



 Griffith University
 Gold Coast, Queensland, Australia

PCIT, Child Welfare, and the Road Ahead



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Overview

- ◆ **History of the Family Interaction Program (FIP)**
- ◆ **PCIT Effectiveness**
 - ◆ Research findings – our early RCTs
 - ◆ Our recent meta-analysis
 - ◆ Emotion regulation and reflective functioning
- ◆ **PCIT retention and attrition**
 - ◆ Is it motivation?
- ◆ **PCIT modifications**
 - ◆ Necessary?
 - ◆ New directions

Where?



Western Australia, Northern Territory, Queensland, South Australia, New South Wales, Victoria, Tasmania, Canberra, Sydney, Melbourne, Adelaide, Perth, Brisbane, Gold Coast, Uluru

 
Family Interaction Program
History of the Family Interaction Program (FIP)



FIP
www.sdrs.info/intervention.php

- 2003
 - Established in the Psychology Clinic at Griffith University to provide Parent-Child Interaction Therapy (PCIT)
 - Queensland Government: Future Directions "Trial" Funded



FIP
A Community-University Partnership

- 2004: Selected to continue as a service and a research program
- Continuously funded to provide services to Child Safety families ever since



FIP

- *Biological Mother - Carrie (40 years old; history of sexual abuse, DV, substance use; diagnoses = Borderline Personality Disorder, ADHD, Anxiety) and Jimmy (5 years old, undergoing assessment for ADHD)*
 - The family were referred as part of a reunification plan, following 18 months in kinship care due to Carrie's substance abuse and involvement in a series of DV relationships. Carrie maintained regular contact with the children, received support around her drug use and had also participated in Circle of Security Parenting, before commencing PCIT. At school, home and during sessions, Jimmy displayed frequent aggressive outbursts, regularly destroyed property and experienced difficulty regulating his emotions.
- EXTRA: Jimmy regularly told Carrie she was a bad mum and he hates her, when not getting his own way. Carrie appeared to take his remarks personally and responded with a combination of begging him not to say that and anger.

FIP

A Community-University Partnership

- **FIP is now a very Well-Established Community-University Partnership**
- We are an incubator for intervention solutions for the child welfare community
- We provide novel or usual care but always subject it to very rigorous evaluation
- We train postgraduate students in how it is possible to use evidence to inform practice

Data!



Child Abuse & Neglect 53 (2016) 40–50

Contents lists available at [ScienceDirect](#)

Child Abuse & Neglect

ELSEVIER


Research article

Filling potholes on the implementation highway: Evaluating the implementation of Parent–Child Interaction Therapy in Los Angeles County^{a,b}


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PCIT Effectiveness: Rigorous Evaluation



Parent Child Interaction Therapy

Some Early Research Findings

- ❖ PCIT improves (compared to supported waitlist):
- ❖ Parents' observed praise, positive attention and engagement (and reduced criticism)
- ❖ Parents' reported child behavior problems
- ❖ Parents' reported stress

Thomas, R., & Zimmer-Gembeck, M. J. (2011). Accumulating evidence for Parent-Child Interaction Therapy in the prevention of child maltreatment. *Child Development, 82*, 177-192.

Thomas, R., & Zimmer-Gembeck, M. J. (2012). Parent-Child Interaction Therapy: An evidence-based treatment for child abuse. *Child Maltreatment, 17*, 253-266

Parent Child Interaction Therapy

Some Early Research Findings

- ❖ Notifications for suspected abuse
- ❖ Of the 46 families in PCIT treatment who completed, 17% were renotified for abuse compared to 43% of the 53 families who did not complete treatment ($\chi^2 = 7.7, p < .01$).

