Evidence-Based Behavioral Parenting Models in Child Welfare

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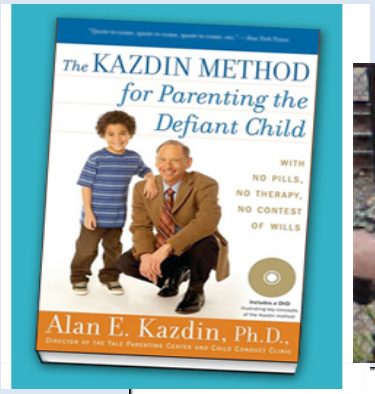
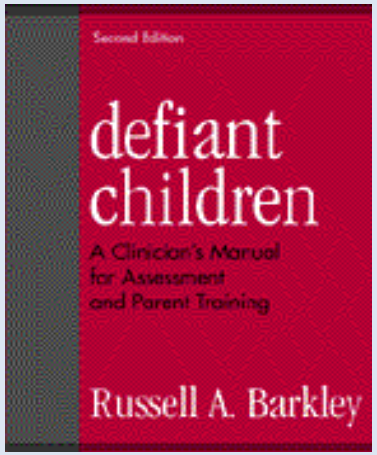
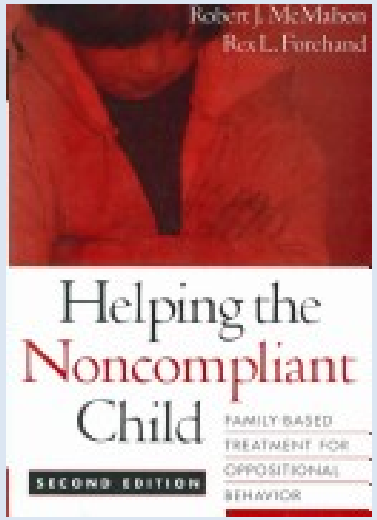
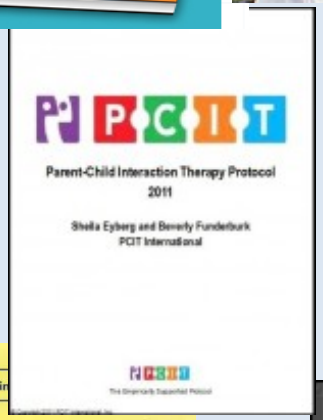
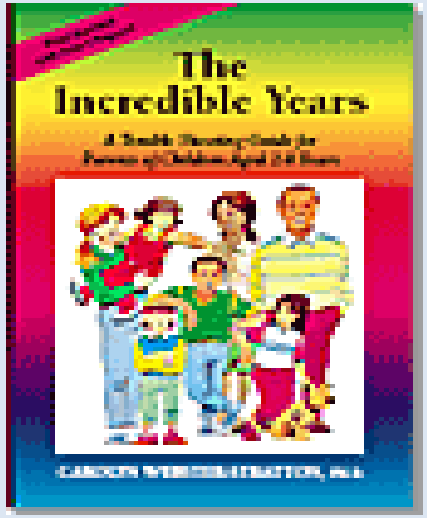
Family of PMTO & Hanf Interventions

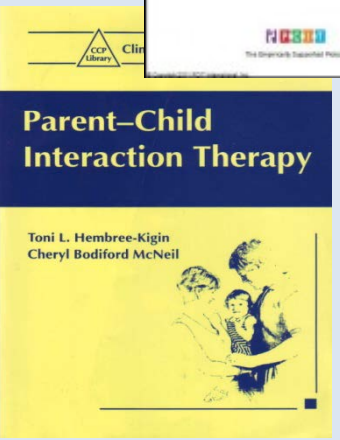


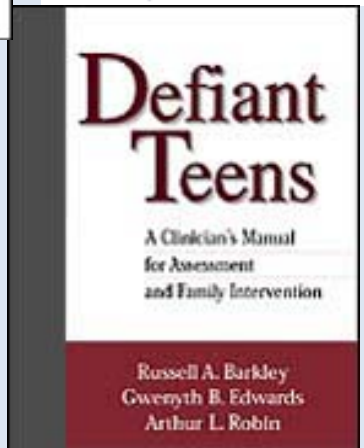




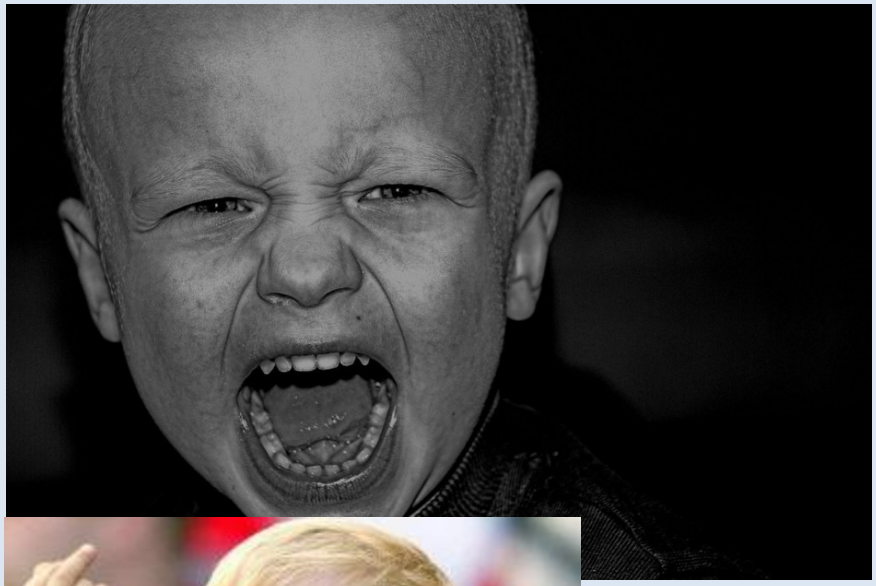


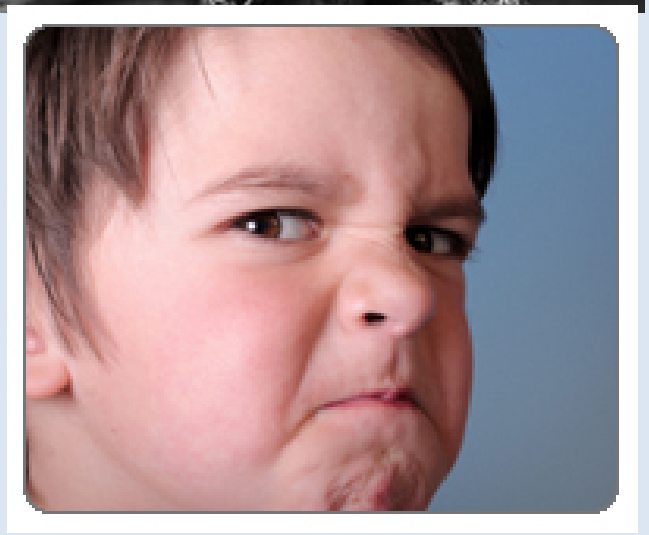






Originally Developed as Parent-Mediated Treatments for O.D.D.

