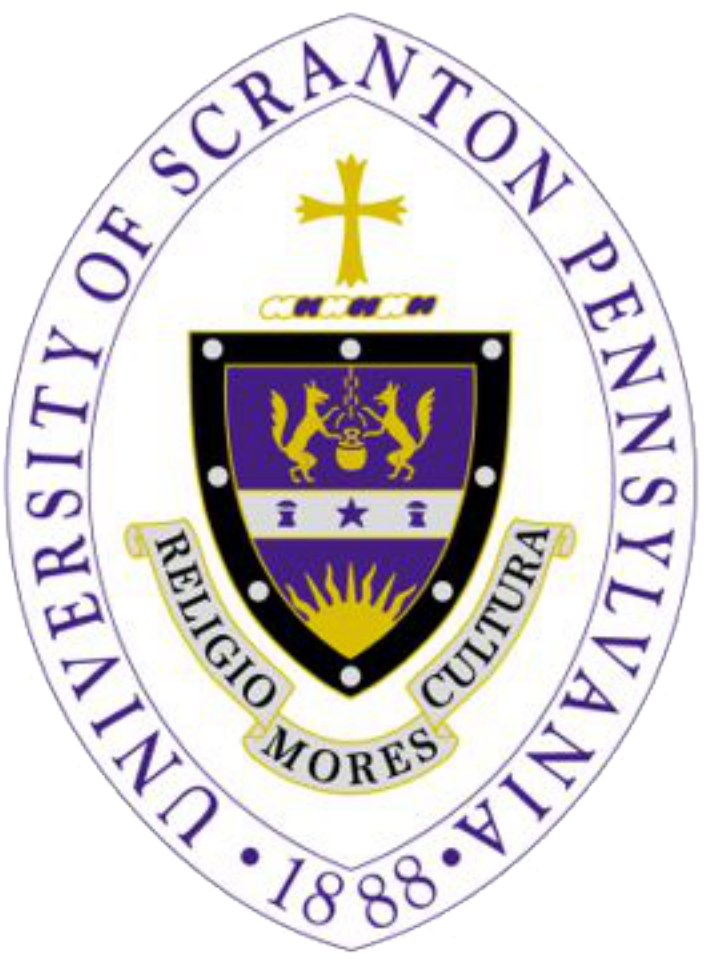




Parent-Child Interaction Therapy in a Community Treatment Setting: Early Engagement and Patterns of Change



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Abstract

Early engagement and patterns of change were examined in 39 Parent-Child Interaction Therapy (PCIT) clients in a community treatment setting. Clients that Graduated (G) and those that had Reliable Change (RC) without graduating both responded to treatment after the initial behavioral assessment, before any specific techniques were taught, and changed substantially by the third active session. RC clients' trajectories differed from those that finished the full course of treatment. Clients that did not graduate or show RC comprised a third trajectory, No Change (NC).

Introduction

- Client readiness to change is an important predictor of treatment outcome across psychotherapies. Caregiver readiness is important for parenting programs.
- In a prior study on PCIT completion in a sample from a community clinic (Coviello, Wolff, & Karpiak, 2019), typical predictors of outcome (e.g., severity of child behavior, single-parent status) and indicators of readiness (e.g., self-referral for treatment, rate of no-shows) were unrelated to graduation status.
- In exploratory analyses, we found that the non-completing group was actually comprised of two distinct subgroups, one of which exhibited RC (Jacobson, 1991), like the graduates, but left before graduating from the program.
- Rapid early change predicts positive therapy outcome and amount of overall change and is thought to be related to client readiness (Lutz et al., 2014). It appears to be a better predictor of treatment outcome than background variables (Grillo et al., 2015). Little is known of its presence or operation in therapies like PCIT, where the behavior to be changed is in the child but readiness is needed in the caregiver.
- The current study examined indicators of rapid early change in the three outcome groups from our earlier study: G, RC, and NC.
- We hypothesized that *immediate* change in child behavior scores on the Eyberg Child Behavior Inventory (ECBI; Eyberg, 2009), indicative of caregiver readiness, would be seen in the G and RC groups and not in the NC group.
- We hypothesized that *early* change in ECBI scores and in observed parent behaviors during the third treatment session (% do, % don't), indicative of good early therapeutic response, would be different between the groups.

