Slide 1

DISSEMINATION OF PCIT TO COUNTY MENTAL HEALTH: DOES IT WORK?

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2007
Tampa, Florida

Slide 2

Riverside County Department of Mental Health Preschool 0-5 Program

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Slide 3

Presentation Outline

- County, Clinic and Client Characteristics
- Outcomes
- Training Dissemination

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Slide 4

Riverside Growth and Size Demographics FY05-06

- 4th largest county in California
  - 7,243 square miles
- 6th largest county by population in California
  - 1,888,311 residents
- Mental Health Services
  - 25 children's county mh clinics
  - 116 children's clinicians in county mh
  - 1423 children receiving services ages 2-7
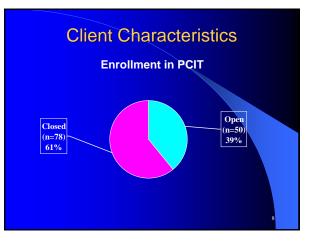 - Over 10,000 families served in total
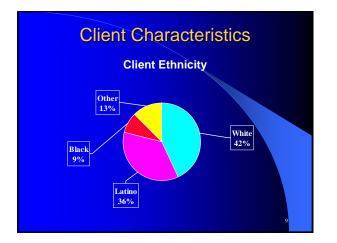
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Slide 5

Program Structure

- PCIT initially disseminated for ages 2-5
- Part of a larger Early Childhood System of Care for Preschool Age Children 0-5
- Where's the Money:
  - Substantially funded by First 5 Riverside (Prop 10)
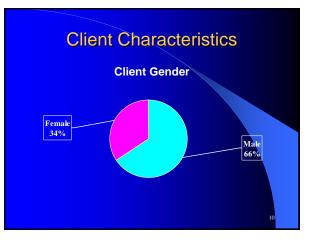- Primarily referred by pediatricians via DECA screenings

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Slide 6

Riverside County Department of Mental Health: PCIT over FY 2004-2006
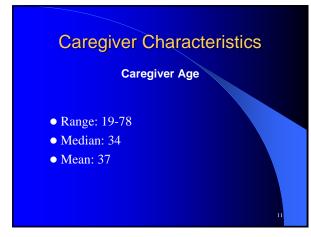
- 8 PCIT Sites, all complete and operational
- 128 PCIT Clients
  - 32 Completed CDI and PDI
  - 11 Completed CDI to mastery
  - 50 in current treatment
  - 35 Attrition- prior to mastery
- 39 Trained Clinicians
  - 28 RCDMH staff
  - 11 community-based organization staff

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Where to find us…8 stops

Client Characteristics

Enrollment in PCIT

Closed (n=78) 61%

Open (n=50) 39%

Client Characteristics

Client Ethnicity

Other 13%

White 42%

Black 9%

Latino 36%

Client Characteristics

Client Gender

Female 34%

Male 66%

Caregiver Characteristics

Caregiver Age

- Range: 19-78
- Median: 34
- Mean: 37

Caregiver Characteristics

Relationship to Child

Adoptive/ Foster Parent 8%

Other 6%

Grandmother 17%

Mother 69%

Referral Source

- Family/Self Referral 9%
- Other Agencies/Programs 3%
- Mental Health Provider 18%
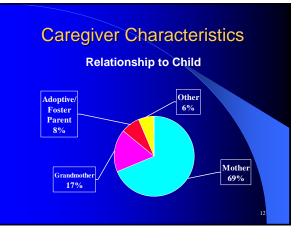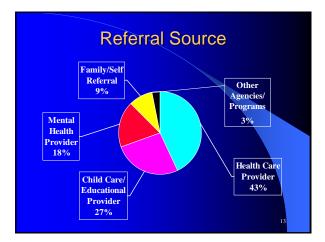- Child Care/Educational Provider 27%
- Health Care Provider 43%

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Attrition during Treatment

- Attrition- working definition: termination of treatment prior to meeting CDI mastery criteria
- Reasons:
  - CPS removal
  - Moved out of county
  - Dropped out of the Program
- Attrition rate: 35/128 = 27%

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MAINTAINING PCIT FIDELITY

- Mastery criteria for Child-Directed Interaction (CDI)
- Live on-site supervision of clinicians with families
- Standardized measures (ECBI, CBCL, PSI)
- Maintaining inclusion / exclusion criteria
- ECBI coaching sheet for development of treatment goals and words for coaching
- Inter-rater DPICS Coding with 85% accuracy