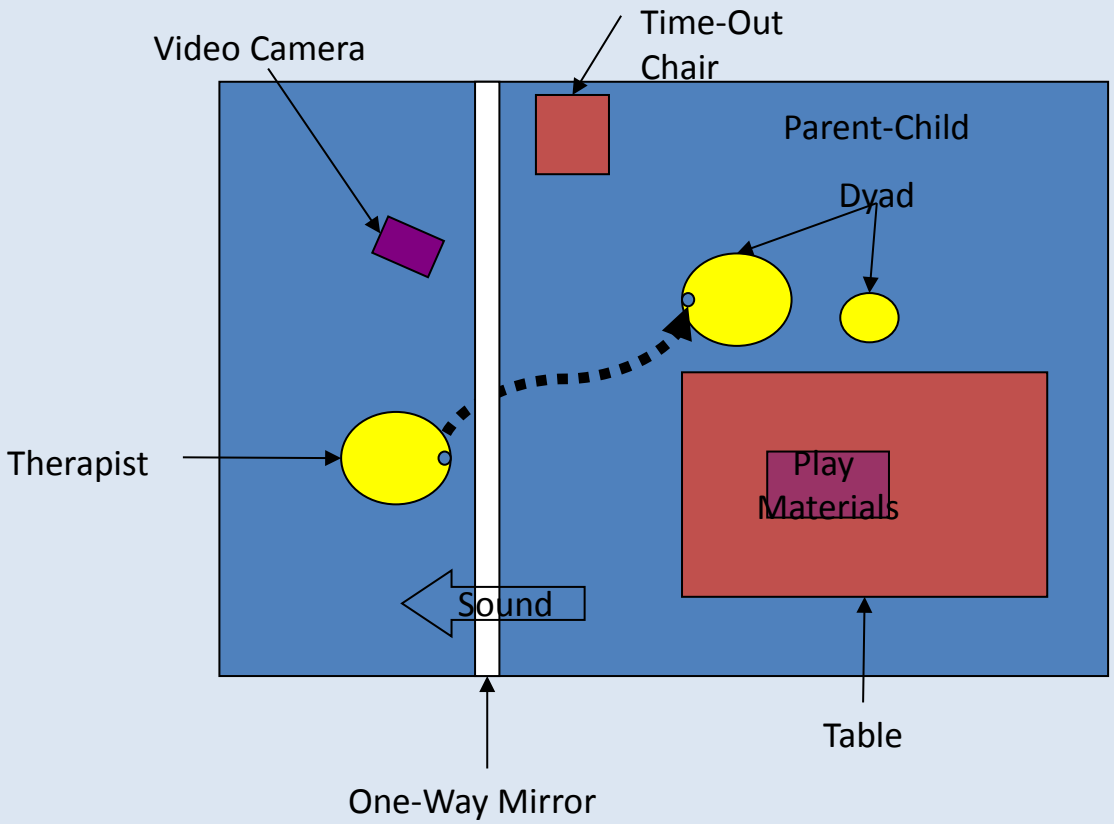




What They Have in Common

- Based on similar theory of change—Parent mediated behavioral model
  - Parent mediated. Change child behavior by changing parenting
  - Skill focused. *Parenting as it is behaviorally delivered, not as it is talked about.*
  - Techniques are: Modeling, behavioral practice, feedback.
  - Focused—Depth and intensity over breadth and "comprehensiveness"
  - Time limited. Gets down to business quickly. Gets done quickly.
- Three main themes
  - Consistency
  - Relationship enhancement. Increasing pleasant positive parent-child interactions and warmth
  - Structured behavior management system
- Related home-based models: SafeCare

Parent-Child Interaction Therapy (PCIT)



- Dyadic (parent and child together) behavioral parenting model
- Well established EBT for early behavior problems
- ~ 14 sessions
- Effect size in 13 RCT's .61 – 1.45
- Benefits generalize to school and to siblings
- Scale-ups in several states. NCTSN

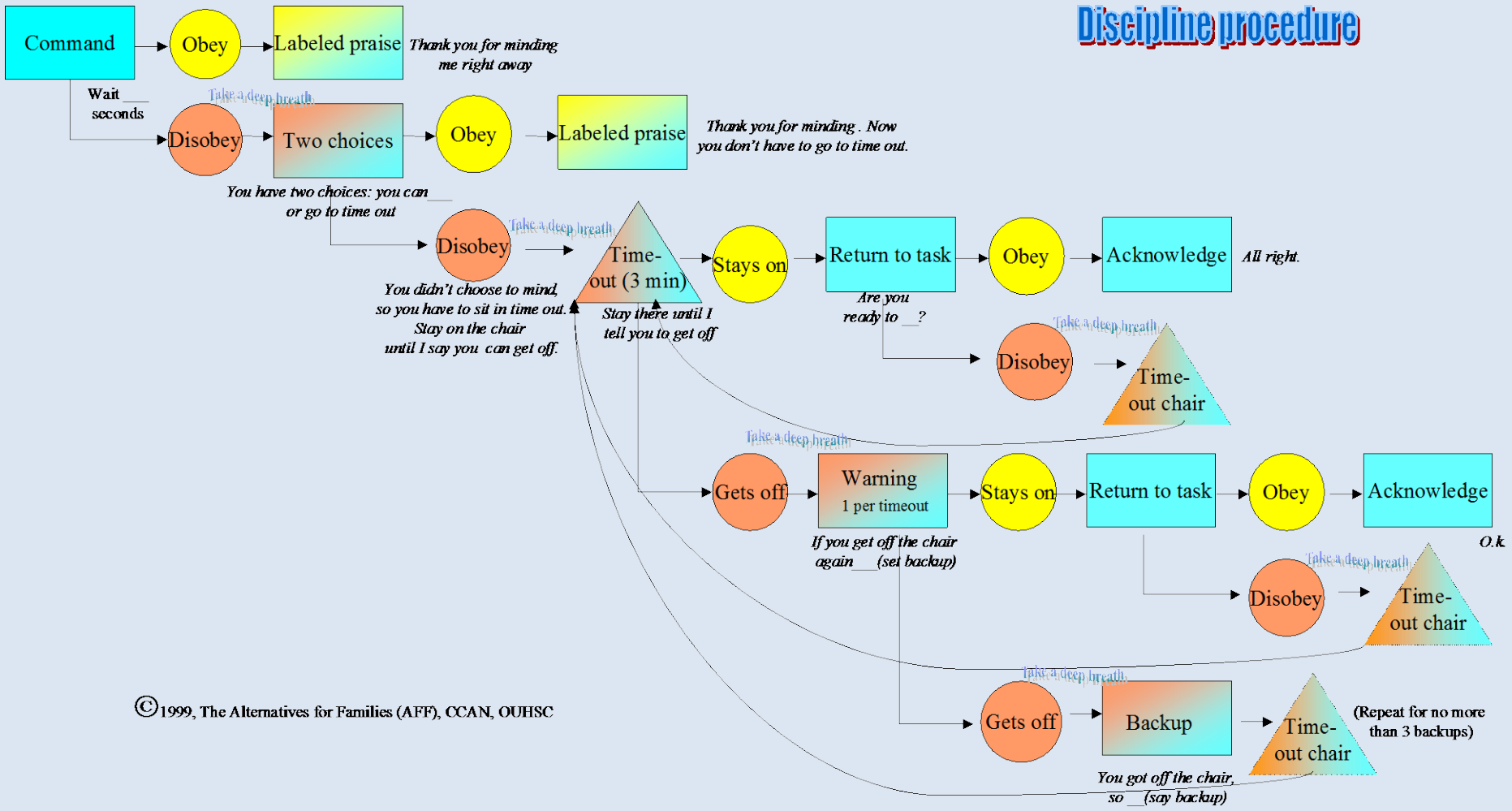
Structure of PCIT

- Two Phases
  - Child Direction Interaction (CDI)—teaches relationship enhancement skills, use of positive reinforcement, and ignoring minor misbehavior
    - **P**raise
    - **R**eflection
    - **I**mitation
    - **D**escription
    - **E**nthusiasm
  - Avoid commands, criticisms, questioning, etc.