Method

Participants

- Children and their caregivers ($n = 39$ dyads) who had received PCIT at a community mental health center
- Mean child age was 3.92 ($SD = 1.5$); 64% were male, 51% were white/non-Hispanic
- Caregivers were mostly mothers (89%)
- All were fully funded by public assistance, referred for externalizing problems, and treated by the same master's level therapist
- Mean intake scores on the ECBI were at the 96th percentile ($M = 165.2$, $SD = 36.5$), a high level of behavioral disturbance

Measures & Procedure

- Archival data were collected from all PCIT clients seen during the study window except those with ASD or Down Syndrome
- Demographic data and background variables were collected for comparison to current PCIT literature
- Behavioral observations from the early sessions were collected and organized into "do" and "don't" behaviors
- Graduation (yes/no) data and all ECBI scores were collected; RC was calculated from initial and final ECBI scores (ECBI from the last session attended)
- The three outcome groups were G (21%), RC (26%), and NC (53%)

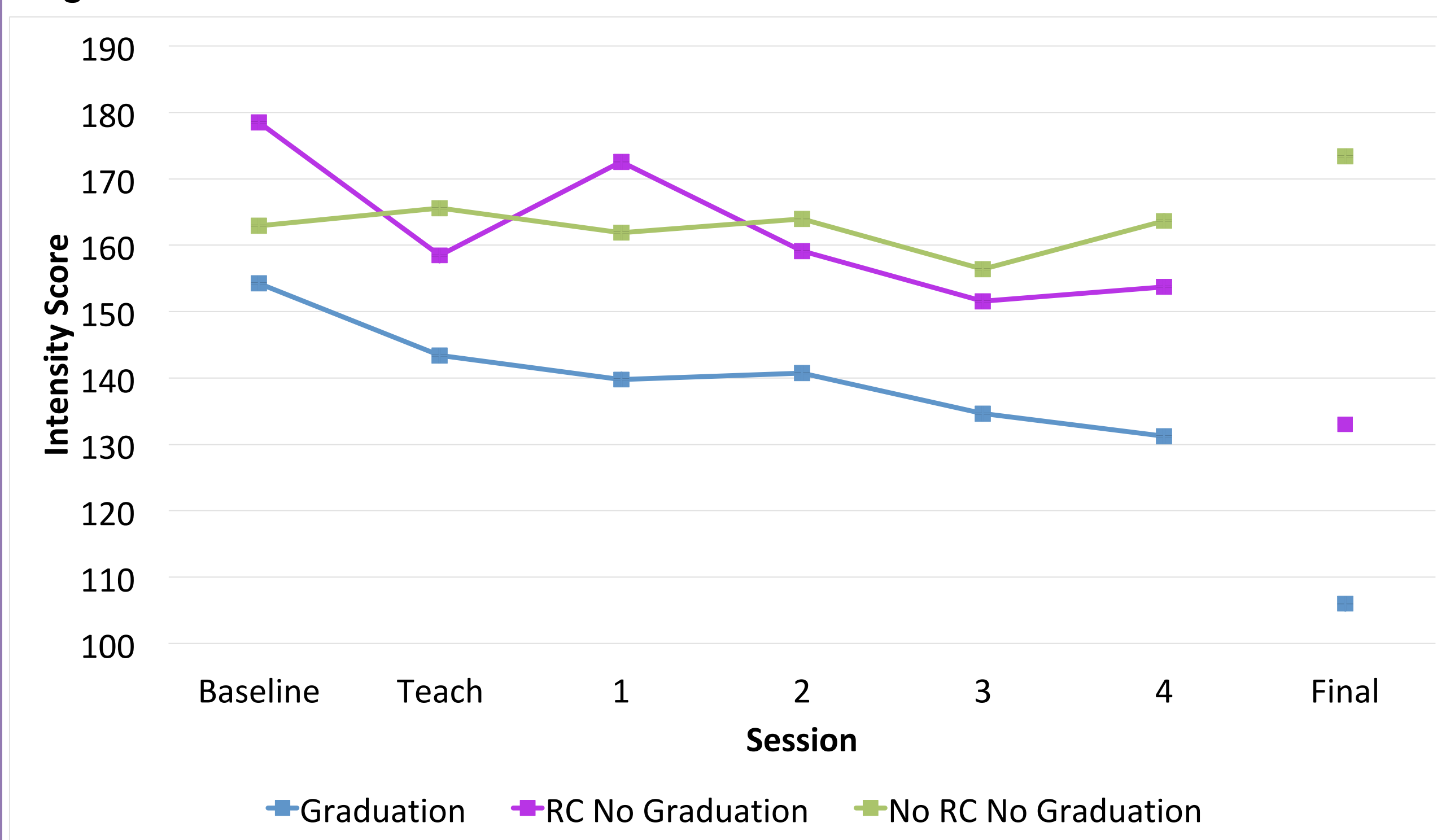
Discussion

- Child behavior can be substantially improved by PCIT even when the treatment is not completed. A recent community center study in Oregon, conducted with nearly 3,000 participants, supports this conclusion (Lieneman et al., 2019).
- Clients who don't complete PCIT are not a homogeneous group. In this study, a large group of non-completing clients evidenced rapid early change. They clearly should not be grouped for analysis with clients who drop out without change.
- Rapid early response is a strong predictor of outcome in an array of treatments for adults. Our analyses suggest it should also be studied in this dyadic treatment for children.
- Immediate decreases in caregiver ratings of child problem behavior – before any of the active components of treatment have been taught – probably reflect pre-treatment readiness to change. They predicted changes in caregiver behavior by the third session and final child behavior ratings.
