The USF Psychiatry Department

in cooperation with

The Carter–Jenkins Center

presents

Karen Goldberg, MD
Assistant Professor, USF Child Psychiatry

Kathleen Armstrong, Ph.D.
Professor, USF Pediatrics
PCIT Coach

Amanda David,
Certified Interpreter, USF Communication Sciences & Disorders

PARENT-CHILD INTERACTION THERAPY ADAPTED FOR DEAF PARENTS

USF Psychiatry Grand Rounds
Morsani Center

Learning Objectives

- Define target population with best evidence for Parent-Child Interaction Therapy (PCIT) implementation
- Describe assessment/progress monitoring tools, and phases used within PCIT
- Specify adaptations that may be needed to implement PCIT effectively with Deaf parents

1:24

Our Team

- Karen Goldberg, MD
  - Assistant Professor, USF Child Psychiatry
- Kathleen Armstrong, Ph.D.
  - Professor, USF Pediatrics
  - PCIT Coach
- Amanda David,
  - Certified Interpreter, USF Communication Sciences & Disorders

2:00

PCIT Overview

- Developed by Dr. Sheila Eyberg (1971) and her associates for children ages 2-7 with challenging behavior problems
- Recognized as a **Model Program** or **Evidence-Based Treatment** by American Psychological Association, National Child Traumatic Stress Network, SAMHSA, Society of Child And Adolescent Psychology, U.S. Departments of Justice/Health and Human Services
- Integrates traditional play therapy into operant conditioning model
- Uses real-time coaching with caregiver engaged with the child
- Adapted for use with depression, anxiety, intellectual disabilities, autism, child abuse and neglect

2:14

Goals of PCIT

- Create a warm, nurturing relationship and establish effective discipline process
- Teach caregivers to provide selective positive attention, strategic ignoring, and effective discipline strategies to improve child behavior
  - Live coaching improves parenting skills
  - Responsive parenting behavior leads to improved child behavior
  - Proactive discipline reduces challenging behavior
- Reduce caregiver stress by improving childs behavior and compliance

3:47

Therapy Structure

- Parent completes a short rating scale of weekly child behavior problems
- Five minute coded observation period during play
- Real-time coaching with parent comprises most of treatment session
- Session ends with brief review of coded observation and goal setting for practice over the week
- Parent skills observation and rating of behavior problems graphed
- Weekly homework sheets document practice
- Mastery determines of both determines discharge from PCIT

4:57

Two Treatment Phases

- Child Directed Interaction
  - Follow child's lead
  - Use labeled praise, behavior descriptions and reflections
  - Eliminate commands, questions and criticism
  - Ignore mild disruptive behavior
- Parent Directed Interaction
  - Effective commands
  - Follow through
    - Praise
    - Warning
    - Time out procedure

6:47

CDI Phase

- PRIDE Skills: Praise, reflection, imitate, describe, enjoy
- CDI Mastery-during 5 minute period
  - 10 behavior descriptions
  - 10 labeled praises
  - 10 reflections
- Homework
  - 5 minutes special play
  - Homework sheet

8:20

PDI Phase

- Clear commands and follow through
  - Tell child what to do
  - Make commands direct
  - Give consequences for non-compliance
  - Discipline child in neutral, boring manner
  - Model politeness and respect

11:00

Discipline Sequence

- Sequence of steps to follow after a command
  - If child obeys, praise
  - If not, give warning
  - If not, lead to time out chair
    - 3 minutes, plus 5 quiet seconds
  - If not, lead to time out room
    - 1 minute, plus 5 quiet seconds
  - Reverse process to original command
  - If complies, say "fine"
  - Quickly give new command and praise

11:35

Eyberg Child Behavior Inventory (ECBI)

- Brief, 36-item behavior rating scale
- May be used frequently for progress monitoring
- Parent rates behavior on a 1(never) to 7(always) scale
- Parent endorses if behavior is a problem for him/her by YES/NO
- Raw scores converted to T-Scores (Mean=50, SD=10)
- Graduation T-score = 55 in both domains

12:30

Measuring Therapy Progress

- PCIT is performance-based rather than time-limited
  - Mastery of CDI and PDI skills
  - Reduction in child behavior problems (ECBI)
- Dropout rate of 35% compares favorably to 40-60% commonly reported for psychotherapy
- Direct observation and coding of parent-child interactions graphed

13:52

Example of Real Time Coaching

15:36

Case Background

- Seven years old hearing boy
- Both parents are profoundly Deaf
- Hyperactive, distractible child
- No developmental delays
- Oppositional, defiant, angry
- Understands sign language and Deaf culture
- Refuses to sign or make eye contact when parents try to communicate with him

18:01

Pre-Intervention Assessment

Child Behavior Checklist (CBCL)

- Clinical range (T-scores >65)
  - Affective Problems; Anxiety Problems; Somatic Problems; ADHD Problems; and ODD Problems

Eyberg Child Behavior Inventory (ECBI)

- Intensity 82
- Problem 77

Diagnosis

- Attention Deficit Hyperactivity Disorder-Combined (ADHD)
- Oppositional Defiant Disorder (ODD)