Structure of PCIT

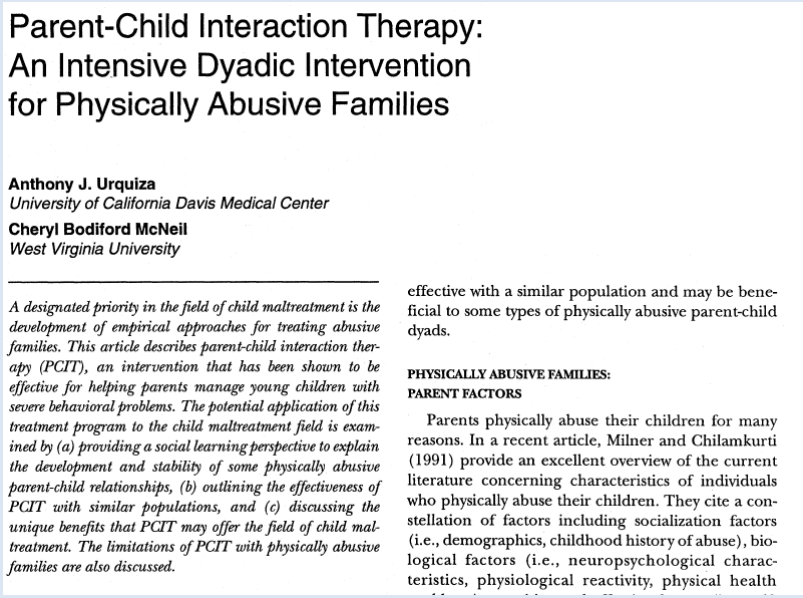
- Two Phases
  - Parent-Direction Interaction (PDI)—teaches discipline skills, minding
    - How to give specific instructions
    - Following step-by-step sequence for non-compliance
    - Consistency
    - Time-out and backups
    - Strategies for managing challenging situations (e.g., tantrum in grocery store)

PDI Phase Behavior Management Protocol



Why Adapt a Treatment for ODD to Child Welfare?

- Parenting programs are the most common service in Child Welfare service plans (NSCAW).
  - However, few "parenting groups" utilized by Child Welfare use evidence-based models and have not taken advantage of the substantial progress made in other parent training domains
- Child behavior problems and harsh, disengaged or distressed parenting share reciprocal etiological developmental pathways in families under stress (e.g. coercive cycles) and deteriorating parent-child relationships are common
  - These are the behavior patterns the behavioral parenting EBTs can alter
  - Parenting stress, parenting satisfaction, and improved parent-child closeness are known benefits of behavioral parenting EBTs



Parent-Child Interaction Therapy:
An Intensive Dyadic Intervention
for Physically Abusive Families

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Cheryl Bodiford McNeil
West Virginia University

A designated priority in the field of child maltreatment is the development of empirical approaches for treating abusive families. This article describes parent-child interaction therapy (PCIT), an intervention that has been shown to be effective for helping parents manage young children with severe behavioral problems. The potential application of this treatment program to the child maltreatment field is examined by (a) providing a social learning perspective to explain the development and stability of some physically abusive parent-child relationships, (b) outlining the effectiveness of PCIT with similar populations, and (c) discussing the unique benefits that PCIT may offer the field of child maltreatment. The limitations of PCIT with physically abusive families are also discussed.

effective with a similar population and may be beneficial to some types of physically abusive parent-child dyads.

PHYSICALLY ABUSIVE FAMILIES: PARENT FACTORS

Parents physically abuse their children for many reasons. In a recent article, Milner and Chilamkurti (1991) provide an excellent overview of the current literature concerning characteristics of individuals who physically abuse their children. They cite a constellation of factors including socialization factors (i.e., demographics, childhood history of abuse), biological factors (i.e., neuropsychological characteristics, physiological reactivity, physical health

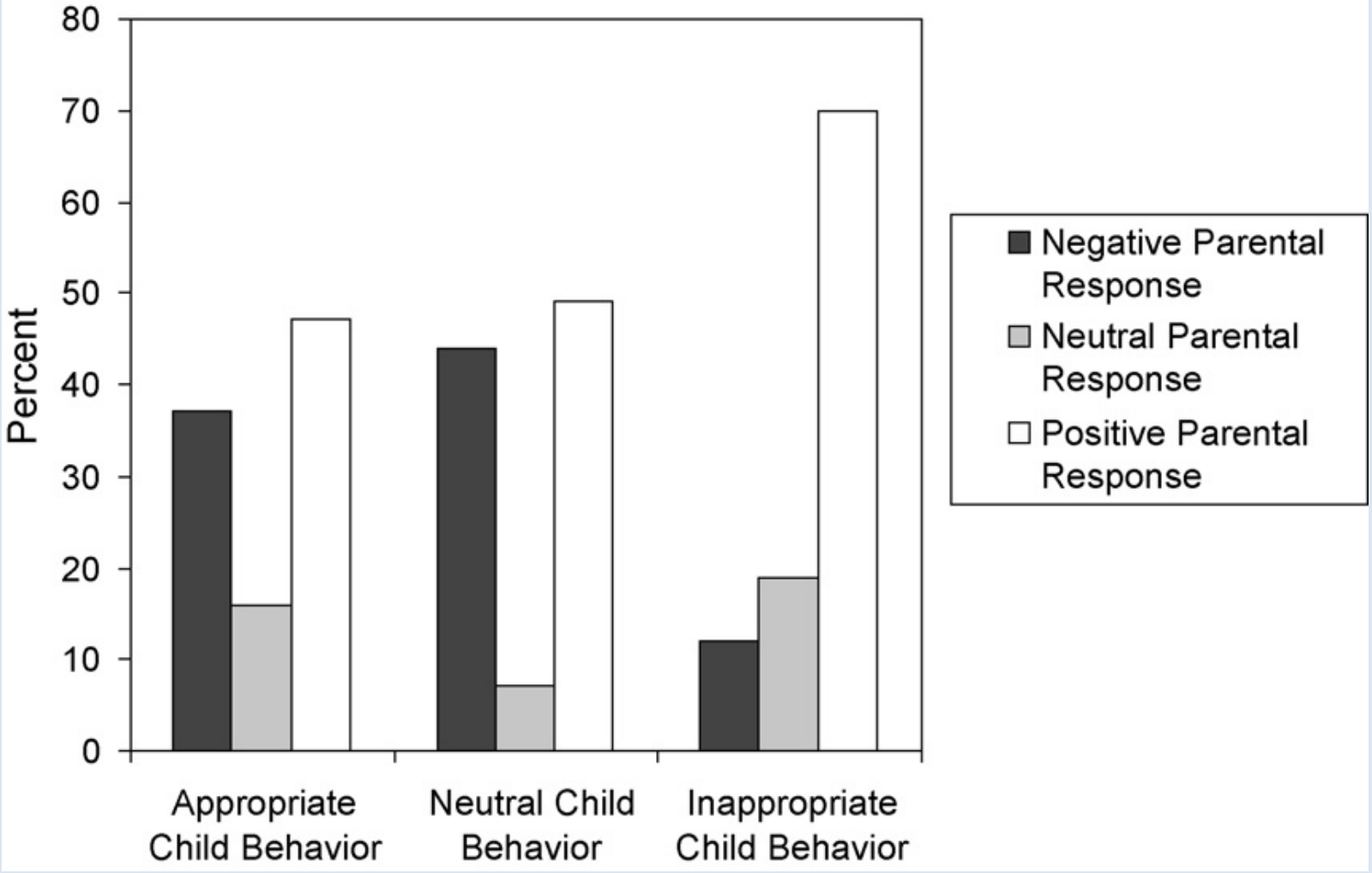
Adapting PCIT for Parents and Children in Child Welfare

- Major change of intervention purpose and primary goals
- No longer a “parent mediated treatment” for child behavior problems. The parent, not the child, is often the primary focus of the treatment.

