


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

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Where?





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Family Interaction Program

History of the Family Interaction Program (FIP)




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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



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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





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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 to reduce 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.


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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!





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Child Abuse & Neglect 53 (2016) 45–59

Contents lists available at ScienceDirect

Child Abuse & Neglect





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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* 2017 U.S. Los Angeles, CA, USA



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PCIT Effectiveness: Rigorous Evaluation



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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.

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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 ($\chi^2 = 7.7, p < .01$).

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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)

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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.

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Child Externalizing Behavior

Study or Subgroup	Experimental	Control	Mean	SD	Total	Weight	Mean Difference	95% CI	Risk of Bias	
Experimental	Mean	SD	Mean	SD	Total	Weight	Mean Difference	95% CI	Risk of Bias	
Avdagic et al. 2015	124.65	19.92	117.43	24.61	25	5.1%	-0.74	[-1.77, 0.30]	Low	
Boggs & Ewing 2007	109.60	28.22	101.514	30.10	12	4.1%	-1.42	[-2.20, -0.64]	Low	
Boggs 2010	4.2	8.2	11	8.61	14	3.8%	-2.21	[-3.61, -0.82]	Low	
Brinkley 1997	57.140	3.048	75	5.51	4	3.5%	-0.22	[-0.75, 0.31]	Low	
Clarke 2004	1.60	2.98	2	2.92	3	1.6%	-0.21	[-0.74, 0.32]	Low	
Clarke 2015	13.14	1.83	10	1.724	42	8.3%	-0.22	[-0.35, -0.10]	Low	
Fenech 2011	93.65	46.14	10	92.28	42.12	34	5.7%	-0.91	[-1.68, -0.14]	Low
Liang 2018	102.25	20	48	140.18	22.17	82	5.7%	-1.58	[-2.25, -0.91]	Low
Liang 2015	111.65	43.37	54	152.81	32.24	27	5.7%	-1.89	[-2.56, -1.23]	Low
Wallo 2010	51.52	10.51	20	88.38	9.74	12	4.5%	-1.89	[-2.43, -1.35]	Low
Wallo 2009	93.85	37.055	40	118.2	40.24	18	5.7%	-0.81	[-1.48, -0.14]	Low
Richard 1993	104	26.55	10	170.29	2.69	14	4.5%	-2.65	[-3.23, -2.07]	Low
Neenan 2005	125.975	13.0923	27	148.25	18.85	17	5.7%	-1.29	[-1.76, -0.82]	Low
Leahy 2018	16.2	2.27	10	10.61	2.96	2.7%	-1.75	[-2.12, -1.38]	Low	
Schramm 1886	117.6	4.64	22	109.7	3.11	33	5.0%	-1.86	[-2.14, -1.58]	Low
Sorenson 2009	68.7	4.95	10	62.25	3.17	8.7%	-0.21	[-0.52, 0.10]	Low	
Trent 1993	104.41	18.18	17	127.85	37.67	17	4.9%	-0.72	[-1.41, -0.03]	Low
Thomas & Zimmer-Gembeck 2011	138.1	35.4	42	146.1	32.4	34	6.7%	-0.26	[-0.54, 0.03]	Low
Thomas & Zimmer-Gembeck 2012	133.7	38.1	60	143.1	36.7	43	5.0%	-0.28	[-0.56, 0.00]	Low
Total (95% CI)	583	583	583	583	583	100.0%	-0.91	[-1.21, -0.61]	Low	

Test for overall effect: Z = 7.40, P < 0.00001, P = 81%

Test for overall effect: Z = 7.40, P < 0.00001

Test for subgroup differences: Chi-square = 8.84, df = 1, P = 0.30, I² = 9%

Test for overall effect: Z = 6.11, P < 0.00001

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Parents' Stress

Study or Subgroup	Experimental	Control	Mean	SD	Total	Weight	Mean Difference	95% CI	Risk of Bias	
Experimental	Mean	SD	Mean	SD	Total	Weight	Mean Difference	95% CI	Risk of Bias	
Boggs & Ewing 2007	292.57	10	224	6.1	12	16.1%	-0.20	[-0.17, 0.77]	Low	
Boggs 2010	106.174	13	10.1	9.3	14	16.2%	-0.10	[-0.14, 0.35]	Low	
Clarke 2004	3.0	4.1	2.7	4.1	3	6.1%	-0.10	[-0.16, -0.04]	Low	
Clarke 2015	30.2	3.2	9	3.74	9.9	6	13.0%	-1.00	[-1.24, -0.76]	Low
Schramm 1886	100.4	10.6	22	14.2	25.1	2	6.7%	-0.20	[-0.48, 0.08]	Low
Thomas & Zimmer-Gembeck 2012	144.7	37.2	60	138.8	27.6	43	9.0%	-0.90	[-1.26, -0.54]	Low
Sulejmanovic 2011	136.2	28.4	40	143.2	27.1	12	6.9%	-0.20	[-0.48, 0.08]	Low
Total (95% CI)	214	214	214	214	214	100.0%	-0.20	[-0.24, -0.16]	Low	

