basic DPICS concepts will be covered for those just starting out on their DPICS journey. Coding sheets will be provided.

#### **4. Conference Room B: 2:00 – 2:45pm**

##### **Advanced DPICS Coding en Español**

Elizabeth Mota-Garcia, MSW, PPSC

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Rosa Valencia, MA

*UC Davis Training Partner, Anaheim, California*

Alexis Servín

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Brush up on your DPICS coding skills while watching PCIT session recordings en Español. Advanced DPICS concepts will be covered for veteran DPICS coders! Coding sheets will be provided.

#### **5. Ballroom A & B – 1:00 – 2:45pm**

##### **Becoming a PCIT Trainer**

Marta Shinn, PhD

*Child Guidance Center, Inc., Variations Psychology, Santa Ana, California*

Brandi Hawk, PhD

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Lindsay Forte, MS

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Have you ever wanted to become a PCIT trainer? Whether you are in training, actively training others, or eligible to train and just finding your opportunity, this is the workshop for you! Join UC Davis Trainers while they discuss the ins and outs of training within your agency. We'll watch training videos, talk about the supports you and your team may need, and even put on our trainer hats and practice some skills.

#### **6. Ballroom C – 1:00 – 1:45pm**

##### **Congrats on Your Engagement! Using Social Psychology to Strengthen Caregiver Buy-In**

Bethany Vaudrey, PsyD

*Child & Family Guidance Center, Northridge, California*

PCIT is an intensive dyadic intervention which requires active participation of caregivers. This active participation makes the therapeutic alliance one of the most important components to ensure effectiveness of the intervention. PCIT therapists often place emphasis on the coaching sessions as being the active agent for family change; however, the caregiver engagement session is the foundation of the therapeutic relationship and must be taken just as seriously in the PCIT model.

In this workshop, theories of social psychology will be applied in order to help clinicians engage even the most challenging caregivers at the beginning of PCIT. Presenters will draw upon decades of theoretical and experimental social psychology literature to implement powerful intervention strategies into PCIT engagement sessions. Concepts reviewed include: inoculation, foot-in-the-door, Festinger's theory of cognitive dissonance, gain/loss effect, Barnum effect, and communicator factors of persuasion. Examples and role plays will be provided.

## **7. Ballroom C – 2:00 – 2:45pm**

### **Using Culturally Traditional Toys in PCIT**

Lizette Chavez

*Child Guidance Center, Inc., Santa Ana, California*

Jose Cholula, EdD

*Child Guidance Center, Inc., Santa Ana, California*

Attendees will learn how to apply culturally specific toys in PCIT. Attendees will observe video clips of how culturally traditional toys help parents be more engaged in the cooperative play with the child. Attendees will learn to identify different types of play and how to use cultural toys to involve the parent in cooperative play. The goal is to integrate specific cultural toys during the course of CDI and PDI. The aim of doing so is to further enhance the relationship between child and parent as well as helping reduce parent's negative schemas of play and improving cooperative play.

## **8. AGR Hall (Alumni Center Building) – 1:00 – 1:45pm**

### **PCIT with Toddlers (PCIT-T): Improving Attachment and Emotion Regulation**

Emma Girard, PsyD

*Riverside University Health System – Behavioral Health, Riverside, California*

Parent-Child Interaction Therapy with Toddlers (PCIT-T) is an early intervention program that involves coaching parents while they interact with their 12 to 24 month old children. Adapting the play therapy and compliance training procedures of standard PCIT, parents are coded and coached in the use of therapeutic parenting practices proven to decrease problematic behaviors, improve children's language, and encourage young children to follow directions. This workshop will describe novel components for the special needs of toddlers, including specific procedures for promoting the attachment relationship and emotion regulation in both the caregivers and children. Central to the model is the understanding that difficult behaviors in toddlers are a sign of emotion dysregulation rather than deliberate defiance. It is with the assistance of a nurturing and sensitive caregiver that the child's capacity to manage emotion develops. The CARES model of PCIT-T involves coaching parents to come in, assist, reassure, validate emotions, and soothe when the toddlers experience the "big emotions" that are characteristic of this age range. Parents also are coached in their own set of adult CARES skills designed to promote relaxation and positive self-talk during stressful parenting situations. Finally, PCIT-T includes an adapted parent-directed interaction component in which children learn to follow directions through a tell-show-try again-guide procedure with labeled praise for listening.