- The main goals in adapted PCIT are:
- IMPROVED PARENTING
- REDUCTION IN CHILD WELFARE RECIDIVISM
- BETTER PARENT-CHILD RELATIONSHIP
- LESS HARSH OR DISENGAGED PARENTING

- Reduced child behavior problems is a bonus

Example of Disrupted Parent-Child Sequential Interaction Patterns Among Parents in Child Welfare



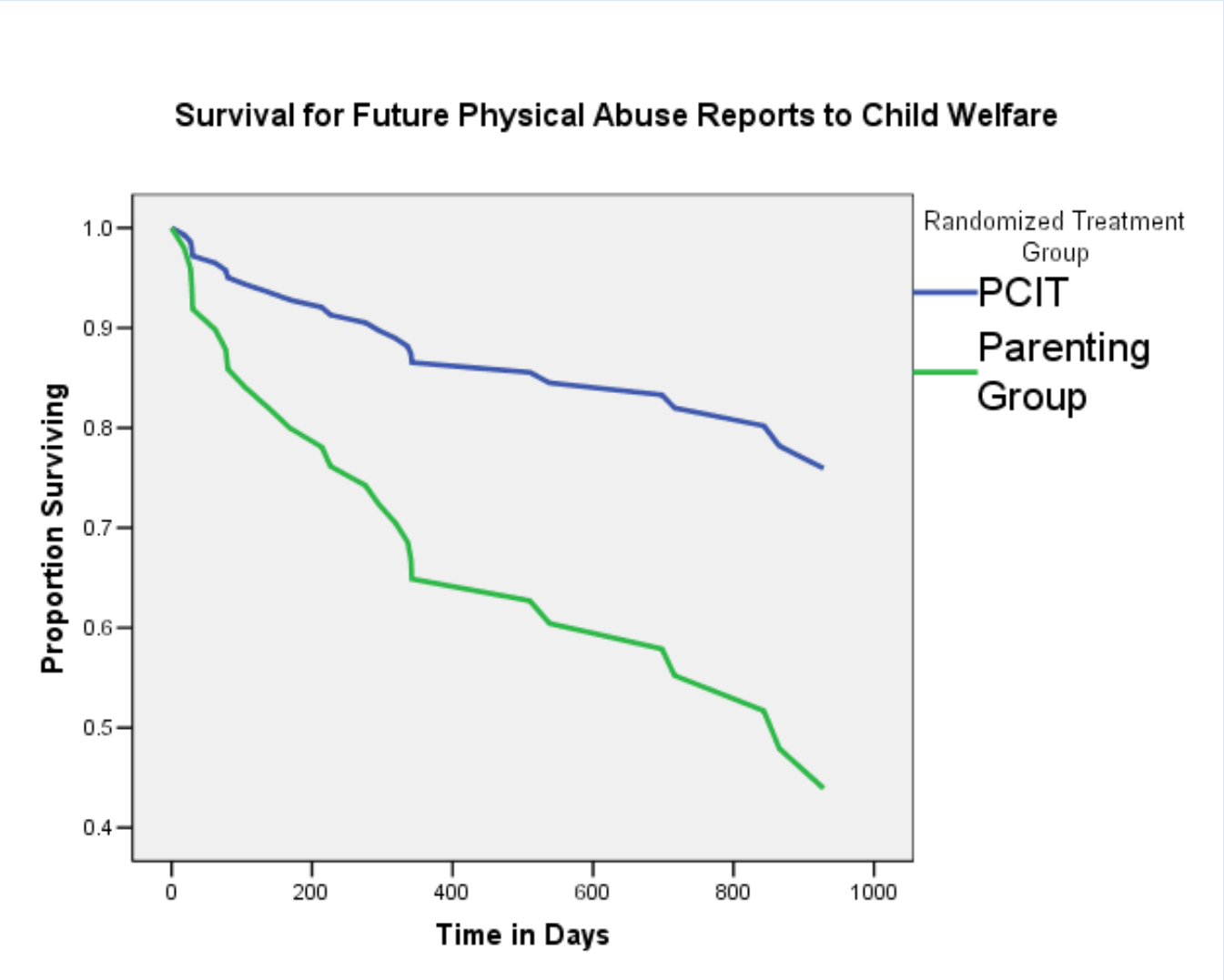
Adaptations Made to Standard PCIT for Child Welfare Cases

- Motivational Interviewing Pre-treatment
  - In treatment for child behavior problems, parents are help-seeking.
  - Parents in Child Welfare are usually coerced into services

Adaptations to Standard PCIT for Child Welfare Cases

- Parent affect modulation steps added to discipline protocol
- No use of physical “back-ups”
- Extended protocol for children up to age 12 (elements similar to Barkley and other PMTO family protocols)

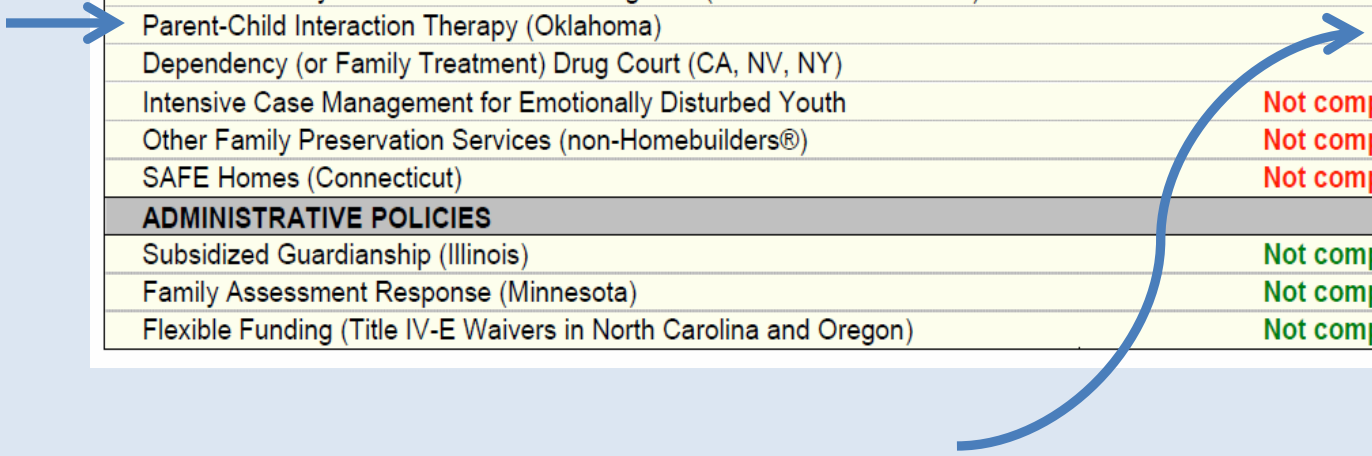
Initial RCT of PCIT in Child Welfare



Cost-Effectiveness (Short-term Child Welfare Costs)