Medication

- Adderall XR 15mg AM
- Intuniv 2mg HS

22:14

Complicating Factors

- Differences between grammar and structure of ASL and English
- Child able to see video during sessions
- Immediacy of coaching feedback
- Child's use of ASL, vocalizations, and English
- Father unable to attend treatment sessions
- Technology glitches

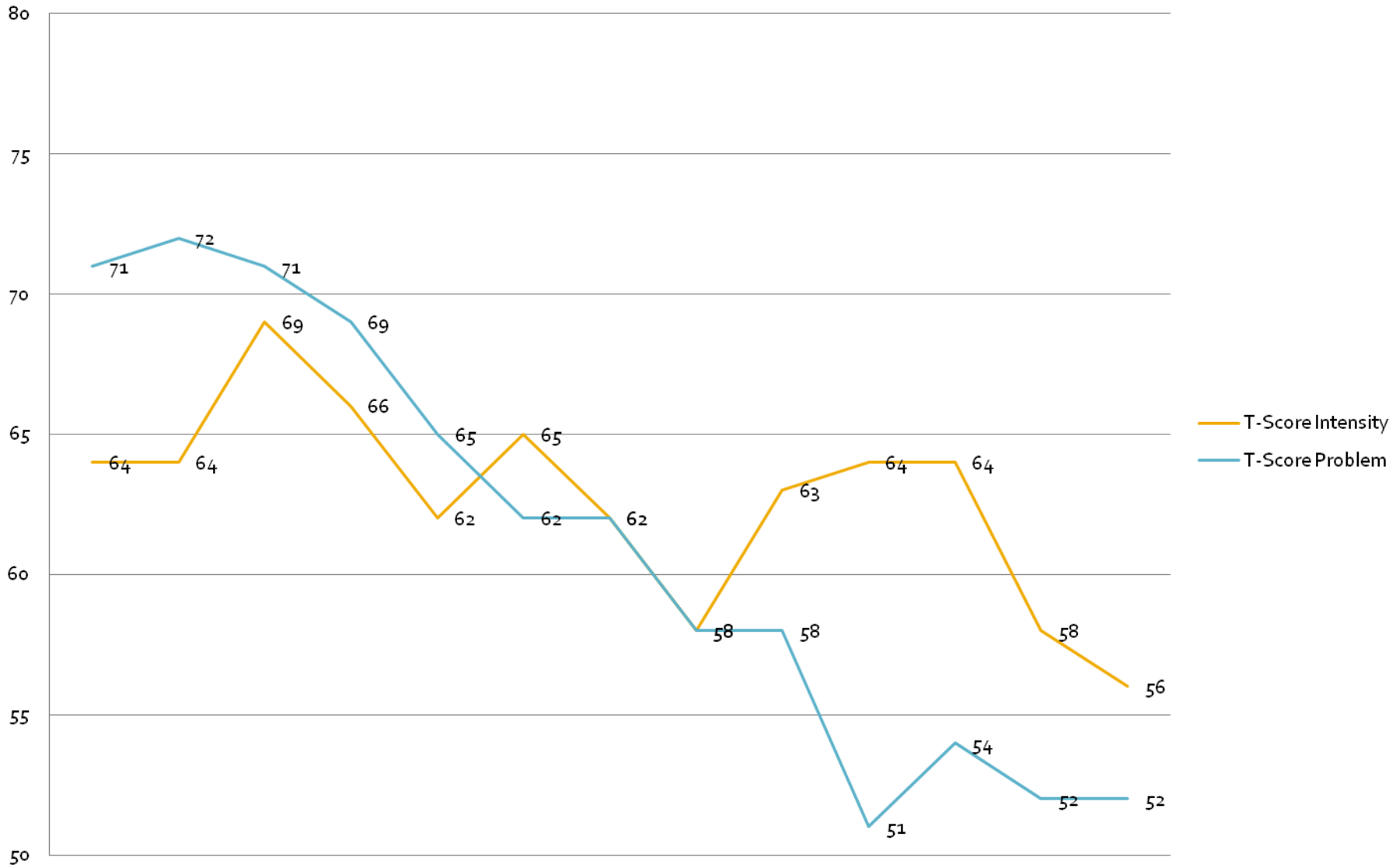
24:35

Course of Treatment

- 13 weekly sessions; child attended 11 sessions with parent
- Two teaching sessions without child
- Handouts for home and school
- CDI phase lasted 7 sessions
  - Parent mastery of 10 labeled praises, reflections, and descriptions in 5 minutes, with no commands or questions
- PDI phase lasted 4 sessions
  - 75% of commands follow sequence correctly
  - Implementation at home positive
- Homework completion average 3.2 days per week