Test for overall effect: Z = 2.72, Chi-square = 17.35, df = 1, P = 0.0002, I² = 90%

Test for overall effect: Z = 2.72, Chi-square = 17.35, df = 1, P = 0.0002, I² = 90%

Test for subgroup differences: Chi-square = 8.84, df = 1, P = 0.30, I² = 9%

Test for overall effect: Z = 6.11, P < 0.00001

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Summary #1: 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


Parent-Child Interaction Therapy as Evidence-Based Treatment for Child Abuse Concerns

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

Behavioral Outcomes of Parent-Child Interaction Therapy and Triple P: Positive Parenting Program: A Review and Meta-Analysis

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.

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ARTICLE IN PRESS

Behavior Therapy

Improved Perceptions of Emotion Regulation and Reflective Functioning in Parents: Two Additional Positive Outcomes of Parent-Child Interaction Therapy

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Shane Marie Campbell
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Study Purpose

Consider whether parents' emotion regulation and reflective functioning are improved following participation in PCIT

Secondary parent outcomes

- Emotion regulation: ability to use internal and external resources to monitor, maintain, and modulate the occurrence, duration, and intensity of emotional responses (Thompson, 1994)
- Reflective functioning: parents' ability to understand their children's behaviors in light of underlying mental states and intentions (Slade, 2005)

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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).

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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

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Parents' Emotion Regulation & Reflective Functioning

- ◊ Why would parents' reflective functioning improve following PCIT?

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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.

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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%)

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PCIT Progression

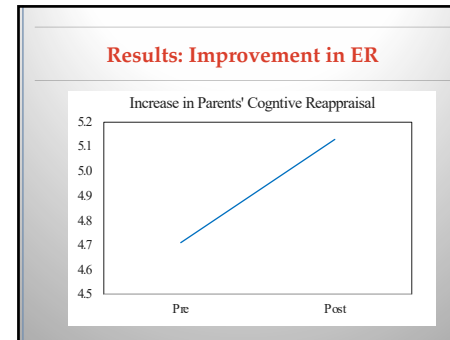
- ◊ 90 dyads (65%) completed PCIT
 - ◊ No differences between completers and dropouts on any measures except mother age; mothers who completed were slightly older
 - ◊ 12-weeks of coaching only
 - Two didactic info sessions
 - Average of 6.9 CDI (SD = 1.0; range 5-8)
 - Average 5.2 PDI (SD = 1.3; range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

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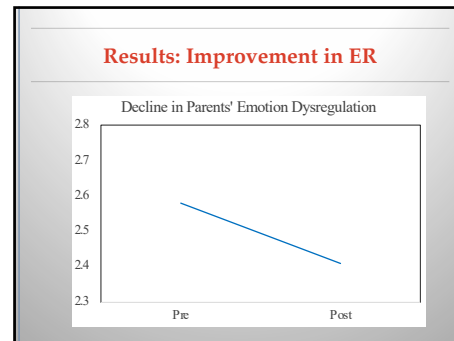
Measures

- ◊ 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)

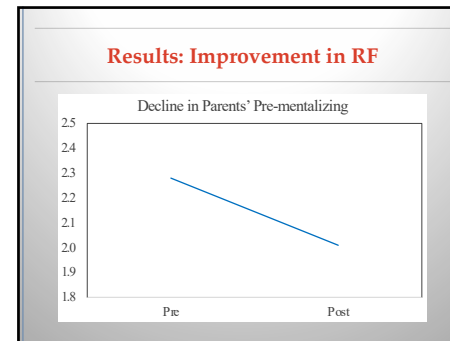
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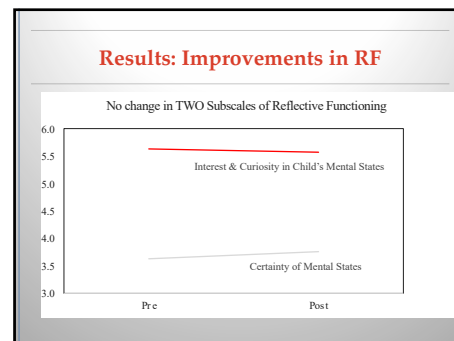
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Other Findings

- ◊ 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

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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

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PCIT Retention and Attrition: Is it low Motivation?