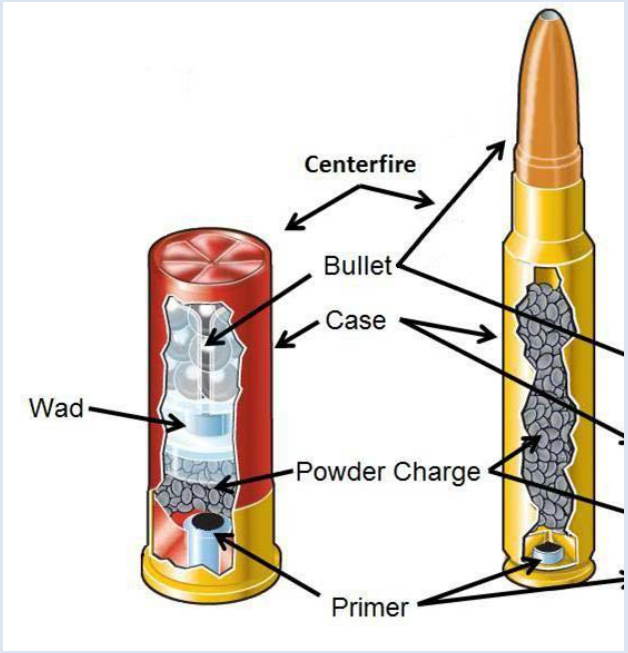
SECTION 3: BENEFITS AND COSTS

Washington State Institute for Public Policy Estimates as of May 2008	Total Benefit-to-Cost Ratio (per participant)	Total Benefits Minus Costs (per participant)
PREVENTION PROGRAMS		
Chicago Child Parent Centers	$4.82	$31,036
Nurse Family Partnership for Low-Income Families	$3.02	$18,054
Parents as Teachers	$1.39	$1,509
Iowa Family Development and Self Sufficiency Program	Not computed	$448
Healthy Families America	$0.57	–$1,830
Other Home Visiting for At-Risk Mothers and Children (see description, p. 16)	$0.56	–$2,359
INTERVENTION PROGRAMS		
Intensive Family Preservation Service Programs (Homebuilders® model)*	$2.54	$4,775
Parent-Child Interaction Therapy (Oklahoma)	$5.93	$4,962
Dependency (or Family Treatment) Drug Court (CA, NV, NY)	$0.74	–$970
Intensive Case Management for Emotionally Disturbed Youth	Not computed	–$2,120
Other Family Preservation Services (non-Homebuilders®)	Not computed	–$2,814
SAFE Homes (Connecticut)	Not computed	–$5,721
ADMINISTRATIVE POLICIES		
Subsidized Guardianship (Illinois)	Not computed	$4,954
Family Assessment Response (Minnesota)	Not computed	$2,751
Flexible Funding (Title IV-E Waivers in North Carolina and Oregon)	Not computed	$947



Other Findings: "Less-Is-More?"

- Well, probably not always, but clearly sometimes it is. And parenting programs (the staple of any child welfare service plan) may be one place where it is.
  - Randomized assignment to tailored "comprehensive services" in addition to PCIT actually increased child welfare recidivism rates and lowered skill acquisision (Chaffin, et al., 2004)
- This is NOT an unusual finding. For example, in a review of 77 published parent training studies
  - "…..Also as predicted, providing parents with other ancillary services as part of the parent training program was associated with smaller program effects on parent behaviors and skills outcomes, a result that has been found in [three] other meta-analyses…." (Kaminski, Valle, Filene and Boyle, 2008).



"Less is More" is becoming a cross-cutting theme in the contrast between EBTs and Usual Care

EBTs

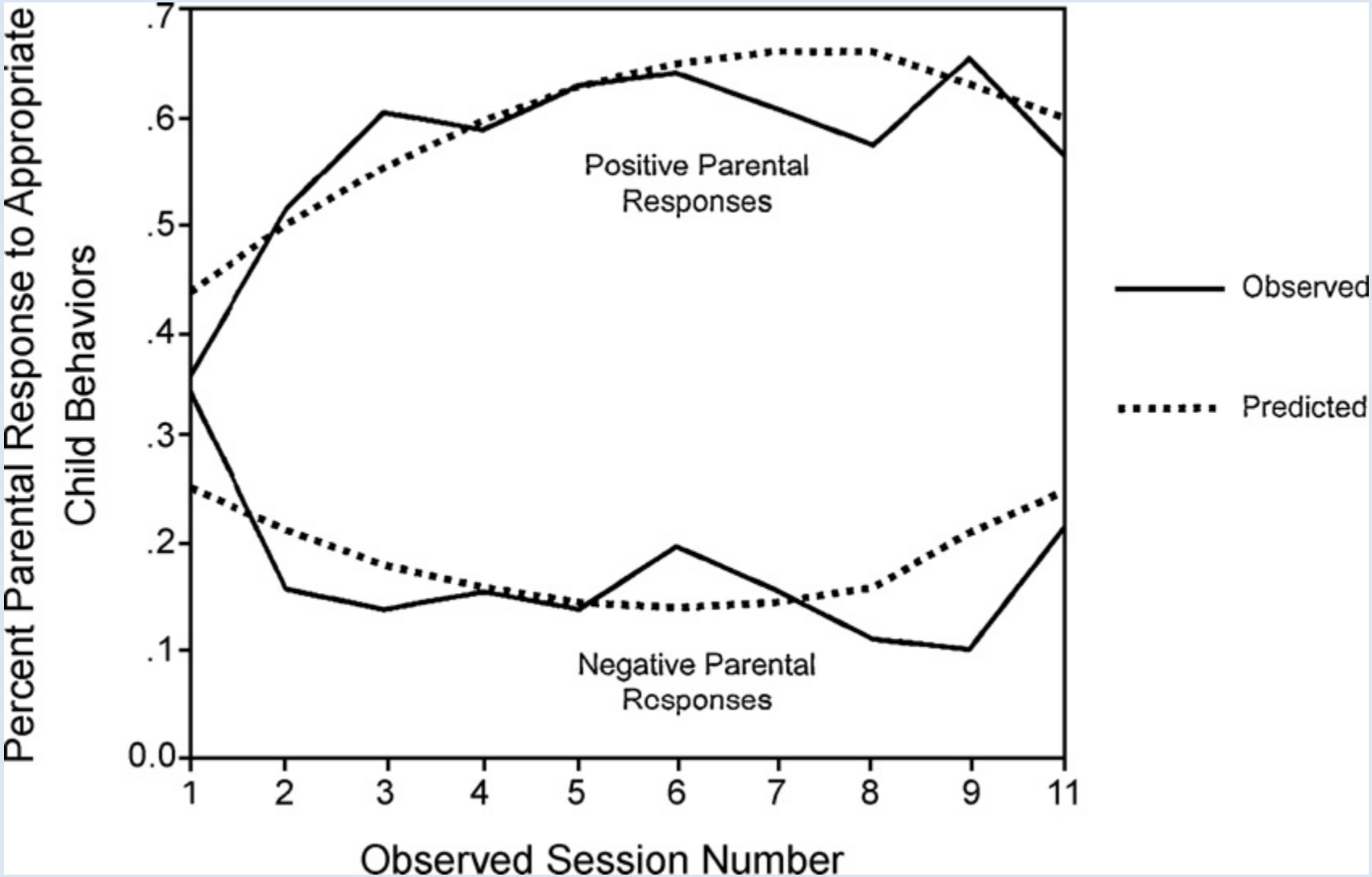
- Brief. Gets down to business quickly. Gets done quickly. Most change occurs in first few sessions
- Focused—fewer things, but greater depth and intensity
- Less "information gathering," more action and doing
- Skills and behaviors—parenting as it is behaviorally delivered
- A session-by-session plan

Usual Care

- Often unspecified duration. Lots of relationship building. Always "more issues to deal with….."
- Comprehensive—breadth, but very little depth on any one thing
- Modal activity is "information gathering" and
- Parenting as it is talked about or conceptualized
- More free-flowing. Plans, even if present, are rarely actualized. Crisis chasing.
- A program for every problem—polytherapy with multiple providers.