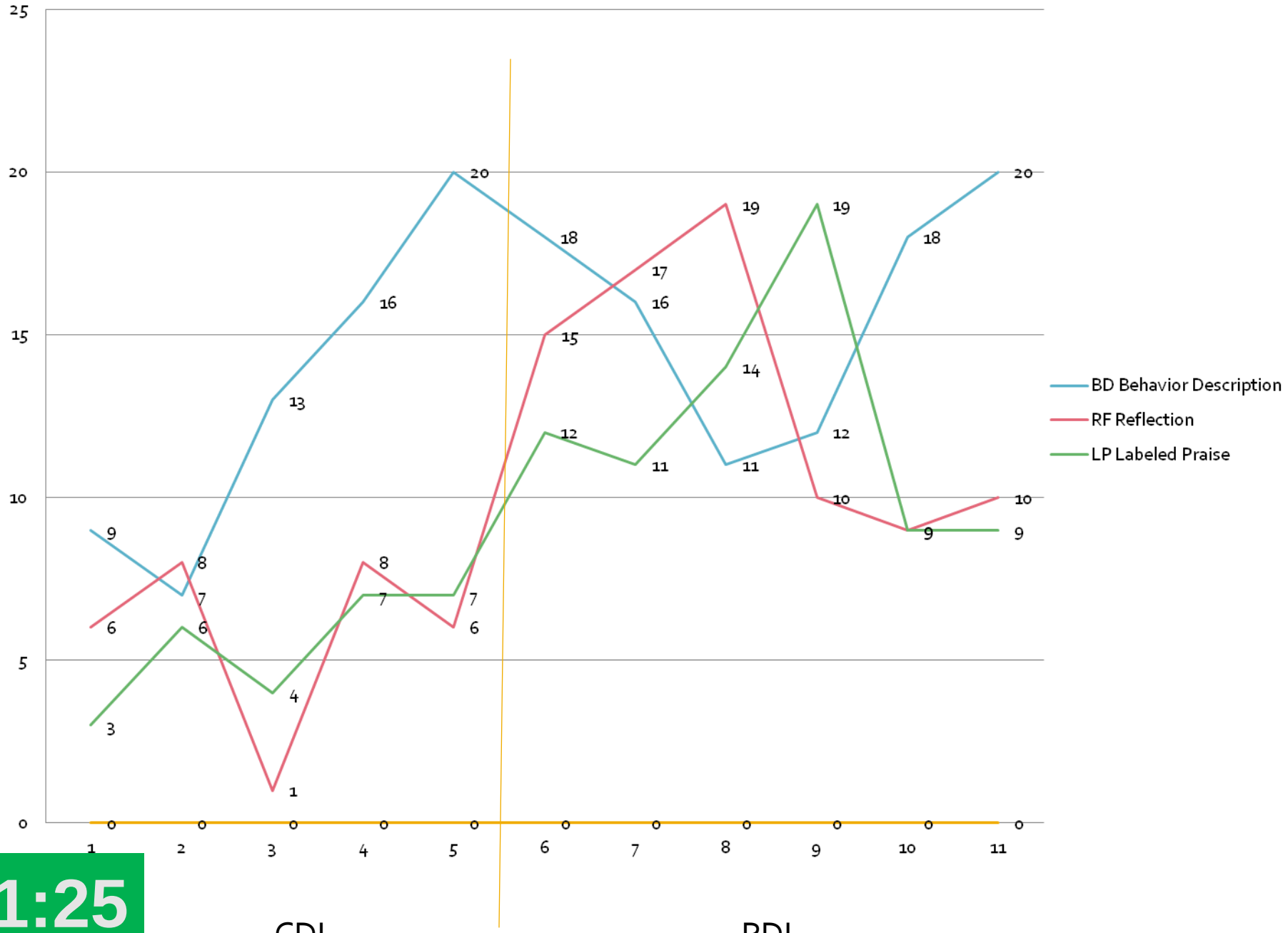
28:19

Weekly ECBI Ratings



30:15

Parent CDI Skills Mastery Chart



31:25

Post-Treatment Checkup

ECBI	Pre	1 month	3 months
Intensity	82	45	36
Problem	77	40	42
CBCL-DSM Scales			
Affective	72	70*	56
Anxiety	68	55	50
Somatic	77	73*	83*
ADHD	75	66*	58
ODD	70	50	54

Note: T-scores, mean = 50, SD = 10; * poor eating and sleep problems

32:14

Access and Barriers to Care

- Unavailability of coach fluent in ASL
- Limitations of interpretation fully representing communicative event
- Child using multi-mode communication that was often not visible
- Lighting issues in darkened room
- Travel distance for family-4 hour total commute
- Father unavailable for coaching sessions

33:40

Treatment Implications

- PCIT was effective in reducing child's disruptive and non-compliant behavior
- PCIT proved effective in improving parent-child relationship
- PCIT reduced parenting stress
- Parent learned to provide positive attention to Michael
- School behavior slightly improved

36:27

Recommendations to Clinicians

- Use of technology
  - During session
  - Communication with parent outside of session
- Consistency of interpreting team
- Preparation of interpreting team
- Descriptive/escort interpreting services
- Collaboration of health care team

37:05

Take Home Points

- Few evidence-based behavioral health treatments for Deaf families
- PCIT is an evidence-based intervention for use with children ages 2-7 and caregivers
- PCIT can be successfully adapted for use with Deaf families using a team approach and technology
- Evidence-based interventions should be available to Deaf families

41:02

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