## **9. AGR Hall (Alumni Center Building) – 2:00 – 2:45pm**

### **Collaborating with Teachers**

Karrie Lager, PsyD

*Healthy Focus Psychological Center, Inc., Studio City & Encino, California*

Emma Girard, PsyD

*Riverside University Health System – Behavioral Health, Riverside, California*

When conducting PCIT with school-aged children it is important to have information about the child's school environment, and their teacher's perspective on the child's behaviors in the classroom. How can you best collaborate with teachers to learn more about your client and help improve their classroom behaviors? How can you help get educators and caregivers on the same page when it comes to behavior management strategies? When is the right time to make a school visit? This workshop will give you the strategies you need to collaborate with teachers!

## **10. Founders Board Room (Alumni Center Building) – 1:00 – 1:45pm**

### **How do I Explain Trauma en Español to my PCIT Families?**

Alejandra Trujillo, LMFT

*San Fernando Valley Community Mental Health Center, Inc., North Hollywood, California*

Research suggest that "naming the trauma" is a hallmark element to successfully treat traumatized children, and their families (Lieberman & Van Horn, 2011; Cohen, Mannarino, & Deblinger, 2017; Siegel, 2011); however, clinicians report that naming the trauma is one of the most terrifying things to do in therapy because they fear of retraumatizing the child. Learning key concepts when working with traumatize children will give participants the rationale behind this



important piece in trauma work. In this presentation, participants will learn about active inhibition process (Pennebaker, 2018) which will give them the rationale behind trauma work. Participants will also learn how to use simple techniques in Spanish to: 1) explain the reason for treatment to children and their families, 2) explain what is PTSD, and 3) why traumatized children need trauma-informed care.

#### **11. Founders Board Room (Alumni Center Building) – 2:00 – 2:45pm**

##### **More Power to You: Calculating Your Effect Size**

Kelly Pelzel, PhD

*University of Iowa, Iowa City, Iowa*

Beth Troutman, PhD, ABPP

*University of Iowa Carver College of Medicine, Iowa City, Iowa*

John Paul Abner, PhD

*Milligan College, Tennessee*

Allison Momany, MA

*University of Iowa Carver College of Medicine, Iowa City, Iowa*

Studies show that PCIT is effective (e.g., Thomas, Abell, Webb, Avdagic, & Zimmer-Gembeck, 2017), but has your inner math nerd ever wondered just how effective your PCIT is? In this workshop, we will discuss statistical measures of effect size, how effect size relates to statistical significance, and the reasons why you might want to calculate effect size with your own PCIT data. We will also explain why PCIT effect sizes might need to be cautiously interpreted and how to handle data from patients who drop out prior to graduation. We will provide step-by-step instructions on how to calculate and interpret effect size and show examples. Workshop participants that bring along a laptop and de-identified ECBI scores will have time at the end of the session to work on calculating effect size.

#### **2:45 – 3:00pm REFRESHMENT BREAK**

##### **3:00 – 3:30pm**

##### **Adapting PCIT Coaching Strategies to Meet the Needs of Deaf and Hard-of-Hearing Families**

Amy Weir, PsyD

*Child Guidance Center, Inc., San Clemente, California*

This presentation will discuss the importance of meeting both the client and parent's needs in treatment when hearing impairment is present in the parent and client. Through review of potential challenges and adaptations to be made for the hearing impaired community, this presentation hopes to provide insight into the process of traditional PCIT service delivery and how families impacted by hearing impairment may require alternative considerations in coaching. Case review of a family requiring adaptations related to hearing impairment will also be included and discussed, including how sessions were constructed to effectively target the client's needs, the parent's learning and use of skills, and ensure comprehension at all levels of coaching.

##### **3:40 – 3:45pm**

##### **5 Minutes of Movement!**

Jarred C. Vermillion

*UC Davis Resource Center for Family Focused Practice, Davis, California*

Fortnite: Dance Battle Royale!

Challenge yourself with these Fortnite dance moves. This is a great opportunity to keep up with youth culture so we can better engage our young clients!

##### **3:55 – 4:30pm**

##### **POSTER SESSIONS**

##### **Bringing Research into Practice**

Various research studies will be summarized individually during a brief 2-minute oral abstract. Participants will have the opportunity to examine research study poster-boards, discuss research methods and outcomes, and ask questions directed to the author of each study.