(see Garland, et al., 2010)

Early Response is Common



Second PCIT RCT

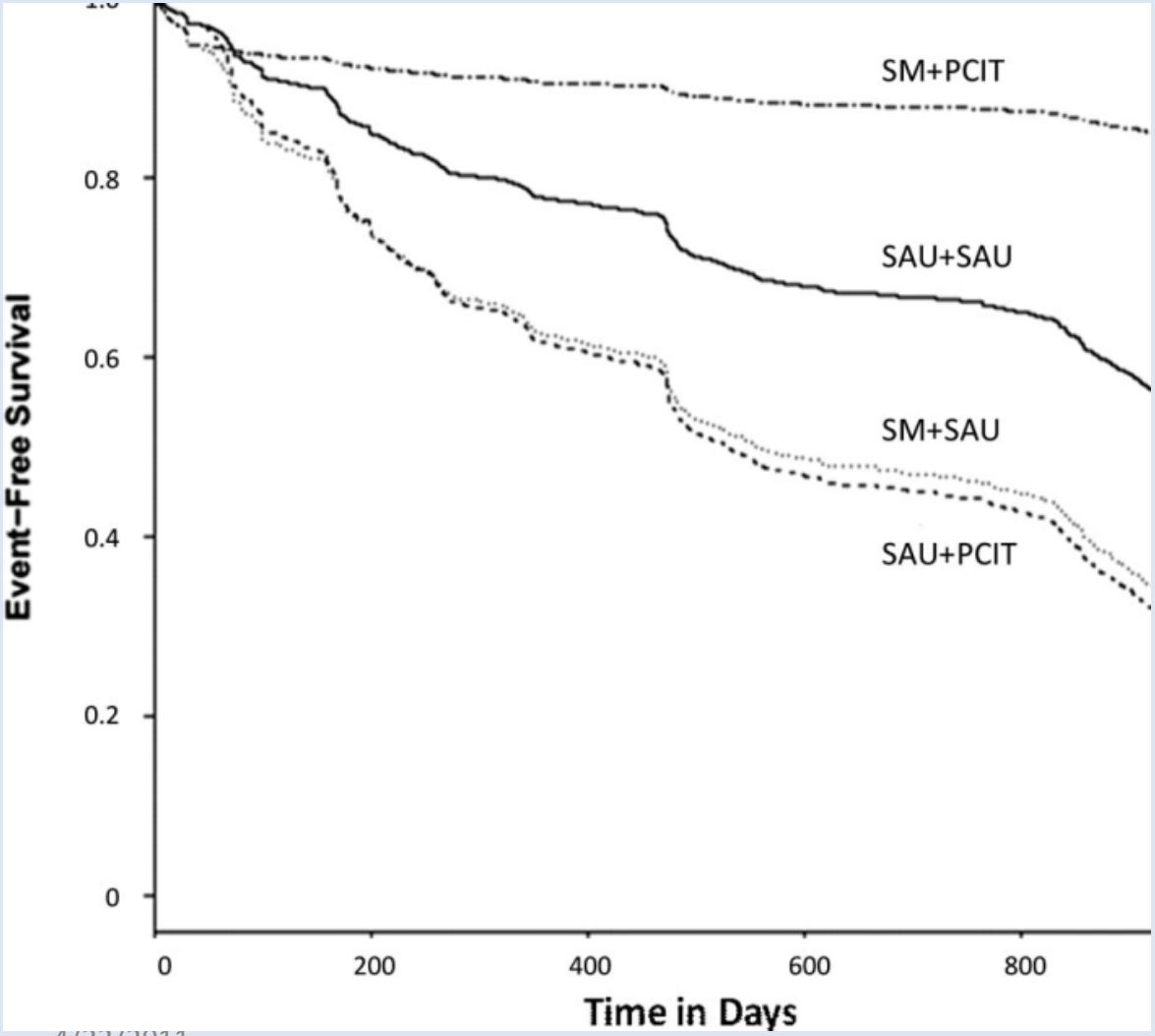
Implementation Questions

- Does the motivational adaptation improve engagement?
- Can the Adapted PCIT model work with the most severe chronic abuse/neglect Child Welfare cases (mean of 6 prior referrals, all children removed to foster care, most facing termination of rights)?
- Can results be replicated in an entirely front-line, real-world service setting?

Dismantling Questions

- What are the relative contributions of the the Motivational pre-treatment and PCIT and their synergistic combination
- 2 X 2 double-randomized design
- Accounting for risk-deprivation in recidivism outcomes

Dismantling Design Recidivism at 900 days follow-up

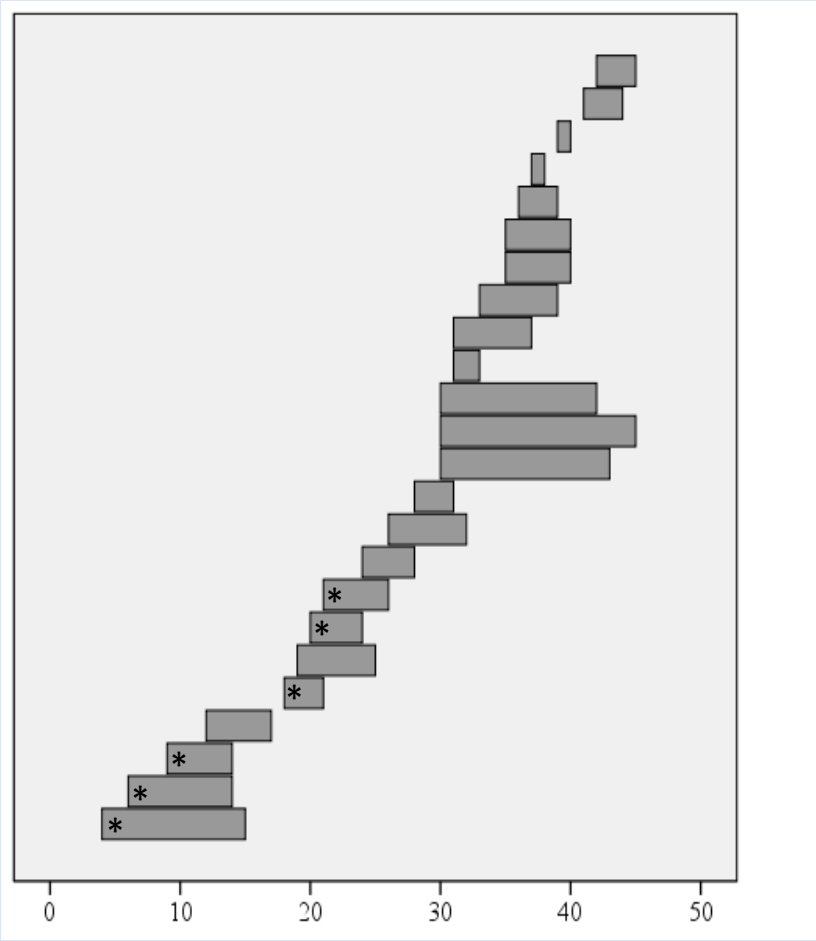


Motivation + PCIT cell of 2X2 RCT design had much better retention and completion

85% retention vs. 65% retention

About 15% recidivism for PCIT + Motivation compared to 55% for standard. Replicating initial RCT.