Parent-Child Interaction Therapy Some Early Research Findings

- PCIT limited to 12 coaching sessions is more effective than unlimited sessions of PCIT (Thomas & Zimmer-Gembeck, 2012)
- Adding additional components to an already-effective treatment does not consistently improve its effectiveness
- Consistent with a meta-analysis with the conclusion that:
 - ...shorter, more focused interventions are more effective when the aim is to enhance parent-child relationships during early childhood (Bakermans-Kranenburg et al., 2003)

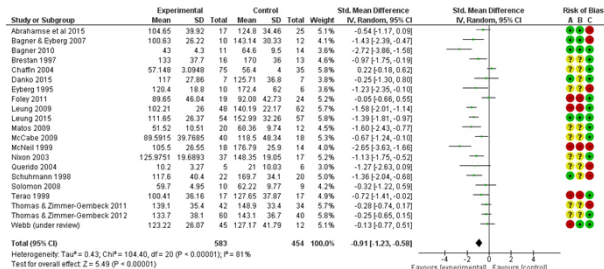


Meta-analyses (2007 & 2017)

Thomas, R., & Zimmer-Gembeck, M. J. (2007). Behavioral outcomes of Parent-Child Interaction Therapy and Triple P - Positive Parenting Program: A review and meta-analysis. *Journal of Abnormal Child Psychology*, 35, 475-495

Thomas, R., Abell, B., Webb, H. J., Avdagic, E., & Zimmer-Gembeck, M. J. (2017). Parent-Child Interaction Therapy: A meta-analysis. *Pediatrics*, 140(3) e20170352

Child Externalizing Behavior



Thomas, R., Abell, B., Webb, H. J., Avdagic, E., & Zimmer-Gembeck, M. J. (2017). Parent-Child Interaction Therapy: A meta-analysis. *Pediatrics*, 140(3) e20170352

Parents' Emotion Regulation & Reflective Functioning

Why would parents' emotion regulation improve following PCIT?

- Parental dysregulated emotion has been described as a central predictor of poor emotional and social child outcomes.
- Mothers' self-reported difficulty with their emotion regulation and lack of emotional awareness significantly predicted higher levels of internalizing and externalizing symptoms in their children (Crespo et al., 2017).
- Associations in support found in a review of 29 studies evaluating associations between parental emotion socialization and child emotion regulation across clinical and non-clinical populations (Bariola et al., 2011).

Parents' Emotion Regulation & Reflective Functioning

Why would parents' emotion regulation improve following PCIT?

- Parenting is fraught with emotional interactions.
- PCIT is designed to recognize the importance of emotional co-regulation in fostering secure parent-child relationships, and minimizing disruptive child behaviors (McNeil & Hembree-Kigin, 2010).
- PCIT involves parents
 - repeatedly practicing the identification and effective containment of children's emotional distress
 - coached to manage own emotions

Parents' Emotion Regulation & Reflective Functioning

Why would parents' reflective functioning improve following PCIT?

Parents' Emotion Regulation & Reflective Functioning

What is Reflective Functioning? Three aspects

- ◊ Pre-mentalizing modes: limited attempts or low ability to understand the perspective and feelings of offspring or even malevolent attributions about the child's behaviors
- ◊ Certainty of mental states of the child: the "tendency of parents to be overly certain about the mental states of their child (i.e., to not recognize that mental states are often unclear); can be...
 - ◊ Intrusive mentalizing or hypermentalizing
 - ◊ Hypomentalizing – an almost complete lack of certainty about the child's mental states
- ◊ Interest and curiosity in the mental states of the child: Captures parents' positive emotions about understanding their child's mental states.

The Participants

- ◊ 139 Australian caregivers (129 mothers, 2 grandmothers, 2 foster parents, 6 fathers) and their children (30% females; $M_{age} = 53.3$ months).
- ◊ 110 parents born in Australia or New Zealand, rest both in 18 other countries.
- ◊ 70% married/de facto; 41% worked at home; 43% completed high school only; 23% left high school before year 12.
- ◊ Children, mean externalizing t-score of 72 (range 45 to 109) on parent reported BASC.

