



Session # **G4b**

## Parent-Child Interaction Therapy in a Pediatric Primary Care Setting

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## Faculty Disclosure



The presenters of this session have NOT had any relevant financial relationships during the past 12 months.



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## Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at [https://www.cfha.net/page/Resources\\_2019](https://www.cfha.net/page/Resources_2019) and on the conference mobile app.





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## Learning Objectives

At the conclusion of this session, the participant will be able to:


- Identify behaviors and other patient characteristics that indicate a referral to a PCIT therapist could or should be made.
- Discuss the procedures and goals of PCIT.
- Describe effectiveness of PCIT in a primary care setting.



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## Bibliography / Reference


- Weitzman, C. & Wegner, L. (2015). Promoting optimal development: Screening for behavioral and emotional problems. *Pediatrics*, 135 (2), 384-395.
- Gleason, M.M., Goldson, E., & Yogman, M.W. (2016). Addressing early childhood emotional and behavioral problems. *Pediatrics*, 138 (6), 1-13. Reference
- Leineman, C.C., Brabson, L.A., Highlander, A., Wallace, N.M., & McNeil, C.B. (2017). Parent-Child Interaction Therapy: Current perspectives. *Psychology Research and Behavior Management*, 10, 239-256.
- Asarnow, J.R., Rozenman, M., Wibilin, J., & Zeltzer, L. (2015). Integrated medical-behavioral care compared with usual primary care for child and adolescent behavioral health: A meta-analysis. *JAMA Pediatrics*, 169 (10), 929-937.
- Leslie, L.K., Mehus, C.J., Hawkins, J.D., Boat, T., McCabe, M.A., & et al. (2016). Primary health care: Potential home for family-focused preventive interventions. *American Journal of Preventive Medicine*, 51, 206-118.



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## Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.



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## Agenda

- Overview of Parent-Child Interaction Therapy (PCIT)
- Rationale for providing PCIT in primary care
- Modifications in primary care
- Results



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## Overview of PCIT

- PCIT is designed for young children (ages 2-7) with disruptive behaviors and their parents or caregivers
- Therapist works with parent and child together
  - The focus is on restructuring parent-child interaction patterns
- PCIT utilizes live coaching of parenting skills
  - Therapist is physically outside of the treatment room, allowing parent and child to work directly together with support for parents from therapist



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## Structure of PCIT

- Assessment
  - Measures that guide treatment, including a questionnaire (ECBI) and direct observation of parent-child interactions
  - Occurs prior to beginning treatment and in every subsequent treatment session
- Teaching Sessions (intended to be 90 minutes)
  - Parent-only sessions that occur prior to each phase of treatment
  - Presentation of skills
  - Modeling and role-playing of skills
- Coaching Sessions (intended to be 60 minutes)
  - Check-in
  - Therapist codes and coaches
  - Assign homework



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### Child-Directed Interaction

# CDI

#### Parents follow

- Play therapy skills
- Differential attention
- Increase warmth of parent-child relationship

### Parent-Directed Interaction

# PDI

#### Parents lead

- Limit-setting
- Consistency
- Predictability
- Follow through



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## Basic Guidelines of CDI

- Parents are taught to avoid:
  - Questions
  - Commands
  - Critical Statements
- Parents are encouraged to increase:
  - Labeled Praise
  - Reflections
  - Imitation
  - Descriptions
  - Enjoyment of play
    - Known as **PRIDE** skills
- Skills are practiced at home during a daily 5 minute play time and in session until they are mastered (at least 4 sessions)



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## Basic Guidelines of PDI

- Focus is on **effective instruction delivery** and consistent follow-through with noncompliance.
- Effective Instruction Delivery
  - Direct (telling, not asking)
  - Positive (what to DO, not stop doing)
  - Single (one at a time)
  - Specific (not vague)
  - Age-appropriate
  - Given in a normal tone of voice
  - Polite and respectful (Please...)
  - Explained **before** given or **after** obeyed
  - Used only when really necessary



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### Basic Guidelines of PDI

- Consistent follow-through with compliance and noncompliance
  - Parents are taught to **praise compliance** after the first or second instruction delivery
  - Parents are taught to implement a **clearly defined time-out sequence** following noncompliance
- Skills are practiced at home and in session until they are mastered (at least 3 sessions)
- Optional addition after mastery of PDI to set up house rules and learn strategies to manage behavior in public places

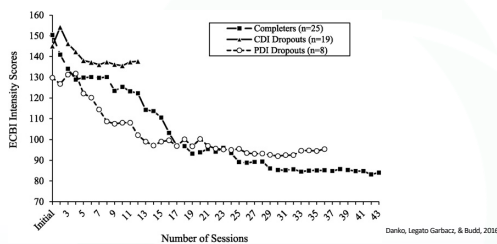
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### PCIT Goals

- Improve parenting confidence and competence
- Improve parent-child relationship
- Reduce noncompliance and other disruptive behaviors, including aggression

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### Change in ECBI Scores



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### How are Patients Identified?

- Referrals typically come from PCPs
- PCPs are looking for
  - Difficult behavior during work-up or exam
  - Parental distress
  - Parental reports of noncompliance or disruptive behavior
  - Observed negativity or concerns about parent-child interactions
  - Parents of young school-aged children reporting concerns from a teacher

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### Reducing Barriers for Patients

- Decreased wait time
  - Intake on same day concerns are identified
  - No delay waiting for referral to specialty clinic
- Flexibility in scheduling
- Support of primary care team
  - Concurrent visits
  - Case manager
  - Team of providers reinforcing goals and plan
- Opportunity for building relationships and engagement over time
- Long-term relationships with families



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### Modifications in Primary Care

- The manual is **not** altered
- Time Reductions
  - Session time
    - 45 min NOT 60-90 min
  - Coaching time
    - 15-20 min NOT 30 min
    - ALWAYS do 5 min observation
- Nothing done in isolation...
  - PCIT therapists and trainees are working closely with a PCIT Level 1 Trainer (within-organization trainer) and a PCIT Master Trainer

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## Does it Work?

- Caregiver completed CDI Teach and at least CDI Coach 1
- Child received primary care services at Cherokee Health Systems
- N=34
- Mean age of 5.8 years
- 27 males, 7 females
- $t(33)=7.94$   $p=.001$
- Pre Mean ECBI: 166.32, SD: 30.21
- Post Mean ECBI: 131.83, SD: 36.98

• **EFFECT SIZE** (Cohens  $d$ ) = **1.02**



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## Conclusions

- Decrease in parent-reported disruptive behaviors occurred *even when treatment was not completed*
- Although previous literature has found effect sizes as high as 2.7 (McNeil et al., 1999), an effect size of 1.02 is still considered a large effect
- Additional research is needed in community mental health and integrated care settings



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## Questions?



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## Session Survey

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