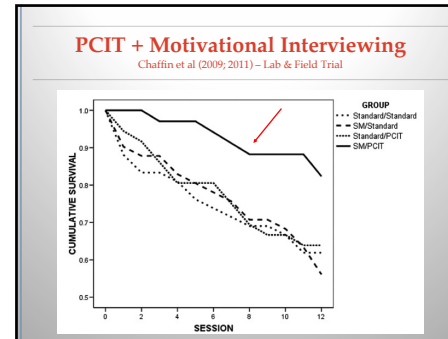


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Trials of MI to Reduce Attrition

- 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


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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



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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)

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Condition 1: Standard PCIT

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

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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

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Condition 3: 12-week Supported Waitlist

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

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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

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Results – Did MI enhance readiness to change?

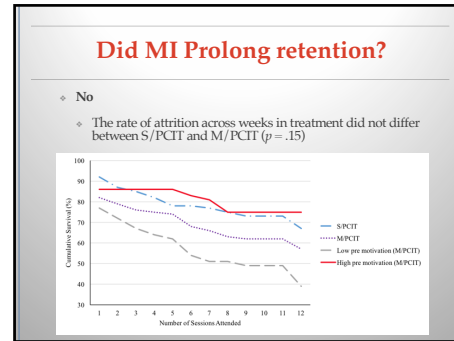
- ◊ Yes
 - ◊ M/PCIT caregivers significantly increased in their *readiness to change parenting practices* from pre-treatment to post-motivational enhancement $F(1, 39) = 448.61, p < .001$.
 - ◊ Reliable change in motivation was demonstrated in 97% of caregivers.

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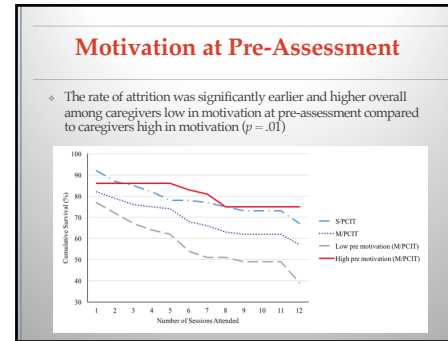
Did MI reduce attrition?

- ◊ 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

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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

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Motivation Other Analyses & New Directions

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

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PCIT Modifications?



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ASD

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

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Adaptations to PCIT for ASD

	Session Structure	Cooling Strategies
Initial	Initial session structure is similar to PCIT. However, the initial session is extended to 90 minutes to allow for a thorough assessment and to establish rapport. The initial session includes a detailed assessment of the child's strengths and weaknesses, a discussion of the goals of the program, and a review of the program's structure and expectations.	Initial session is extended to 90 minutes to allow for a thorough assessment and to establish rapport. The initial session includes a detailed assessment of the child's strengths and weaknesses, a discussion of the goals of the program, and a review of the program's structure and expectations.
Parent	Parent sessions are extended to 90 minutes to allow for a thorough assessment and to establish rapport. The parent sessions include a detailed assessment of the parent's strengths and weaknesses, a discussion of the goals of the program, and a review of the program's structure and expectations.	Parent sessions are extended to 90 minutes to allow for a thorough assessment and to establish rapport. The parent sessions include a detailed assessment of the parent's strengths and weaknesses, a discussion of the goals of the program, and a review of the program's structure and expectations.
Child	Child sessions are extended to 90 minutes to allow for a thorough assessment and to establish rapport. The child sessions include a detailed assessment of the child's strengths and weaknesses, a discussion of the goals of the program, and a review of the program's structure and expectations.	Child sessions are extended to 90 minutes to allow for a thorough assessment and to establish rapport. The child sessions include a detailed assessment of the child's strengths and weaknesses, a discussion of the goals of the program, and a review of the program's structure and expectations.

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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.

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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



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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)



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Conclusion

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

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Thanks to Collaborators and Past/Current Postgrad Students

Dr. Rae Thomas Dr. Mark Scholes Dr. Kate McCarthy Karen White Dr. Angela Anthony Dr. Judith Warner Dr. Brooke Mitchell Dr. Haley Webb Kellie Swan Sorcha Healy Dr. Leanne McGregor Shawna Mastro Campbell Jamie Barnier Dr. Stijn van Peltgen Justina McKay Dr. Codi White Dr. Trisha Wharton	Sarah Clear Alex Gardner Elise-Jade Polak Dr. Elbina Avdagic Jess Kerin Tanya Klawns Dr. Rhianne Frank Melissa Harahan Eimin Munro-Lee Victoria Hambour Leah Henderson Dr. Stefania Klug Dr. Michele Dunbar Dr. Charama Merlo Dr. Julia Rudolph Julie McLachlan Dr. Michelle Hood Dr. Michelle Hamish
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THANK YOU

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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.

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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.

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