Referral source:

- ◊ Child protection authorities or public health (34%)
- ◊ Self-referrals (17%)
- ◊ Educational & nongovernment family support agencies (18%)
- ◊ Other professionals (31%)

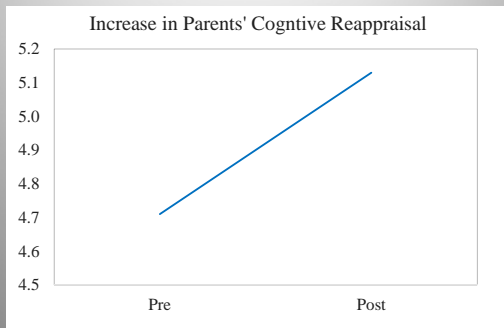
PCIT Progression

- ◊ 90 dyads (65%) completed PCIT
- ◊ No differences between completers and dropouts on any measures except mother age; mothers who completed were slightly older
- ◊ 12-weeks of coaching only
 - ◊ Two didactic info sessions
 - ◊ Average of 6.9 CDI (SD = 1.0; range 5-8)
 - ◊ Average 5.2 PDI (SD=1.3; range 4-7)
 - ◊ All but 4 parents met mastery

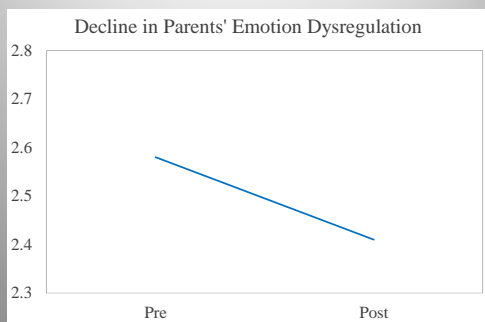
Measures

- Parent emotion dysregulation: DERS (Gratz & Roemer, 2004)
- Parent emotion regulation strategies: cognitive reappraisal and expressive suppression (Gross & John, 2003)
- Reflective functioning: Parental Reflective Functioning Questionnaire (PRFQ; Luyten et al., 2017)
 - pre-mentalizing modes
 - e.g., "I believe there is no point in trying to guess what my child feels"
 - certainty about the mental states of the child
 - e.g., "I always know what my child wants"
 - interest and curiosity in the mental states of the child
 - e.g., "I wonder a lot about what my child is thinking and feeling"
- Child internalizing and externalizing: BASC-2 (Reynolds & Kamphaus, 2004)
- Positive and negative parenting practices: PCSQ-YC (Zimmer-Gembeck et al., 2015)

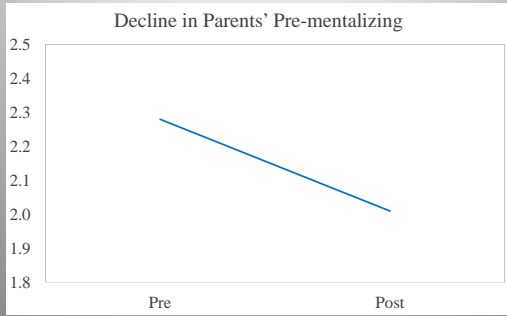
Results: Improvement in ER



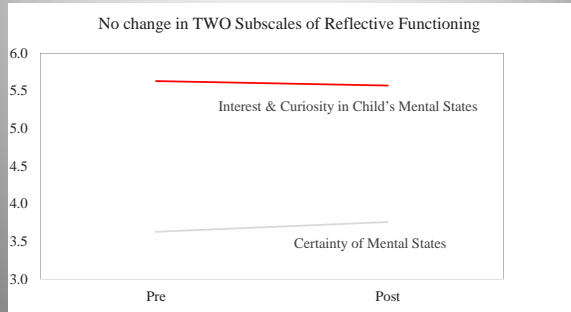
Results: Improvement in ER



Results: Improvement in RF



Results: Improvements in RF



Other Findings

- Children with greater declines in externalizing behavior had parents who exhibited more improvements in
 - emotion dysregulation
 - cognitive reappraisal
 - negative parenting practices (hostility, less coercion, less chaos)
- Children with greater declines in internalizing behavior had parents who exhibited more improvements in
 - pre-mentalizing
 - negative parenting practices

Summary #2: PCIT Associated with....

