Parenting with PRIDE – Designing Group-based, Telehealth Solutions with PCIT in Times of COVID

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

1. What is Parenting with PRIDE?
2. Introduce our Panelists’ Organizations, Their Mission and History
3. Explore our Panelists’ Journey in Designing a Group Therapy Program via Telehealth in Times of COVID
4. Q&A
PCIT & Parenting with PRIDE

- Group-format program delivered virtually to a maximum of 10 caregiver/child dyads (families) through telehealth/virtual visits
- 1-hour group session per week for 6 weeks; intake and transition appointments additional
- Child between the ages of 2.5-6
- At least one caregiver participates in treatment WITH child present as part of a caregiver group
- Ability to access telehealth appointments consistently through Zoom via MyChart (Children’s Wisconsin)
- Facilitated by 2 licensed clinicians with support from clinical practicum students
Our Presenters

Kate Goedtel-Bennett, LCSW

Haley Challoner Miller, LCSW
### Presenter Disclosures

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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

A community-university partnership between Children’s Hospital of Wisconsin and UW-Milwaukee’s Helen Bader School of Social Welfare
1974
PCIT Developed by Sheila Eyberg
1974
First PCIT Research Study Published

1988
PCIT first used in the general population 1997

1990
PCIT Used for foster parents 2005

1998
PCIT Used for families involved in child welfare 2013

2006
Children’s starts PCIT and Project Connect with families involved in child welfare

2014
ICFW offers PCIT Training through TARP 2018

2014
ICFW launches web-based PCIT CoP 2018

2015
Brief PCIT piloted at Children’s

2016
ICFW offers PCIT Training through TARP 2019

2016
ICFW offers PCIT Training through TARP 2019

2017
First PCIT Within-Agency Trainer Certified at Children’s / ICFW 2018

2018
ICFW offers PCIT Training through TARP 2020

2018
ICFW offers PCIT Training through TARP 2020

2019
PCIT services begin virtually via telehealth April 2020

2020
Parenting with P.R.I.D.E. PCIT Group Adaptation launched via virtual services January 2021

2021
Children’s begins monthly CoP meetings (in-person)
Translational Learning in Program Design

Project Connect -> Families Empowered Together -> Parenting with PRIDE
What is Parenting with PRIDE, and what challenges and opportunities led to the design of a program to provide PCIT in a group setting, by way of telehealth?
The Need

COVID’s impact on the mental health of families and children has been profound.
The Need

Children’s Wisconsin’s waitlists for mental health services:

- General therapy – 233 families (3-6 months)
- PCIT – 35 families (4-6 months)
- Psychiatry – 27 families (6-12 months)
Target Population
Please describe your Program Design and Implementation process by which the program was created, and how it was administered to families.
Parenting with PRIDE – Theory of Change

Inputs/Strategies
- Access identifies families to be screened for group-based PCIT services.
- PCIT clinicians provide group-based therapy over telehealth.
- Clinicians provide skills teaching & coaching caregiver-child dyads.
- Caregivers engage in skill retention through observational learning, intentional activities, and use of daily skill practice.
- Clinicians administer standardized assessments at specified intervals: ECBI, CBCL, PSI-4-ST, DECA-IT.

Targets
- Early intervention/prevention for identified families.
- Meet heightened needs of families during the COVID-19 pandemic, including social connectedness.
- Enhance dyadic relationship.
- Increase child compliance & social skills.
- Increase caregiver confidence.
- Decrease anxiety and problem behaviors in children.
- Decrease waitlist times for PCIT & ECMH.

Short-Term Outcomes
- Parents will develop positive coping skills to better manage mental health issues and other stressors that are interfering with caregiving abilities.
- Children receiving PCIT services will develop appropriate social & emotional skills, such as communication and increased positive social & sibling interactions.
- Children receiving PCIT services will experience reduction in disruptive behavior/negative mental health symptoms.
- Waitlist averages will decrease from 8 weeks to 2 weeks.

Moderators
Caregiver participation/consistency in attendance, group facilitators, dyadic and family relationship dynamics, access to technology, presenting child temperament/behaviors/age, fidelity of implementation, group dynamics, clinician access to technological tools and resources for telehealth.
Program Implementation

- Screen with Standardized Tools
- Observe and Assess
- Establish Rapport and Buy-In
- Conduct Sessions
- Observe and Assess
- Reproduce
Parenting with PRIDE in Action

Springtime Yoga

CopingSkill: Lemon Squeezes

What do the letters "I" and "E" stand for in your PRIDE skills?

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- Imagination & Excellence
- Imagination & Enjoyment
- Interested & Enjoyment
- Interested and Enthusiastic
Virtual Therapy Office
How is Parenting with PRIDE a change maker for families, and what effects are seen after completion of the program?
Discussion of Results

• Caregivers reported decreased parenting stress

• 80% of caregivers achieved 100% CDI skill criteria

• 4/5 of families saw decreases in problematic child behavior (ECBI)

• Transition sessions – Identifying additional need
  • Continuation into a 2nd phase of virtual therapy group
  • Booster sessions
  • Graduation/Successful Discharge

• Future data analysis with group iteration
Family Testimonial

“I see such a big difference in the way that he plays with me and his sister now. His mood is better and he talks about his feelings more….goes to bed without fighting so much. Everything isn’t perfect, but I was surprised to see changes so fast.”
Regional PCIT Providers – Affiliated with ICFW

**Milwaukee County**
Kate Bennett, LCSW
Amanda Bleck, Ph.D.
Leah Cerwin, LCSW
Linda Chaplin, CAPSW
Meghan Christian, LCSW
Kelly Faust, Psy.D., LPC
Elizabeth Fischer, Ph.D.
Madeleine Goldin, LCSW
Kaylee Johnson, LCSW
Amy Leventhal, Ph.D.
Jaqueline Kawa, Ph.D.
Christopher Lisowski, LCSW
Tamara Mahklouf, LPC
Cassie Matejka, Ph.D candidate
Haley Miller, LCSW
Leigh Monahan, Ph.D. candidate
Vanessa Rosas, LPC
Jennifer Scott, LCSW
Heidi Storm, Ph.D.
Dimitri Topitzes, Ph.D., LCSW
Meghan Wall, Ph.D.

**Brown County**
Leah Brittnacher, Ph.D.

**Dodge County**
Monica Cross, CAPSW

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

**Washington County**
Kelly Bell, CAPSW
Samantha Sprung, LCSW

**Waukesha County**
Jacqueline Bogdanov, Ph.D.
Sara Cartwright, LPC, ATR
Shauna Pichette, LPC, NCC
Sara Sievert, CAPSW
Referral for Service/More Information

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

If you are interested in Program Design and Implementation services, please contact Luke Waldo at lwaldo@chw.org.
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

In celebration of the Institute’s 5th Anniversary, we will be hosting more webinars throughout the year.

To learn more about those future webinars, join our newsletter mailing list at https://uwm.edu/icfw/newsletters/, explore our website www.uwm.edu/icfw, or follow us on social media.