- The different outcomes were not associated with differences in behavior scores or demographic variables at the start of therapy. Immediate and early responses hold promise as ways for clinicians to adjust treatment to client needs.

Limitations

- Studies of response patterns in psychotherapy commonly employ statistical modeling to identify patterns. The small sample size of the study precluded using those techniques.
- It is not clear if findings from this community center sample with one therapist providing PCIT can be generalized to other types of treatment settings.
- Archival data were used. Future studies should include direct measures of readiness to change.

Figure 1. ECBI



Results

Readiness to Change

- The three groups did not differ on ECBI scores ($F = 1.07$, $p = 0.36$) at intake.
- The groups differed significantly in immediate change – the amount of change after the baseline (assessment) session ($F = 7.07$, $p = 0.003$). Post-hoc the difference was between the RC and NC groups. The G group's ECBI scores dropped 11 points and the RC group dropped 20 points, while the NC group was stable (Mean 3 point increase).
- Amount of immediate change correlated significantly with change in caregiver observed behavior by treatment session 3 ($r = 0.68$, $p = 0.004$) and with final child behavior scores ($r = 0.42$, $p = 0.009$).

Patterns of Early Change

- Patterns of change in ECBI, parent 'do' skills, and parent 'don't' skills are displayed in Figures 1-3.
- Groups differed significantly in amount of change in ECBI scores by session 3 ($F = 3.82$, $p = 0.039$). At session 3, the RC group (-32) differed significantly from the NC group (-2). The G group (-20) did not differ significantly from either.
- By the final session, the RC group had decreased 46 points, the G group 48, and the NC group had increased by 9 points. Both the final ECBI intensity scores ($F = 7.02$, $p = 0.003$) and the amount of change are significant differences.

Figure 2. Do Skills: Praise, Reflections, and Behavior Descriptions.