The following research posters will be presented:

**Examining the Effects of Child Sexual Behavior Problems on the Quality of the Parent-Child Relationship**

Presented by: Eori Tokunaga, CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital

**Trauma treatment in the real world – Examining dissemination and implementation of PCIT and CPP**

Presented by: Genevieve Lam, PsyD, Children's Hospital Los Angeles

**Square Pegs and Round Holes: Flexible responses to treating disruptive behaviours in children with ASD**

Presented by: Kellie Swan, Griffith University

**What strategies do PCIT therapists use to engage parents?**

Presented by: Rebecca Handman, MS, CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital

**Parent-Child Interaction Therapy Improves Emotional Availability for Both Parents and Children**

Presented by: Abby Lavine, CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital

**The use of Positive Incentives in Parent-Child Interaction Therapy (PCIT) – The Toy Study**

Presented by: Maria Usacheva, MS, CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital

**Child Response to Process Praise versus People Praise: A case study**

Presented by: Colleen Allen, CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital

**Discussant:**

Susan Timmer, PhD

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

**4:30 – 5:30pm SOCIAL HOUR (Walter A. Buehler Alumni Center – Moss Patio)**

Please join us for refreshments and an opportunity to mingle, socialize, and network with colleagues in the field of PCIT.

Meet new friends and renew old acquaintances! This reception will be catered and includes beer & wine. **Cheers!**



# 18<sup>th</sup> Annual Conference on Parent-Child Interaction Therapy For Traumatized Children October 17-18, 2018

## Agenda Descriptions

PCIT Conference Day 2

THURSDAY, OCTOBER 18, 2018

8:30 – 9:25am

Spanish Coalition – *Open meeting for all current and prospective members!*

Room: Conference Room B

9:00 – 9:25am

CHECK-IN & REGISTRATION

9:30 – 9:40am

WELCOME

Anthony Urquiza, Ph.D.

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

9:50 – 10:50am

KEYNOTE SPEAKER

**The Heart of Successful Childhood Intervention: Preserving Essential Elements While Meeting Each Family's Unique Needs**

Jessica Dym Bartlett, MSW, PhD

*Deputy Program Area Director, Early Childhood Development & Child Welfare, Child Trends  
Acton, Massachusetts*



**Jessica Dym Bartlett, MSW, PhD**, is Deputy Program Director of Early Childhood Development and Child Welfare research at Child Trends. She conducts applied research on trauma and adversity in childhood, with a focus on individual, family, program, and broader contextual factors that contribute to resilience and inform prevention. Examples of her current research projects include leading an evaluation of trauma-informed care initiative for SAMHSA's National Child Traumatic Stress Network (NCTSN), a 15-state randomized controlled trial study of resilience to child neglect in Early Head Start, and a project to increase evidence-based practices in child welfare through rigorous evaluation. Dr. Bartlett is Co-Chair of the Evaluation Community of Practice for the NCTSN, and has a broad applied background, having worked for over a decade as a psychotherapist with children and families and an early childhood mental health consultant. She earned her PhD in applied child development from Tufts University and MSW from Simmons College School of Social Work.

Keynote Abstract: Providing services as they were intended by a program or intervention developer (i.e., intervention fidelity) is a key component of successful service delivery with children and their families. The evidence is compelling that maintaining fidelity to core elements of an intervention leads to more positive outcomes. But what happens when changes seem necessary to meet a family's needs, or circumstances get in the way despite your best intentions? Come join a discussion of how to be both intentional and strategic in finding the right balance between fidelity and adaptation when working with children and families who have experienced trauma.

**11:00 – 11:20**

**Harnessing the Power of PRIDE Skills: The link between “catching” good behavior and child compliance**

Rebecca Handman, MS

*CAARE Diagnostic & Treatment Center, UC Davis Children’s Hospital, Sacramento, California*

Parents learn to provide PRIDE skills for a wide range of child behaviors, including good behaviors (e.g., sharing, using manners, being gentle), as well as neutral behaviors (e.g., coloring, building a tower). This presentation discusses how PRIDE skills for good behaviors are associated with subsequent child compliance, highlighting the importance of coaching parents to consistently "catch" the child being good.

**11:30am – 1:00pm**

**PCIT LUNCHEON BUFFET**

**1:00 – 2:45pm Round Table Workshops**

*Presentations are first come, first seated. Please have a backup in mind.*

**Workshops 12 – 18** will take place in the **UC Davis Conference Center Building**.

**Workshops 19 – 22** will take place next door in the **Walter A. Buehler Alumni Center Building**: exit this building, turn right, you’ll see the Alumni Center at the top of the Vanderhoef Quad (grass area). The **Alpha Gamma Rho (AGR) Hall** and **Founders Board Room** rooms will be on the first floor.

**12. West Coast: 1:00 – 1:45pm**

**PDI Coding**

Deanna Boys, MA

*CAARE Diagnostic & Treatment Center, UC Davis Children’s Hospital, Sacramento, California*

Now that you’re an expert at coding in CDI, join us to practice PDI coding too! Coding sheets will be provided.

