Parent Child Interaction Therapy (PCIT) & Child Welfare

Leah Cerwin, Well-being Lead Clinician, Institute for Child and Family Well-being
Today’s Agenda

1. What is Parent Child Interaction Therapy in Child Welfare?
2. Introduce our Panelists’ Organizations, Their Mission and History
3. Explore our Panelists’ Journey in PCIT with clients involved in Child Welfare programs
4. Q&A
Parent Child Interaction Therapy (PCIT)

- Evidence-based parent management intervention
- Targets young children ages 2.5-6 and their caregiver(s)
- 2 Phases over an average of 12-20 weeks:
  - Relationship Enhancement (CDI)
  - Positive Discipline (PDI)
- Relational repair, Nurturing Response, Placement stability and/or Reunification
Our Panelists

Emma Girard, Psy.D.

Kate Goedtel-Bennett, LCSW
Emma Girard, Psy.D.
Disclosure & Conflict of Interest Statement

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<th>Source</th>
<th>Advisor/Consultant</th>
<th>Employee</th>
<th>Speakers’ Bureau</th>
<th>Books, Intellectual Property / Royalty</th>
<th>In-kind Services (example: travel)</th>
<th>Honorarium or expenses for PCIT activities</th>
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Preschool 0-5 Programs History

MISSION
Improve the health and well-being of our patients and communities through our dedication to exceptional and compassionate care, education, and research.

VISION
Lead the transformation of health care and inspire wellness, in collaboration with our communities, through an integrated delivery network to bring hope and healing to those we serve.

VALUES
Tried
Teamwork
Respect
Integrity
Excellence
Discovery
True – to our values

Role as PCIT-I Master Trainer

- Master Trainers represent a small group of individuals with extensive experience in the direct provision of PCIT and in the training and supervision and/or consultation of PCIT clinicians and trainers.

- A Master Trainer for PCIT International is a recognized leader in the field:
  - Provides sustained contributions through extensive training of therapists and Level 1 trainers.
  - Publishes in the area of PCIT.
  - Regular PCIT International convention presentations and attendance.
  - Provides ongoing service to the organization of PCIT-I.

- Master Trainers are charged with maintaining the integrity of PCIT and promoting PCIT nationally and internationally.

- Master Trainers are responsible for maintaining the fidelity of the trainers they have trained and for oversight of the broader dissemination efforts of PCIT International, particularly in regard to the training, consultation, and support of Level I and Level II Trainers.

- Master trainers must show evidence of leadership in the PCIT community.

- The number of PCIT Master Trainers is deliberately limited to a select few to promote cohesion and treatment integrity.

A community-university partnership between Children’s Hospital of Wisconsin and UW-Milwaukee’s Helen Bader School of Social Welfare.

The Institute for Child & Family Well-being

Research & Evaluation
- Randomized Control Testing (RCT)
- Evaluation of external programs
- Data Analytics

Design & Implementation
- Intervention Adaptation
- Training
- Pilot (RCT)
- Testing
- Consultation

Community Engagement & Systems Change
- Policy Briefs, Legislative Advocacy
- Policy Consultation & Collaboration
- Dissemination: EBTs
- Events, Presentations
- Publications, Social Media

uwm.edu/icfw
Determinants of Health

- Quality health care: 10%
- Social/environmental: 20%
- Genetic: 30%
- Behavior: 40%

Translational Research: PCIT

1974
PCIT Developed by Sheila Eyberg

1988
First PCIT Research Study Published

1990
PCIT first used in the general population

1997
PCIT Used for foster parents

1999
PCIT Used for families where abuse has occurred

1998

2006

2005

2013

2014

2016

2018

Children’s starts PCIT and Project Connect with families involved in child welfare

ICFW offers PCIT Training through TARP

Launch of ICFW

May 2016

2011

UWM Starts Project Connect

2015

Brief PCIT piloted at Children’s

ICFW launches web-based PCIT CoP

ICFW begins Implementation of CARE for child welfare

Children’s begins monthly CoP meetings (in-person)

ICFW offers PCIT Training through TARP

Translational Research: PCIT

Institute for Child and Family Well-Being
Children’s Hospital of Wisconsin
University of Wisconsin-Milwaukee
What is Parent Child Interaction Therapy, and why is it so important to provide this service to children and families involved in child welfare?
What is PCIT: Evidenced Based Practice

- Developed by Dr. Sheila Eyberg
- Over 35 years of supporting research
- Combines play therapy, family systems, and cognitive behavioral approaches
- Work with the caregiver and child together live, “in-vivo” during session
- Designed to treat children 2.5 - 6 years of age with disruptive, oppositional, & defiant behaviors
- Facilitated using live coaching with a ‘bug-in-the-ear’ via a one-way mirror
- Approved EBT for trauma and child welfare populations by the Department of Justice