- ◊ Improved parenting practices
 - ◊ Reduced child abuse potential
 - ◊ Improved parent locus of control
 - ◊ Improved parent sensitivity (reported and observed)
 - ◊ Observed improvements in positive verbalization
 - ◊ Improved parent self-efficacy
 - ◊ Reduced parent stress
 - ◊ Improved child behavior
 - ◊ Reduced risk of renotification for child abuse concerns
- ◆ Improved parent emotion regulation
 - ◆ Improved parent reflective functioning



PCIT Retention and Attrition: Is it low Motivation?

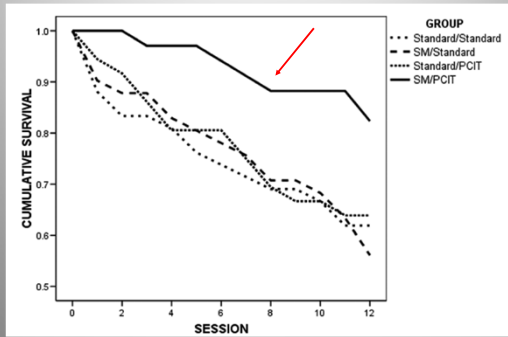


Trials of MI to Reduce Attrition

- ◊ Motivational Interviewing (MI)
- ◊ Delivered with the goal of increasing caregivers' motivation to make changes to their parenting behaviors, prior to PCIT
- ◊ Reduce ambivalence about treatment and the likelihood of success in treatment

PCIT + Motivational Interviewing

Chaffin et al (2009; 2011) – Lab & Field Trial



Our Study of MI as an Enhancement

- ◊ Individual administration of a 3-session motivational enhancement prior to PCIT
- ◊ Unique needs of individual families, thereby reducing attrition even further



MI Study Participants

- ◊ 192 Australian caregivers (91.7% females; $M_{age} = 34.4$ years) and their children (33.3% females; $M_{age} = 4.4$ years)

Condition 1: Standard PCIT

- ◊ Initial interview
- ◊ Standard 12 coaching sessions + 2 didactic sessions
- ◊ Pre- and Post-assessment + follow-ups

Condition 2: Motivation Enhanced PCIT

- ◊ **3 manualised motivational enhancement sessions**
 - ◊ Watching testimonials from PCIT parent graduates
 - ◊ Undertaking decision balance exercises re: discipline strategies
 - ◊ Parents considered scenarios of discipline strategies and brainstormed alternatives
 - ◊ Identifying concerns and goals
- ◊ Exploring parents' commitment to change

Condition 3: 12-week Supported Waitlist

- ◊ Parents asked to refrain from accessing therapy for child behavior management
- ◊ Parents phoned weekly

Outcomes Measured

- ◊ Attrition (Drop out – yes / no); sessions until drop out
- ◊ Child externalizing problems (CBCL; Achenbach, 1991, ECBI; Eyberg & Pincus, 1999)
- ◊ Parent Stress (Parenting Stress Inventory; Abidin, 1990)
- ◊ Parent Depression (Beck Depression Inventory; Becket al., 1996)
- ◊ Parent Child Abuse Potential (Child Abuse Potential Inventory; Milner, 1986)
- ◊ Motivation: Readiness to Change Parenting Practices (Chaffin et al., 2009)
 - ◊ Need for change
 - ◊ Relevance of treatment
 - ◊ Willingness to engage
 - ◊ Ability to make changes

Results – Did MI enhance readiness to change?