Third PCIT Trial—Quality Control and Two-State Scale Up Project



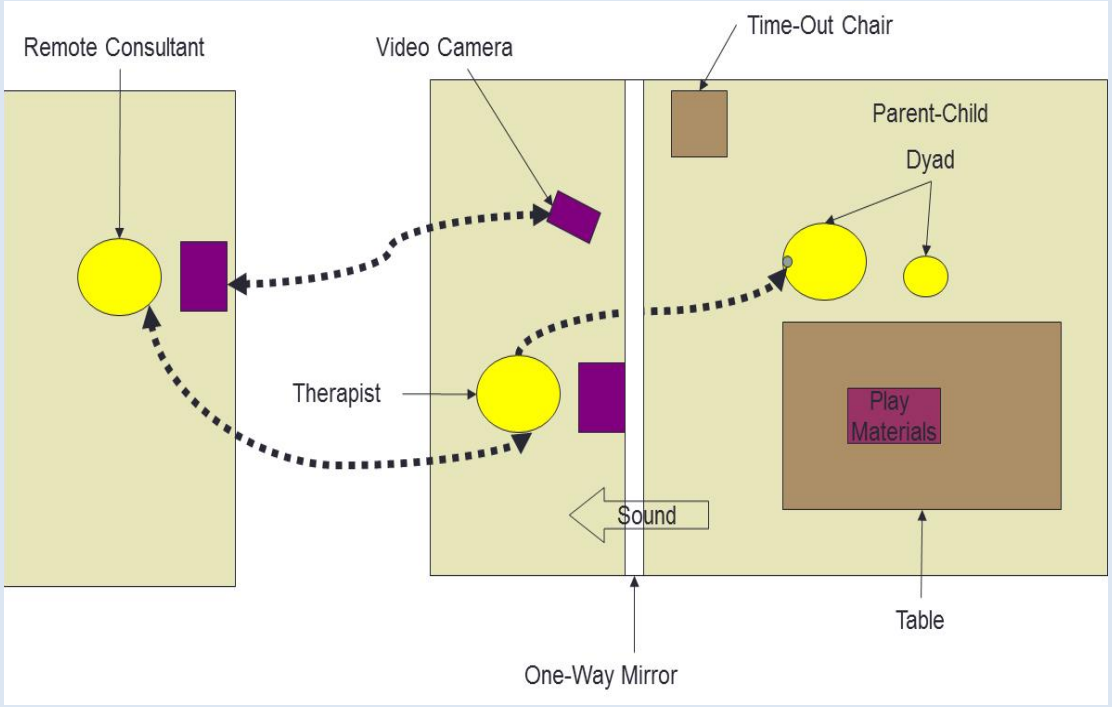
* Indicates an agency that began with video consultation, without prior phone consultation. Others had phone consultation beginning at baseline and continuing until the start of video consultation. All agencies received follow-up phone consultation after video consultation ended

Main question is how whether live real-time video consultation, after training, is necessary for producing provider competency development (defined by client provovement

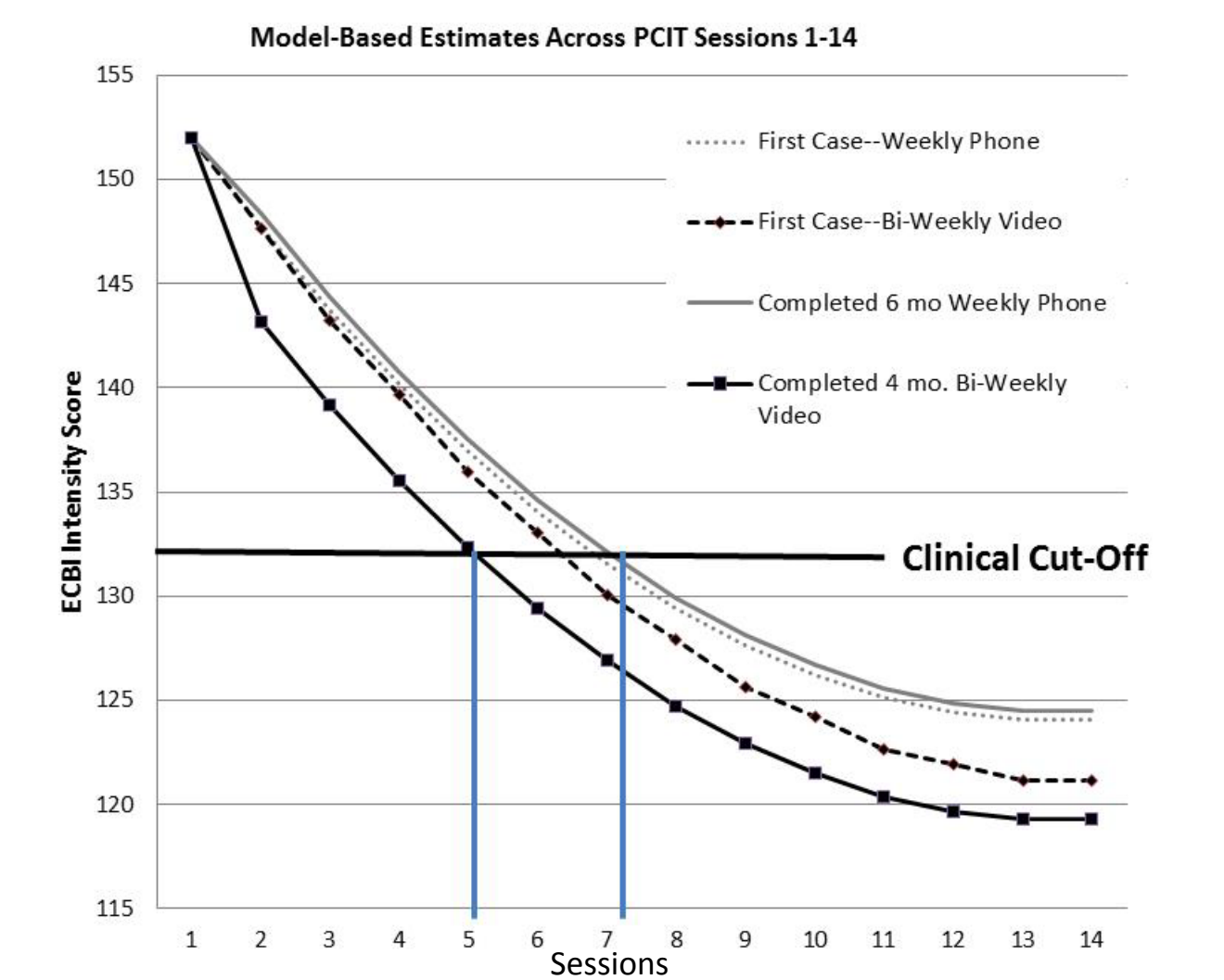
Two conditions—*post-hoc* telephone video Live real-time video consultation.

Cluster randomized sequential or "roll-out" type design.