PCIT Design - Two Phase Treatment: Mastery At Each Phase Required

1. Relationship Enhancement: Child Directed Interaction (CDI)
   - Positive, warm interaction with the child
   - Increase positive attention by “PRIDE Skills”
   - Decrease negative behaviors by “Strategic Attention”
   - Duration *5-10 weeks

2. Effective Commands: Parent Directed Interaction (PDI)
   - Consistency
   - Predictability
   - Follow-through
   - Duration *5-10 weeks

Live Coaching

- Help caregiver change interaction patterns with client add:
  - Warmth
  - Predictability
  - Follow-Through
- Provide immediate feedback and support for skill development
- Practice skills until Mastery Criteria achieved

**CDI – Do Skills: Relationship Enhancement**

<table>
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<tr>
<th>P.R.I.D.E.</th>
<th>Do Skill</th>
<th>Why Use This Skill?</th>
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| **P**  | Praise Behavior | - Increases behavior you like  
- Adds warmth to relationship  
- Models positive social skills  
- Increases self-esteem  

Examples:  
- You’re so good at cleaning up!  
- Awesome watching your turn!  
- Great job sharing! |
| **R**  | Reflect Speech | - Shows child you’re listening well  
- Practice to hear words pronounced  
- Allows child to lead conversation  
- Increases communication  

Examples:  
- (Kid) “I made it a jelly one.”  
- (Parent) “You made a yellow star.” |
| **I**  | Imitate Play | - Shows you approve of child’s play  
- Child starts to model your behavior  
- Teachers child how to interact  
- Helps child feel important  

Examples:  
- (Parent) “I’m going to do the same thing you are because that looks fun.” |
| **D**  | Describe Behavior | - Describes child’s body in action  
- Teachers organization & concepts  
- Increases child’s focus on task  
- Slows down an active child  

Examples:  
- You’re sitting quietly.  
- You’re building with blocks.  
- You’re coloring carefully. |
| **E**  | Enjoy Time Together | - Creates warmth in the relationship  
- Shows how much you care  
- Models positive emotions  
- Demonstrates social skills  

Examples:  
- Smiling & laughing together.  
- Making eye contact, giving a pat on the back or a hug. |

**CDI – Don’t Skills: Relationship Enhancement**

<table>
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<tr>
<th>Picture Icon</th>
<th>Don’t Skill</th>
<th>Why Avoid This Skill?</th>
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| **Q**  | Questions | - Doesn’t allow the child to lead play  
- May trigger oppositional response  
- Requires an answer  
- Interrupts the play  

Examples:  
- “What color is this?”  
- “What are you making now?”  
- “Do you want me to help you?” |
| **C**  | Commands | - Playing is one time child can lead  
- Commands take the lead away  
- Minimize negative interaction  

Examples:  
- “Look at this.”  
- “Try using this block.”  
- “Let’s play with toy.” |
| **C**  | Criticizing | - Doesn’t work to stop bad behaviors  
- Often increases critical behavior  
- May lower the child’s self-esteem  
- Creates an unpleasant interaction  

Examples:  
- “You’re being naughty.”  
- “No, honey, that’s not right.”  
- “I don’t like it when you talk back.” |

**What About Tantrums & Misbehavior?**

**D • Differential Attention**

<table>
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<tr>
<th>What To Do:</th>
<th>Why This Works:</th>
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| Reason non-reactive  
Avoid eye contact  
Physically move away  
Engage in new activity  
Consistently ignore behavior  | Avoids increasing bad behavior  
Decreases mild irritant behaviors  
Helps child notice difference between caregiver’s responses to positive instead of negative behavior |

_**ADVICE:** NO DON’T STOP QUIT NOT_
Goals of PCIT

- Decreases child behavior problems
- Improves parenting skills and engagement
- Enhances the quality of the relationship between parent and child
- Decreases in abuse potential
- Decreases child mental health problems
- Positive behavior generalizes to other settings: school, peer groups, etc.
Limitations of PCIT – Can’t Fix Everything

- Limited age range (3 to 6 years)
- Parent and child must have regular contact
- Parent functioning level, mental health history
- Not focused on domestic violence, substance abuse or parent psychopathology that are often present in a family context
- Continued need for coordination with other treatment/support agencies

Treatment Requirements – It Ain’t Easy

- Weekly session attendance for both child and caregiver
- Daily 5 minute therapeutic home practice and record on homework sheet as “ticket for admission” into therapy session
- Caretaker practice of skills taught
- Caregiver ability to understand, implement and learn new behavioral interventions
What is the process by which PCIT is conducted with children involved in child welfare, including challenges and potential opportunities?
PCIT & Child Welfare

• Trauma and its consequences are widely distributed but not equally distributed

• Children who enter the CW system are particularly at risk
  • 40-50% present with clinically significant MH disturbances
  • Their parents often have trauma histories and complex needs

• Timely access to validated mental health care is necessary

• Prevention / Early Intervention
Table 1. Local, State and National Level Prevalence of Adverse Childhood Experiences Items Among Children, Age 0-17 yrs.