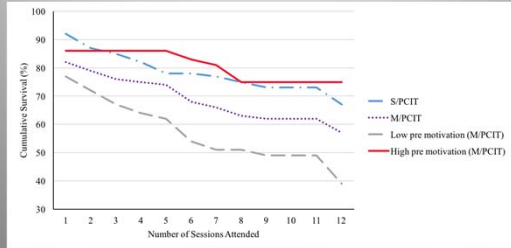
- ◊ **Yes**
 - ◊ M/PCIT caregivers significantly increased in their *readiness to change parenting practices* from pre-treatment to post-motivational enhancement $F(1, 39) = 448.61, p < .001$.
 - ◊ Reliable change in motivation was demonstrated in 97% of caregivers.

Did MI reduce attrition?

- ◊ **No**
 - ◊ There were no differences in attrition between treatment groups, $chi\ square(1, N = 138) = 1.58, p = .22$.
 - ◊ Attrition rate:
 - ◊ 41.6% in M/PCIT
 - ◊ 31.1% in S/PCIT

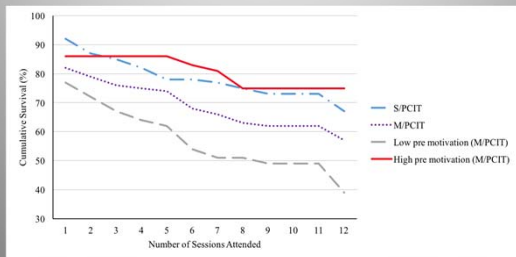
Did MI Prolong retention?

- ◊ **No**
- ◊ The rate of attrition across weeks in treatment did not differ between S/PCIT and M/PCIT ($p = .15$)



Motivation at Pre-Assessment

- ◊ The rate of attrition was significantly earlier and higher overall among caregivers low in motivation at pre-assessment compared to caregivers high in motivation ($p = .01$)




In Summary


- ◊ Somewhat more far-reaching benefits from S/PCIT than M/PCIT
- ◊ MI was associated with enhanced readiness to change, but did not significantly reduce attrition rate or time to attrition
- ◊ High pre-motivational enhancement level of readiness to change was associated with greater retention in treatment

Motivation
Other Analyses & New Directions

- ❖ Moderators
 - ❖ Just overall chaotic lives?
- ❖ MI techniques integrated throughout PCIT (N'zi et al., 2017)



PCIT
Modifications?



ASD

- ❖ Published reviews report varied outcomes
- ❖ There is consensus that usually adaptations to PCIT protocol are needed.