**13. Conference Room A: 2:00 – 2:45pm**

**Harnessing Parent Strengths for PCIT Mastery**

Paul DePompo, PsyD, ABPP

*Cognitive Behavioral Therapy Institute of So Cal, Newport Beach, California*

During the initial PCIT assessment, clinicians can often spot authoritarian or permissive parenting styles. The PCIT therapist has an understanding of how this can lead to stuck points during the PCIT Homefun and coaching sessions ultimately inhibiting progress. This workshop will highlight creative yet concrete tools and recommendations to support parent development of resilience through harnessing strengths to promote positive PCIT attitudes and behaviors. The constructive use of imagery and client-generated metaphors will be used to facilitate full parent engagement in the PCIT process.

In this workshop, clinicians will:

- Learn go help parents identify existing strengths to manage PCIT stuck-points (e.g., decreasing negativity/increasing PRIDE Skills authentically, ability to ignore/active ignore.)
- Facilitate parent-generated imagery and metaphors that are potent to help the client remember and creatively employ new positive attitudes and behaviors.
- Set up behavioral experiments with parents designed with the goal to stay resilient and PCIT focused rather than resorting to old patterns.
- Therapists will practice constructive therapy methods and interview practices including increased use of smiling and silence.

#### **14. Conference Room B: 1:00 – 1:45pm**

##### **Coaching in a Child's Natural Environment**

Cara Samelson, LMFT

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Carly Gibson, LMFT

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

There are many reasons you might choose to use in-home or in-room coaching. At this workshop, we discuss the benefits of a child's natural environment when providing PC-CARE or PCIT, the challenges that may arise, and what adaptations can be made in various circumstances. We will also discuss the effectiveness of different coaching strategies, and how to tell when it may be appropriate to modify coaching to in-home or in-room.

#### **15. Conference Room B: 2:00 – 2:45pm**

##### **Symposium – PCIT with Spanish-Speaking Families, Discussant: Nancy Zebell, PhD 1. *PCIT for Spanish-Speaking Parents with Limited Literacy*; 2. *Use of Colloquialisms and Sayings to Explain PRIDE and Skills to Manage Behaviors to Spanish-Speaking Families***

###### **Speaker 1:**

Verenice Torres, ACSW

*Child Guidance Center, Inc., Santa Ana, California*

PCIT clinicians can increase awareness on dynamics of working with families that have language and illiteracy barriers. Language is a factor in the learning process for PCIT, as language used in PCIT can have a different connotation and meaning depending on the region. Due to the literacy levels of Spanish-speaking parents their involvement can be difficult during PCIT, therefore modifying and assisting parents to learn alternative tips will help parents have a better understanding of the PCIT process. PCIT clinicians can learn to make modifications and give additional resources to assist parents adapt during the different phases of PCIT. Attendees will observe video clips of strategies applied during cases of PCIT where parents had limited literacy. Support and monitoring of these parents can increase confidence in their abilities to succeed in PCIT.

###### **Speaker 2:**

Alejandra Trujillo, LMFT

*San Fernando Valley Community Mental Health Center, Inc., North Hollywood, California*

Family therapy founders encouraged the use of colloquialisms, and metaphors to connect with our clients to increase therapeutic adherence with better outcomes. In this bilingual presentation, clinicians will acquire simple techniques to explain PRIDE and Skills to Manage Behaviors via pictures, sayings ("dichos y refranes"), and metaphors completely in Spanish. At the end of this presentation, bilingual clinicians will become more comfortable and confident in using their Spanish to deliver successful PCIT. Participants will also receive a tool kit with pictures, and phrases to take directly to their offices.

#### **16. Ballroom A & B: 1:00 – 2:45pm**

##### **The Magic of Level 3 Coaching: Using Coach Coding and the ATC to improve your PCIT training skills**

Mary Pratt, LCSW

*Hands On Parenting, Lake Forest, California*

Susan Timmer, PhD

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Rosario Williams, LMFT

*Child Care Resource Center, Chatsworth, California*

This workshop presents the new, revised UC Davis Coach Coding system and the Assessment of Therapist Coaching (ATC) as two ways to improve your understanding of how to help your PCIT trainees to acquire the skills they need to provide PCIT effectively. We will practice coding videotapes of coaching and evaluating the quality of coaching with the ATC, and discuss the magic of increasing level 3 coaching skills.



**17. Ballroom C: 1:00 – 1:45pm**

**Breathe, Move, Repeat: Promoting Children's Regulation with Trauma-Informed Yoga**

Brandi Hawk, PhD

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

People all over the world do yoga to become better able to regulate their bodies and minds. However, the yoga that is advertised in the US often seems unattainable and focused more on looking a certain way than on becoming better attuned to yourself. It can be especially difficult for children living in stressful or traumatic environments to see how yoga could be for them. In this workshop, you will participate in a yoga class that was designed specifically for children aged 4-8 years attending a school for children experiencing homelessness. After the 25 minute practice, we will discuss the goals of the different components of the class and what makes this "trauma-informed."