Live Video Consolation



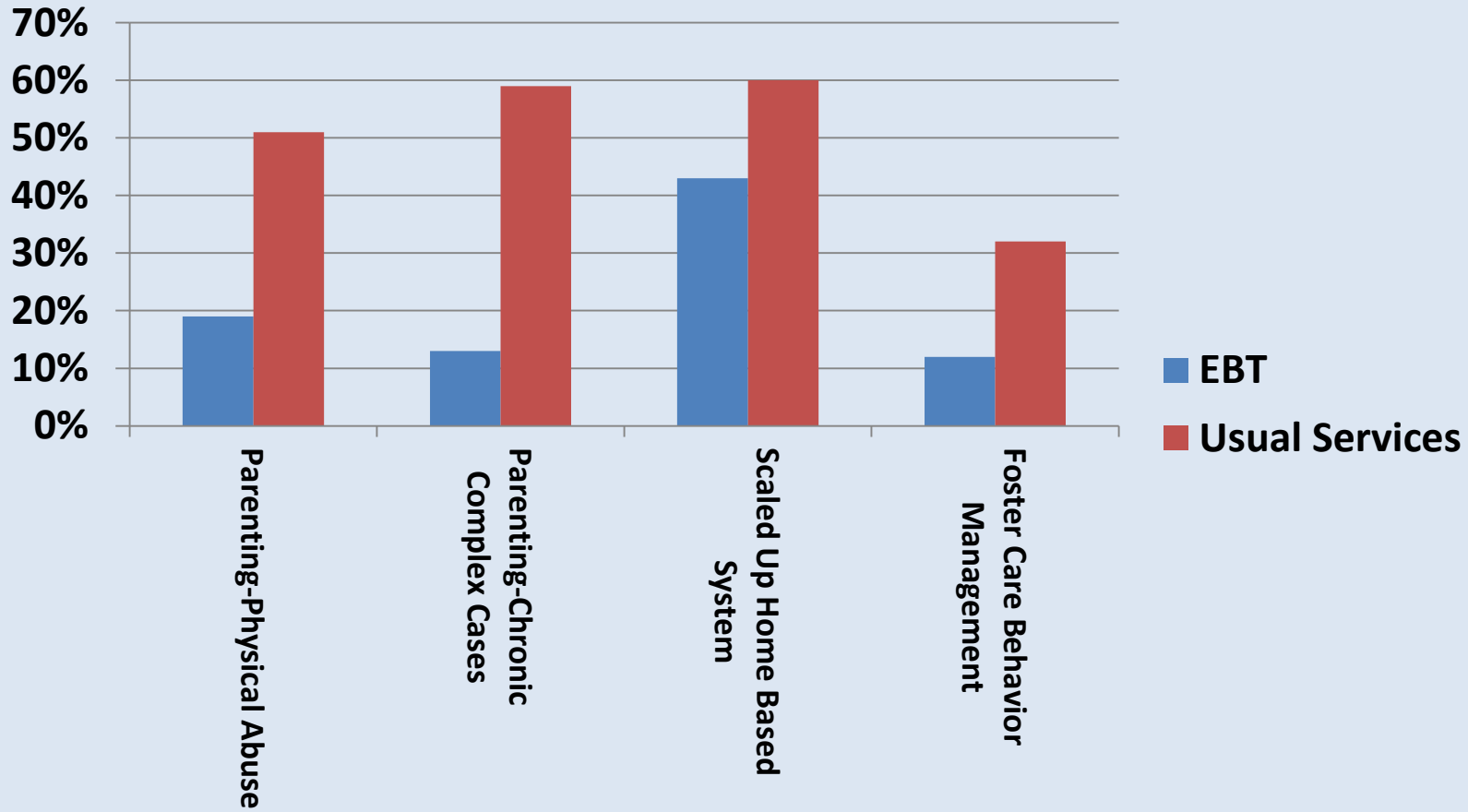
Impact of Live-Consultation Quality Control vs. Phone Consultations



The net cost difference (incremental cost of delivering live video supervision) – cost of saved sessions defining "recovery" is a wash.

However, the fewer number of sessions requires suggests greater impact due to potentially greater numbers of clients served

How Much More Effective Can We Be By Using EBT Parenting Models in Terms of Bottom-Line Child Welfare Outcomes? A lot.



Plus Collateral Benefits

THE JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY
Journal of Child Psychology and Psychiatry 53:3 (2012), pp 313–322 doi:10.1111/j.1469-7610.2011.0248

A novel early intervention for preschool depression: findings from a pilot randomized controlled trial

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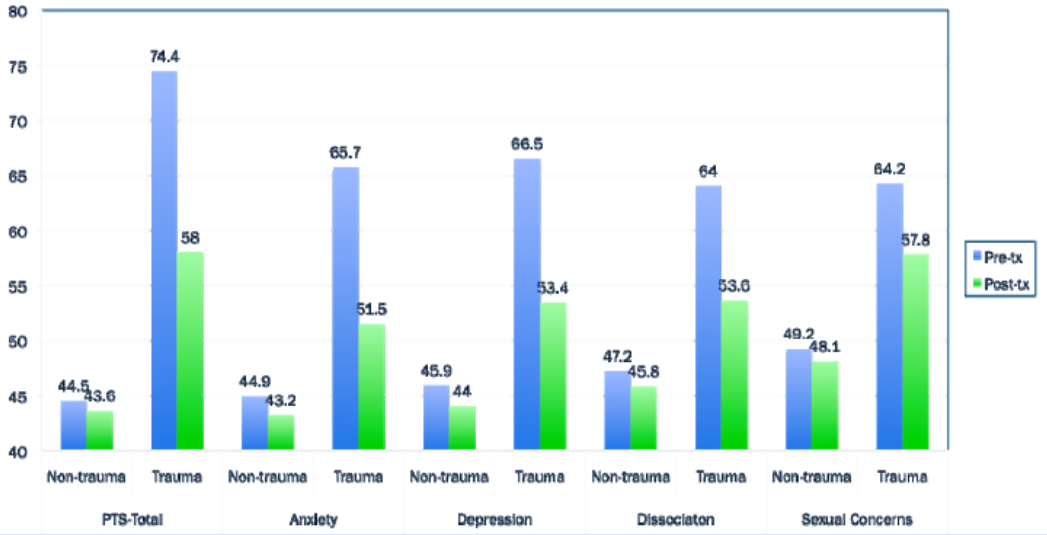
Background: Validation for depression in preschool children has been established; however, to date n empirical investigations of interventions for the early onset disorder have been conducted. Based on thi and the modest efficacy of available treatments for childhood depression, the need for novel earl interventions has been emphasized. Large effect sizes (ES) for preschool psychotherapies for severa Axis I disorders suggest that earlier intervention in depression may also be promising. Therefore, a nove form of treatment for preschool depression, Parent–Child Interaction Therapy Emotion Developmen (PCIT-ED) was developed and tested. **Methods:** A preliminary randomized controlled trial (RCT) wa conducted comparing PCIT-ED to psycho-education in depressed 3- to 7-year-olds and their caregivers A total of 54 patients met symptom criteria for DSM–IV major depressive disorder and were randomized 19 patients completed the active treatment (n = 8 dropouts) and 10 completed psycho-education (n = 1 dropouts). **Results:** Both groups showed significant improvement in several domains, with PCIT-ED showing significance in a greater number of domains. An intent-to-treat analysis suggested that PCIT ED was significantly more effective than psycho-education on executive functioning (p = .011 ES = 0.12) and emotion recognition skills (p = .002, ES = 0.83). **Conclusions:** The RCT proved feasibl and suggests an individual control condition should be used in future trials to minimize differentia dropout. These pilot data, although limited by power, suggest that PCIT-ED may be a promising earl intervention for depression. Larger scale randomized controlled trials of PCIT-ED for depressed pre schoolers are now warranted. **Keywords:** Preschool depression, Parent–Child Interaction Therapy.

Benefits on parental depression, and child trauma symptoms, even though these are not directly targeted

Treatment Effects: Pre- & Post-PCIT Means on TSCYC Scales by Trauma Group



Future Directions

- Integrating PCIT elements and other PMTO family elements into home-based delivery models
  - Current model developed for SafeCare, delivered by paraprofessionals
  - Preliminary data shows effect sizes comparable to clinic-based PCIT
  - Main advantage is compliance (virtually 100% vs. often low compliance with clinic referrals).