Adaptations to PCIT for ASD

	Session Structure	Coaching Strategies
Child of caregiver	<ul style="list-style-type: none"> Rules repeated each session. Visual cues. Special toys to teach the discipline requirement in PDI (handmade sensory spheres (Dodge et al., 2013)). Use of 3-step prompting (i.e. verbal, model, physical). Immediate verbal praise for compliance. Use of visual prompts (e.g. hand signs) for non-compliance. 	<ul style="list-style-type: none"> Directive strategies as opposed to other types. Reduced reinforcement for use of language around emotions. Reduced conversation/short phrases from caregiver. Use of 3-step prompting (i.e. verbal, model, physical) to reduce non-compliance. Use of 3-step prompting (i.e. verbal, model, physical) to reduce non-compliance.
Sibling of caregiver	<ul style="list-style-type: none"> Sibling joined play session. Handing items some parents do. General introduction of REP and ASP skills supported by direct. Parental change in routine (e.g. sessions held on different floor). 	<ul style="list-style-type: none"> Refrain from reflecting repetitive speech and refrain from describing stereotyped behaviour's occur. Play encouraged with unfamiliar and non-preferred toys. Redirect instead of following the child's lead (Scahill et al., 2012).
Child of caregiver	<ul style="list-style-type: none"> Rules repeated each session. Correct for following rules. Visual cues for expectations. Rewards based, no negative consequences. 	<ul style="list-style-type: none"> Hand over hand modeling to promote modeling. Emphasis on play language. Additional focus on caregiver modeling prosocial play skills. Modeling more directly modeled for CDD (e.g. "Are you ready to come out of this please say yes or no?"). Advice content provided before and after. Directive strategies as opposed to active ignore (e.g. if child picks solitary play). Using a general cue for all activities (Scahill et al., 2012).
Child of caregiver	<ul style="list-style-type: none"> Rules repeated each session. A reduced sit requirement (e.g. no need with successful activities). 	<ul style="list-style-type: none"> Additional focus on caregiver facilitating prosocial skills (e.g. offering from blocks/ Duplo's block tower built by caregiver). Use of 3-step prompting (i.e. verbal, model, physical) to reduce non-compliance. Promoting commands with name as a prompting cue (Scahill et al., 2012).
Child of caregiver	<ul style="list-style-type: none"> Playroom set up in a safe way to facilitate caregivers to co-regulate emotions. 	<ul style="list-style-type: none"> Emphasis on emotion coaching.
Child of caregiver	<ul style="list-style-type: none"> Reduced amount of toys in the room, introduction to the 3-step before starting PCIT. General measures to take other than special interest toys (e.g. use of general interest objects as privileges to be removed). 	<ul style="list-style-type: none"> Use of 3-step prompting (i.e. verbal, model, physical) to reduce non-compliance. Use of general interest objects as privileges to be removed. Use of general interest objects as privileges to be removed. Use of general interest objects as privileges to be removed.
Child of caregiver	<ul style="list-style-type: none"> Use of play session recordings in feedback sessions. 	<ul style="list-style-type: none"> Use of play session recordings in feedback sessions. Use of play session recordings in feedback sessions.

Measuring Change

- Capturing change for families with children with ASD requires further thought at FIP.
- Typical measures are not reflecting the clinical change we see anecdotally.

Food Fussiness & Eating Eat PCIT

- Developed in response to community need
 - Directed support to overcome food aversions and fears, and entrenched conflictual or hostile parent-child feeding interactions
 - Target population: children 2.5-7 years with significant food refusal and mealtime behavior problems
 - <20 foods eaten (often <10)
 - Standard PCIT + a mealtime phase (between REP/CDI and ASP/PDI)
 - Standard mastery criteria to progress to next phase
 - Most sessions comprised of food play



FIP

A Community-University Partnership

- PCIT fits well as an evidence-based service for the child welfare system (as described in Mersky et al., 2017)



Conclusion

- PCIT relevant for so many families as designed
- But...we are continuing to consider modifications/enhancements

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Eat PCIT

"Billy" is 4.5 years old, male, 95-97th percentile for BMI ("obese"), speech delay, concerns around hyperactivity, impulsivity, and inattention (observed by clinician and confirmed by day-care teacher), only child in the family. Parents have been together for 13 years, and have contrasting views on child raising and feeding. No family support. Each parent cooks their own meals, mother prepares food for Billy, and all three eat separately. Billy has no consistent routine throughout the day, including mealtimes. Billy has a restricted diet which relies heavily on milk (around 200mls consumed 5-6 times a day). Only eats selected brands of processed foods, such as pre-packaged macaroni and cheese, chicken nuggets, noodles, "shapes" biscuits. Does not eat any fruit or vegetables. Food refusal appears to have a strong behavioural element.

Eat PCIT

"Elliot" is 5 years old, 0-3rd percentile for BMI ("underweight"), history of sensory issues. Second of three children, educated parents who are shift workers, strong support from extended family living relatively close by. Mother has good knowledge of child development and nutrition, and involves Elliot in cooking (which he enjoys, but doesn't taste the food). Elliot's sisters are 'good eaters'. Elliot eats only simple foods, such as a single brand of yogurt, "jatz" biscuits, apple, weetbix cereal, and peanut butter sandwiches. Mother can often encourage Elliot to have a smoothie, within which mother adds fruit and vegetables. Food refusal appears to have a strong aversion element.