**18. Ballroom C: 2:00 – 2:45pm**

**DPICS Dancing**

Beth Troutman, PhD, ABPP

*University of Iowa Carver College of Medicine, Iowa City, Iowa*

Marta Shinn, PhD

*Child Guidance Center, Inc. & Variations Psychology, Santa Ana, California*

Emma Girard, PsyD

*Riverside University Health System – Behavioral Health, Riverside, California*

Kami Guzman, MS, LMHC

*Full Circle Therapy Center, LLC, Iowa City, Iowa*

Burgundy Johnson, DO

*University of Iowa Carver College of Medicine, Iowa City, Iowa*

Kelly Pelzel, PhD

*University of Iowa Carver College of Medicine, Iowa City, Iowa*

Deanna Boys, MA

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Lindsay Forte, MS

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

As awareness increases that "sitting is the new smoking" it is important to find ways of incorporating non-sedentary activities into PCIT training and conferences. So, put on your dancing shoes and join us for a movement break while improving your DPICS coding skills. Participants will dance and code the lyrics to popular songs from a wide range of eras and genres.

**19. AGR Hall (Alumni Center Building): 1:00 – 1:45pm**

**PCIT Competencies en Español**

Jose Cholula, EdD

*Child Guidance Center, Inc., Santa Ana, California*

PCIT clinicians providing services in Spanish can increase awareness of the training competencies from pre-treatment to graduation. Attendees will review the competencies, cultural barriers and language barriers that PCIT providers experience when providing PCIT treatment in Spanish. The goals and methods discussed will help clinicians integrate specific strategies in Spanish from pre-treatment to graduation, aiming to further enhance PCIT competencies for Spanish speaking clinicians. Please note, the training will be in Spanish only and is geared to both newer clinicians as well as experienced clinicians currently experiencing challenges with language barriers, interpreting or translating of PCIT concepts.

**20. AGR Hall (Alumni Center Building): 2:00 – 2:45pm**

**Top Tips for Effective and Collaborative PCIT Training: Dual Trainer & Trainee Perspectives**

Brandi Liles, PhD

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Dawn Blacker, PhD

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

This panel is designed for new trainers and/or new trainees to help demystify the training process from both perspectives. If you want to facilitate a collaborative and effective PCIT team throughout training, this panel will help get you started. Participants will hear from experienced trainers and former trainees regarding the top three tips during Post-Web Course Skill Building, beginning of CDI, and beginning of PDI.

**21. Founders Board Room (Alumni Center Building): 1:00 – 1:45pm**

**Building Healthier Learning Environments: Early Childhood Mental Health Consultation Using PCIT**

Belinda Villalpando, MA, LMFT

*For the Child, Long Beach, California*

Mental Health consultation with early childhood education teachers and staff creates healthier learning environments and can be a powerful way to build a strong future and sustainability for Parent Child Interaction Therapy programs. This workshop will provide an overview of how to include mental health consultation as part of treatment with children and families by utilizing PRIDE skills and other PCIT tools in the classroom to build positive teacher-child relationships and manage difficult child behaviors.

**22. Founders Board Room (Alumni Center Building): 2:00 – 2:45pm**

**PCIT: The Resilient Therapist**

Karen Rogers,

*Children's Hospital Los Angeles, Los Angeles, California*

Irma Ocegueda, PhD

*Children's Institute, Inc., Los Angeles, California*

PCIT's very structured nature, focus on positive reinforcement and mastery, and the efficacy of this evidence-based treatment may be perceived as shielding therapists from the risk of vicarious trauma and burnout. Unlike other types of trauma therapy, PCIT does not typically include a component directly focused on eliciting client memories of traumatic events. Nonetheless, mental health treatment for children exposed to trauma and adversity is often challenging work and can lead to burnout. We will briefly explore possible contributors to therapist burnout in PCIT, and lead a discussion of effective resilience strategies PCIT therapists can use.