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IMPLEMENTING TRAINING STANDARDS

- 2-day Fundamental Training, 2005
  - February 2nd and 3rd
  - March 2nd & 3rd
  - April 13th & 14th
- 2-day Skill-Building Training, 2005
  - April 27th & 28th
- Parent-Directed Interaction (PDI) Training, 2005
  - November 17th

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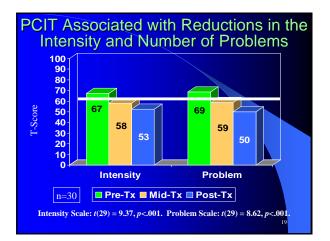
ON-SITE TRAINING STANDARDS

- TOT site visits
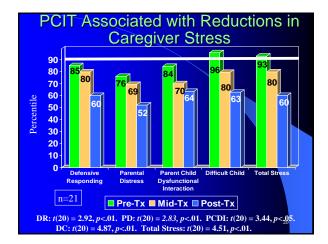 - review DVD's for DPICS within 85% among trainees before seeing families
  - role-play to PRIDE mastery
  - review pretreatment measures
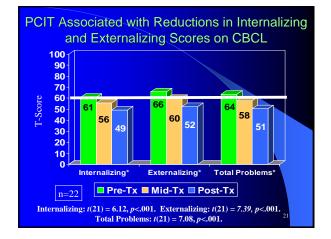 - review room set-up & equipment
- Can we consider successful dissemination of the model with newly trained PCIT clinicians given the positive clinical outcomes?

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ACHIEVING SUCCESSFUL OUTCOMES

- Eyberg Child Behavior Inventory (ECBI)
- Parenting Stress Index (PSI-S)
- Child Behavior Checklist (CBCL)
- Dyadic Parent-Child Interaction Coding System (DPICS-A)
- Therapy Attitude Inventory (TAI)

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PCIT Associated with Reductions in the Intensity and Number of Problems

T-Score chart with n=30

Intensity: Pre-Tx 67, Mid-Tx 58, Post-Tx 53
Problem: Pre-Tx 69, Mid-Tx 59, Post-Tx 50

Legend: Pre-Tx, Mid-Tx, Post-Tx

Intensity Scale: $t(29) = 9.37, p<.001$. Problem Scale: $t(29) = 8.62, p<.001$.

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PCIT Associated with Reductions in Caregiver Stress

Percentile chart with n=21

Defensive Responding: 85, 80, 60
Parental Distress: 76, 69, 52
Parent Child Dysfunctional Interaction: 84, 70, 64
Difficult Child: 96, 80, 63
Total Stress: 93, 80, 60

Legend: Pre-Tx, Mid-Tx, Post-Tx

DR: $t(20) = 2.92, p<.01$. PD: $t(20) = 2.83, p<.01$. PCDI: $t(20) = 3.44, p<.05$.
DC: $t(20) = 4.87, p<.01$. Total Stress: $t(20) = 4.51, p<.01$.

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PCIT Associated with Reductions in Internalizing and Externalizing Scores on CBCL

T-Score chart with n=22

Internalizing*: 61, 56, 49
Externalizing*: 66, 60, 52
Total Problems*: 64, 58, 51

Legend: Pre-Tx, Mid-Tx, Post-Tx

Internalizing: $t(21) = 6.12, p<.001$. Externalizing: $t(21) = 7.39, p<.001$.
Total Problems: $t(21) = 7.08, p<.001$.

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Parental Behaviors are Coded Reliably

- 5-minute portions of 152 sessions for 25 clients and their caregivers were examined for inter-rater reliability.

- The intraclass correlation coefficients for the 152 sessions ranged from .515 to 1.000.

- The intraclass correlation coefficients for 141 of the 152 sessions was .85 or higher.

- Overall, the average inter-rater reliability was 95%.

  n= 6 TOTs + 16 Clinicians

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Parents are Satisfied at PCIT Graduation

- At graduation, parents are generally quite satisfied with the process and outcomes of PCIT (n=20)
- On a 5-point scale:
  - 9 items received a mean score between 4.50 and 4.75
  - 1 item received a lower mean score
    - (4.10) parents learned "several useful techniques" for teaching their children new skills
- On the supplemental items:
  - The Ethnicity Scale received a mean score of 5.00
  - The Acceptability Scale received a mean score of 4.37

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Our Findings… PCIT Works!