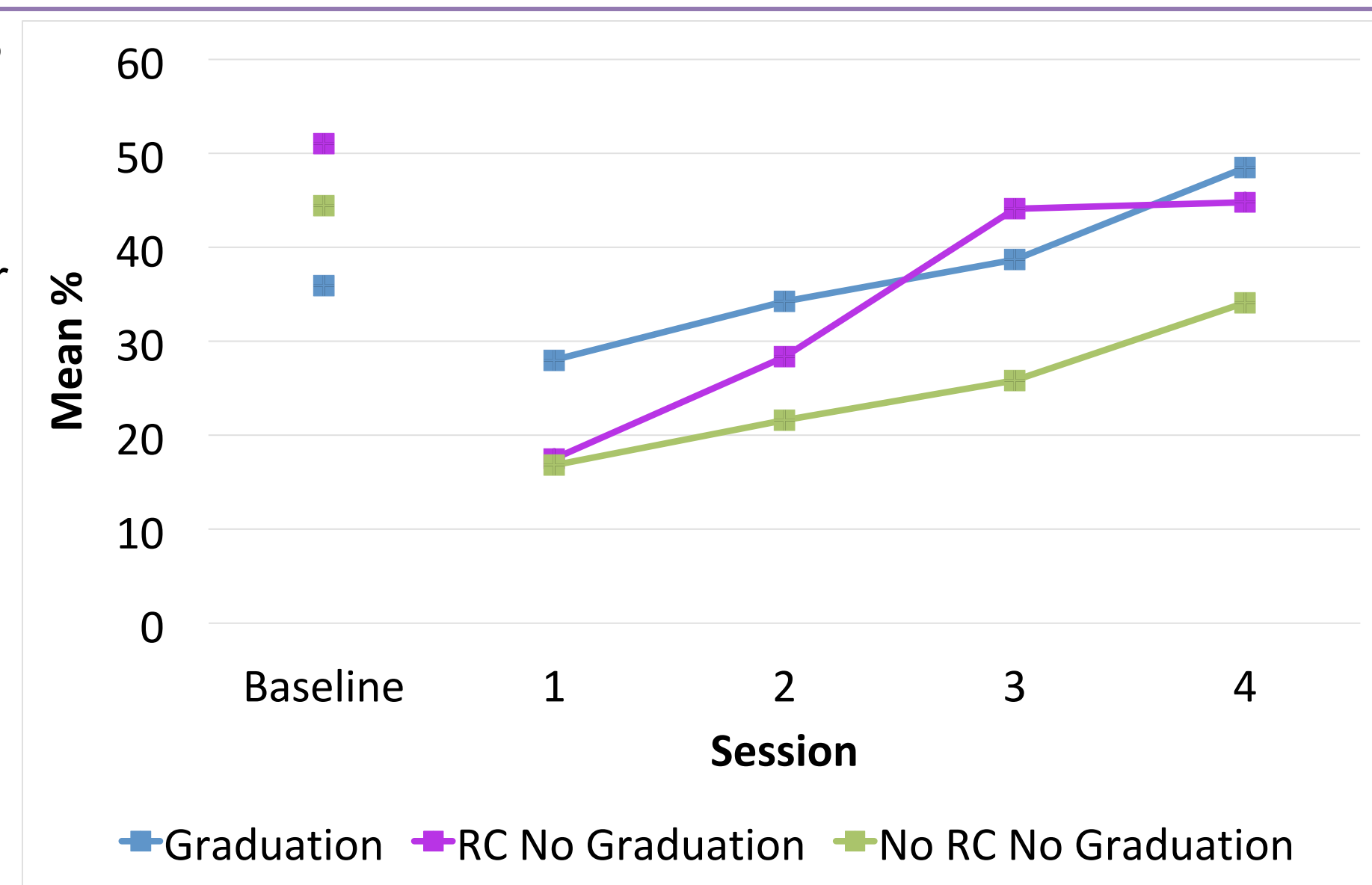
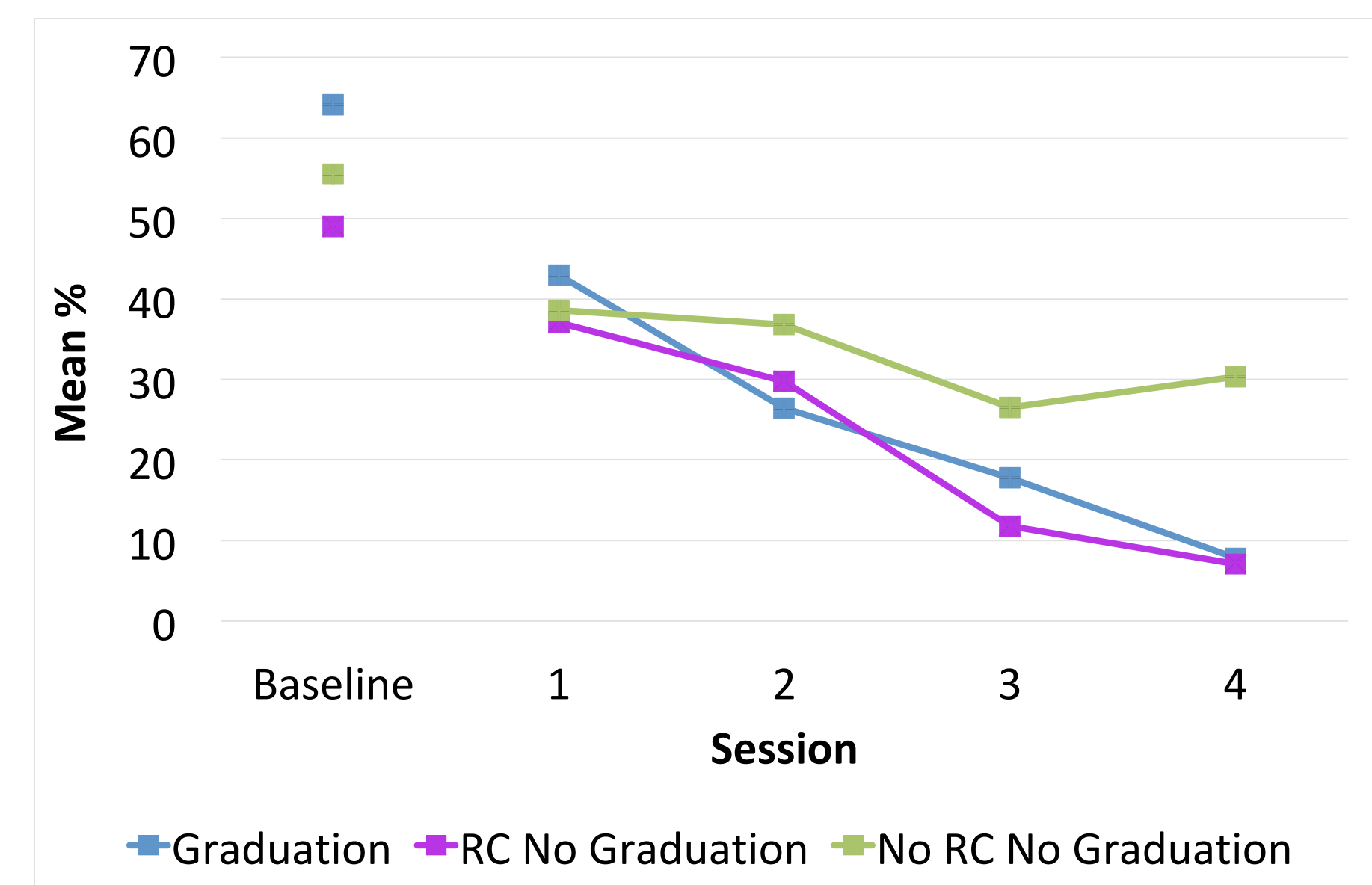


Figure 3. Don't Skills: Negative Talk, Commands, and Questions.



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