Factors associated with burnout risk in PCIT:

- Challenging cases
  - Really aggressive kids, parents who don't follow through/have trauma histories, someone with DD (slower progress), families with crises, case turnover (dropouts)
- Following a protocol with everyone (reduced creativity)
- High administrative demands
- Steep learning curve for the model
- Social justice issues impacting our client communities
- Vicarious traumatization
- Other work conditions
  - Competing time demands, low pay, feeling less control over our work, isolation, paperwork, caseload, not feeling valued for PCIT expertise
- Feeling like child client or caregiver needs more individual support

Resilience strategies:

- Work environment/administrative support
- Team-based

- Clinician-at-work
- Work-life balance and personal

## **2:45 – 3:00pm                      REFRESHMENT BREAK**

### **3:00 – 3:30pm**

#### **Parent-Child Care (PC-CARE) as a Prevention Program for Children Entering New Foster Placements: Lessons from the field**

Susan Timmer, PhD

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Sarah Kahle, PhD

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Research shows nearly 50% of children entering foster care nationwide reporting mental health problems, particularly externalizing and trauma-related behavior problems (Burns et al., 2004). These externalizing behaviors are related to disruptions in placement (Chamberlain et al., 2006; Newton et al., 2000), further increasing the likelihood of future psychopathology (James et al., 2004). Although many interventions exist for foster children, they often take months to implement and tend to target only children with moderate to severe behavior problems. To address this issue, we are working with county Child Welfare Services (CWS) to implement Parent-Child Care (PC-CARE; Timmer et al., 2018), a 7-session dyadic intervention for children who have or are at risk of developing externalizing problems, as a universal secondary preventive intervention for all children aged 1-5 years in new foster placements. Our goals are to reach a larger portion of children than typically receive mental health services, reduce behavioral and trauma symptoms for these children, increase positive relationships with foster parents, and increase placement stability. In this presentation, we describe our experiences and discoveries from the first two years of this five-year project. Findings supported the creation of policies that promote universal preventive interventions for foster children.

### **3:40 – 3:45pm**

#### **5 Minutes of Movement!**

Deanna Boys, MA

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

Fortnite: Dance Battle Royale – Part 2!

Get out of your seats, feel the music, and learn some new moves! Today we'll learn another fun Fortnite dance to challenge ourselves.

### **3:55 – 4:30pm**

#### **Final thoughts: Building a strong future**

Anthony Urquiza, Ph.D.

*CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California*

This year's conference theme focused on maintaining excellent programs over time. How do we build and maintain an effective program? How do we support our colleagues and our clients? How do we provide the best services we possibly can to at-risk families? How do we work together to build a strong future?



**18<sup>th</sup> Annual Conference on Parent-Child Interaction Therapy  
For Traumatized Children  
October 17-18, 2018**

## **Poster Presentation Abstracts**

### **Examining the Effects of Child Sexual Behavior Problems on the Quality of the Parent-Child Relationship**

Presented by: Eori Tokunaga, CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital

### **Trauma treatment in the real world – Examining dissemination and implementation of PCIT and CPP**

Presented by: Genevieve Lam, PsyD, Children's Hospital Los Angeles

### **Square Pegs and Round Holes: Flexible responses to treating disruptive behaviours in children with ASD**

Presented by: Kellie Swan, Griffith University

### **What strategies do PCIT therapists use to engage parents?**

Presented by: Rebecca Handman, MS, CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital

### **Parent-Child Interaction Therapy Improved Emotional Availability for Both Parents and Children**

Presented by: Abby S. Lavine, MS, CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital

### **The use of Positive Incentives in Parent-Child Interaction Therapy (PCIT) – The Toy Study**

Presented by: Maria Usacheva, MS, CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital

### **Child Response to Process Praise versus People Praise: A case study**

Presented by: Colleen Allen, CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital

# **Examining the Effects of Child Sexual Behavior Problems on the Quality of the Parent-Child Relationship**

Eori Tokunaga

Deanna Boys, MA

Susan G. Timmer, PhD

CAARE Diagnostic and Treatment Center

UC Davis Children's Hospital

- Research has shown that children who have experienced maltreatment often demonstrate disruptive behaviors such as aggression and defiance (Kim & Cicchetti, 2003; Shonk & Cicchetti, 2001), and reflect problems in the parent child relationship (DuPaul et al., 2001).
- Children who have experienced maltreatment may also present co-occurring problems such as sexualized behaviors (Merrick et al., 2008).
- Pithers et al. (1998) found that caregivers of children with sexualized behaviors thought parenting their children was more difficult and less rewarding.
- The present study aims to add to current research by examining the effects of child sexual behavior problems on the already challenged relationships between parents and their maltreated children.
- The quality of the parent-child relationship was evaluated using an observational measure: the Emotional Availability Scales (Biringen et al., 2014). Sexual concerns were measured using the Trauma Symptom Checklist for Young Children (TSCYC; Briere, 2005). The sample consists of 214 maltreated, clinic-referred young children and their biological mothers. Of these, 48 (22%) were rated as having high levels of sexual behavior problems.
- Preliminary results showed that parents of children exhibiting sexual behavior problems demonstrated significantly greater hostility toward their children than other parents, particularly in situations requiring child compliance. Findings will be discussed.