- Prior to PCIT intervention, most scale scores across the ECBI, PSI, and CBCL fall within clinically significant ranges.

- With partial treatment intervention, scores tend to show some improvement.

- At post treatment, scores decrease to well below clinically significant ranges.

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More Findings…
We Match & They Like It

- The findings on inter-rater reliability indicate that there is good consensus between raters on the use of the DPICS-A.

- The TAI indicates that parents whose children graduate from PCIT are satisfied with the process and outcomes of the intervention.

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Future Directions
What We Think…

- Parents with exceedingly high %tile scores in Defensive Responding on their PSI scale may be more depressed than other parents.
  - Prior to PCIT, children may find aggressive or oppositional defiant behavior to be an effective style to engage parents in interaction (positive/negative).
- We see from the CBCL's Syndrome and DSM-Oriented Scales, that children's aggressive and oppositional defiant behaviors decrease below clinical ranges as families complete PCIT.
  - Future work can help to explicate the relationship between parental depression and children's problem behaviors.

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Future Directions
What Do We Know, and
Where Should We Go?

- Fully engaging in PCIT to graduation yields better results: greater average decreases in both children's conduct-disordered behaviors and parents' stress.

- PCIT is a very intensive treatment modality that requires a considerable commitment on the part of families (and PCIT clinicians).

- Because this level of commitment is especially hard to sustain in families experiencing multiple difficulties, we need to develop new ways to creatively assist, coach and support those families as they go through the PCIT process.

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Lessons Learned
You're Not the Boss of Me

- Training within agency
  - Colleague versus supervisor role
  - Level of expertise coach & clinician
- Mandatory Training?
  - Match of clinician to model
  - Internal case referrals for PCIT among staff
- Program support
  - Management level / line staff level

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Lessons Learned
"Who's on 1st?"

- Program Infrastructure
  - Identification of lead staff to manage training
  - Dedicated staff meeting time for PCIT review/practice
  - Code & role play to mastery prior to seeing families
  - Tracking system for research data & analysis
  - Creation of uniform progress notes / charting
  - Use of a back-up / co-staff therapist
  - Development of "waves" to track clinician progress

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Lessons Learned
"I Don't Know is on 2nd"

- Management Infrastructure
  - Online PCIT log
  - Standard email with explanation of training process
    - 2 day fundamental
    - 2 day skill building
    - In vitro training & support 40+ weeks
- TOTs monthly meeting
- Front office support / supplies

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PCIT Training Model

PCIT Fundamental (16 hours)
Conduct didactic training for clinicians on overview of PCIT, PRIDE skills, DPICS coding, intake assessment, and coaching. Overview of PDI skills

Skill Building (16 hours)
Develop skills on assessment, coaching, coding in both CDI and PDI. Have clinicians ready to see cases.

PDI Skill Building (8 hours)
Intensive didactic training with role play on PDI skills.

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PCIT Training Model

PCIT Consultation/Supervision
(10 cases x 20 weeks = **200 hours!!!**)
Provide consultation during live PCIT sessions.
"Yes, we whisper in your ear!"

Regional Trainings/Institutes/Conferences
Attend regular updates on PCIT. Stay current on literature and listserve.

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Becoming a PCIT Therapist

- 40 hours didactic training with role-play
- 16 hours of skills building PCIT training at UCDMC CAARE Center
- Read PCIT book (Hembree-Kigin & McNeil, 1995: disregard pg. 94-97), training curriculum and selected research articles
- Meet PCIT training Competencies for Therapist/Coach (UCDMC CAARE Center, 2000)
- Administer, score and interpret pre/post measures (ECBI, PSI, CBCL and 15-minute observation with DPICS scoring)
- 200 supervision/case consultation hours
- Remain current with PCIT research/advancements by attending regional meetings, annual PCIT conferences and other resources (i.e. PCIT Listserve, etc.)

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When Are You Ready to Train Others in Your Agency?

- ❖ Met all competencies
- ❖ Completed enough cases to allow for different learning experiences
- ❖ Read all supporting materials (book, articles)
- ❖ Developed videos to demonstrate key concepts
- ❖ **TIME!!!**

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