<table>
<thead>
<tr>
<th>Adverse Child or Family Experiences (ACEs) Items</th>
<th>Milwaukee City</th>
<th>Wisconsin State</th>
<th>National</th>
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<tbody>
<tr>
<td>Extreme economic hardship</td>
<td>31.0%</td>
<td>25.4%</td>
<td>25.7%</td>
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<tr>
<td>Family disorder leading to divorce/separation</td>
<td>20.2%</td>
<td>19.8%</td>
<td>20.1%</td>
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<tr>
<td>Has lived with someone who had an alcohol/drug problem</td>
<td>11.9%</td>
<td>10.1%</td>
<td>10.7%</td>
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<tr>
<td>Has been a victim/witness of neighborhood violence</td>
<td>15.5%</td>
<td>7.5%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Has lived with someone who was mentally ill/suicidal</td>
<td>10.3%</td>
<td>9.7%</td>
<td>8.6%</td>
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<tr>
<td>Witnessed domestic violence in the home</td>
<td>9.4%</td>
<td>6.8%</td>
<td>7.3%</td>
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<td>Parent served time in jail</td>
<td>12.9%</td>
<td>6.6%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Treated or judged unfairly due to race/ethnicity</td>
<td>6.3%</td>
<td>2.5%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Death of parent</td>
<td>6.2%</td>
<td>2.6%</td>
<td>3.1%</td>
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<tr>
<td>Child had $\geq$ 1 ACEs (1/more of above items)</td>
<td>56.4%</td>
<td>47.1%</td>
<td>47.9%</td>
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Nearly one third of children in Milwaukee City have 2 or more ACEs (n~48,302)

PCIT Adaptations in Wisconsin

- Project Connect
  - 2-day parent training / 8-week clinical support

- Brief Intervention
  - 5-7 individual sessions; extended

- In-home PCIT / Internet-based PCIT

- Collaboration with formal/informal family supports

- Child-Adult Relationship Enhancement (CARE); ages 0-18
How is PCIT a change maker for these families, including outcomes measures and research?
PCIT Effect Size (Cohen’s d)

- Baby Aspirin (Rosenthal et al., 1990): 0.1
- Stimulants (Connor et al., 2002): 0.9
- PCIT (Schuhmann et al., 1998): 1.43

Effect sizes:
- 0.2 Small
- 0.5 Medium
- 0.8 Large
- ASTRONOMICAL
“I am most proud of Sophie and how she has changed so much…it makes me feel good and proud when everyone says they can’t believe how well she is doing.”

-Dawn, Sophie’s mom
“It has been a year since we started PCIT and we can hardly remember the extreme behavior.”

“Coping with the challenges of children who have emotional distress can be stressful and confusing. PCIT provides clarity and positive outcomes for all involved. s we witnessed from our daughter.”
Milwaukee County
Kate Bennett, LCSW
Amanda Bleck, Ph.D.
Leah Cerwin, LCSW
Meghan Christian, LCSW
Kelly Faust, Psy.D., LPC
Elizabeth Fischer, Ph.D.
Madeleine Goldin, LCSW
Jaqueline Kawa, Ph.D.
Christopher Lisowski, LCSW
Allison Lohman, LCSW
Haley Miller, CAPSW
Jennifer Scott, LCSW
Heidi Storm, Ph.D.
Dimitri Topitzes, Ph.D., LCSW
Meghan Wall, Ph.D.

Racine County
Bethany Bojcic, LCSW
Kristine Jacobs, LCSW
Robin Matchett-Schmidt, LCSW

Waukesha County
Jacqueline Bogdanov, Ph.D.
Sara Sievert, CAPSW

Washington County
Kelly Bell, CAPSW
Samantha Sprung, LCSW
Referral for Service

For more information on PCIT or to request an appointment, please call Children’s Wisconsin Mental and Behavioral Health Centralized Intake Department at:

414-266-3339
Thank you!

We value your participation and feedback. Please complete the brief survey that you will receive upon the conclusion of this webinar.

We will follow shortly with supportive materials for further learning.
Upcoming ICFW Webinars

Join us for ““Trauma screening, brief intervention and referral to treatment (T-SBIRT): An Introduction”

by Dr. Dimitri Topitzes, Clinical Director of the Institute for Child and Family Well-being, and Lisa Ortiz, UMOS, on June 17th at 11:00 CST

Register here: https://chwi.zoom.us/webinar/register/WN_p_k1WzVLQs6rJSeggMpD7w

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Contact Luke Waldo: lwaldo@chw.org