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# **Trauma treatment in the real world – Examining dissemination and implementation of PCIT and CPP**

Genevieve Lam, PsyD  
Hannah L. Miller, PsyD  
Marian Williams, PhD  
Children's Hospital Los Angeles

The negative sequelae of early childhood trauma have been well documented, including disruption in attachment relationships, negative effects on brain development, and social-emotional and behavioral consequences. Several effective treatment approaches for early childhood trauma have been developed to meet the complex needs of these families, including Parent-Child Interaction Therapy (PCIT) and Child-Parent Psychotherapy (CPP).

Based upon the promising outcomes for families treated using PCIT and CPP, large scale efforts have been made to adopt trauma-informed systems of care to address the complex needs of this at-risk population. Models for dissemination and implementation (D-I) have been proposed that outline stages for effective implementation of evidence-based practices; however, little research has been conducted evaluating the translation of these models into clinical practice. Implications of effective D-I of trauma-focused interventions for young children within a public health framework include issues related to patient care, funding streams, training and supervision, treatment fidelity, program sustainability, etc.

The current study investigates the dissemination and implementation of PCIT and CPP across agencies funded by the Department of Mental Health (DMH) throughout Los Angeles county. Data collection involves questionnaires and structured phone interviews with program managers of birth to five mental health programs implementing CPP and PCIT regarding intake and referral processes, training and supervision in EBPs, treatment fidelity, and patient outcomes/satisfaction. Implications regarding optimal D-I of trauma treatments for young children and barriers to system change will be discussed. Future directions include streamlining referral processes for PCIT and CPP to ultimately improve mental health service delivery.

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# **Square Pegs and Round Holes: Flexible responses to treating disruptive behaviours in children with ASD**

Kellie Swan

T. Hawes

M. Harahan

School of Applied Psychology

Griffith University

Gold Coast, Australia

PCIT incorporates attachment and behavioural theories and uses social reinforcement and in-vivo coaching techniques to help families manage difficult behaviours. Based on a standard protocol (Eyberg & Funderbunk, 2011), the program has also been successfully adapted and validated for use in special populations such as maltreated children (Thomas & Zimmer-Gembeck, 2012), toddlers (Kohlhoff & Morgan, 2014), mothers with Bipolar Disorder (Luby et al., 2008) and pilot research with children with Autism Spectrum Disorder (ASD; Solomon et al., 2008). Due to the co-occurrence of behaviours such as aggression, emotional dysregulation and non-compliance in children with ASD many families that present to the Family Interaction Program (FIP) have already sought a diagnosis of, or expressed concerns regarding ASD symptoms. As the presentation of each child varies greatly due to a combination of factors including neurological deficits, language, and environmental differences, modifications to the PCIT protocol are necessary when working with children exhibiting ASD symptoms, whilst still maintaining treatment fidelity (Solomon et al., 2008). A small number of papers have presented case studies, pilot intervention studies and clinical evaluations on the utility of PCIT in children with ASD. This paper adds to the literature by highlighting case examples and describing the treatment adaptations and supplementary components necessary to meet the complex needs of families managing ASD symptoms in the context of a successful PCIT program.

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## **What strategies do PCIT therapists use to engage parents?**

Rebecca Handman, MS  
CAARE Diagnostic and Treatment Center  
UC Davis Children's Hospital

In parent training programs, child improvements are contingent upon parental participation and engagement (Patterson & Chamberlain, 1994). Engaging parents can be difficult, however. Beyond the hurdle of getting parents to enroll, there is the challenge of keeping parents in treatment, getting parents to practice skills outside of session, and fostering an emotional investment and commitment to treatment (Moran, Ghate, & van der Merwe, 2004). Little is known about how PCIT therapists address these challenges.

The current study examines PCIT therapists' use of engagement strategies. As part of a larger survey created by Dr. Beth Troutman and colleagues, 110 PCIT therapists completed open-ended questions about their use of initial and on-going engagement strategies. The current study reports on techniques used to encourage parents to start treatment, engage them during coaching, and prepare them for PDI.

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# Parent-Child Interaction Therapy Improves Emotional Availability for Both Parents and Children

Abby S. Lavine

Susan G. Timmer, PhD

CAARE Diagnostic and Treatment Center

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Parent-Child Interaction Therapy (PCIT) is an evidence-based dyadic intervention for children with behavior problems and their caregivers (Eyberg & Robinson, 1983). Founded on social learning and attachment theories, PCIT has been shown to improve both parent and child outcomes, showing efficacy even in maltreating samples (Allen, Timmer, & Urquiza, 2014; Thomas & Zimmer-Gembeck, 2011; Timmer, Ho, Urquiza, Zebell, Fernandez y Garcia, & Boys, 2011). Although PCIT explicitly aims to build and foster a positive parent-child relationship, relatively little research has investigated the specific nature of the changes in the parent-child relationship itself throughout the course of therapy.

This study examined dyadic changes in Emotional Availability (EA) from pre- to post-PCIT treatment. Emotional availability (Biringen, 2008; Biringen, Robinson, & Emde, 1998) is a multifaceted construct, measuring the dynamic quality of a dyadic interaction. EA scales include four ratings of caregiver behavior (sensitivity, structuring, nonintrusiveness, and nonhostility) and two ratings of child behavior (responsiveness and involvement of caregiver). Rooted in attachment theory, EA provides an important index of the changing dyadic relationship over the course of therapy.

Participants in this study were children aged 3- to 5.5-years-old ( $M = 4.11$ ) and their biological mothers ( $N = 93$ ). All dyads completed the full course of PCIT at a university hospital-based outpatient clinic primarily serving children with a history of maltreatment. Paired  $t$ -tests were conducted to examine changes in overall Emotional Availability (EA) from pre- to post-treatment. Both mothers ( $t(92) = -8.65, p < .001$ ) and children ( $t(92) = -8.49, p < .001$ ) showed significant improvement in their overall emotional availability from pre- to post-treatment. In addition, EA improved significantly in both maltreating dyads (mothers:  $t(65) = -7.39, p < .001$ ; children:  $t(65) = -6.31, p < .001$ ) and those with non-maltreated children (mothers:  $t(26) = -4.42, p < .001$ ; children:  $t(26) = -6.41, p < .001$ ). Furthermore, change in mother's overall EA from pre- to post-treatment significantly predicted change in child's EA ( $b = 0.52, p < .001$ ), explaining a significant proportion of the variance ( $R^2 = 0.37, F(1, 91) = 54.11, p < .001$ ).

This study indicates that PCIT improves both mother and child EA, adding to the literature on PCIT's impact on this dyadic measure (Timmer et al., 2011). In addition, this study establishes a basis for examining changes in the parent-child relationship as a potential mediating mechanism, through which PCIT improves children's social and behavioral outcomes. Investigating the relation between changing mother and child emotional availability, and how these changes account for the effectiveness of PCIT in improving children's behavioral problems, we can better understand and focus interventions, tailoring them to target these essential components. We will discuss our findings through this applied lens, with a focus on effective dyadic interventions in intergenerational cycles of risk, and optimizing outcomes for both parents and children.

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# **The Use of Positive Incentives in Parent-Child Interaction Therapy (PCIT) – The Toy Study**

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This study set to investigate whether incentivizing Parent-Child Interaction Therapy participation was associated with better treatment participation and outcomes. A total of 36 mother-child dyads participated in PCIT for treatment of their children's disruptive behavior problems. Families were randomly assigned to receive a toy prize either at the start of treatment (CDI) or at mid-treatment (PDI). Results showed that dyads receiving a toy incentive at the start of CDI required about the same number of sessions to reach CDI mastery as dyads receiving a toy incentive at the start of PDI. The two groups also had similar rates of attrition and homework completion. However, dyads that received a toy incentive in CDI reported a greater decrease on an ECBI problem behaviors score from pretreatment to mid-treatment, and a greater decrease on a BPSI difficult child score from pre-treatment to post-treatment. Findings suggest that providing a toy at the beginning of PCIT may help increase family engagement in the treatment process.

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## **Child Response to Process Praise versus People Praise: A case study**

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Praise serves as a vessel that influences a child's cognition and behavior by eliciting positive attention, approval, and affection. However, there is research showing that when children's inherent traits "people praise" are praised (e.g. "You're a good helper.") rather than "process praise" (e.g. "Good helping.") that desirable behavior was less likely to be reinforced (Bryan, Master, & Walton, 2014). Praise is an important component of parenting interventions like PCIT and PC-CARE, but we do not discriminate people praise versus process praise. Rather, PCIT and PC-CARE emphasize labeled versus unlabeled praises. For my study, we looked at one PC-CARE Case, a 6 year old boy and his biological father. We focused on the content of the labeled and unlabeled praises and how they shaped the child's behavior and motivation. More specifically, the praises the caregiver gave were categorized as praising inherent traits (people praise) versus the child's effort devoted to whatever task he was accomplishing (process praise). The implications of the results for the practice of PCIT and PC-CARE will be discussed.

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