

“What is PCIT, really?” or How flexible is fidelity?

Melanie Nelson, Ph.D.
University of Oklahoma
Health Sciences Center



Say I’m going to make lasagna...



Lasagna

- 1 pound lean ground beef
- 1 (32 ounce) jar Tomato and Basil Sauce
- 9 no-boil lasagna noodles
- 3 cups shredded mozzarella cheese
- 1/2 cup grated Parmesan cheese
- 2 teaspoons dried parsley
- salt and pepper to taste



Lasagna

- 1 pound lean ground beef
- 1 (32 ounce) jar Tomato and Basil Sauce
- 9 no-boil lasagna noodles
- 3 cups shredded mozzarella cheese
- 1/2 cup grated Parmesan cheese
- ~~2~~ 2 teaspoons dried parsley
- salt and pepper to taste



No parsley
in the
cabinet...



Lasagna

- 1 pound lean ground beef
- 1 (32 ounce) jar Tomato and Basil Sauce
- 9 no-boil lasagna noodles
- ~~3~~ 2 cups shredded mozzarella cheese
- ~~1/2~~ 1/2 cup grated Parmesan cheese
- ~~2~~ 2 teaspoons dried parsley
- salt and pepper to taste

I'm lactose
intolerant....



Lasagna

- 1 pound lean ground beef
- 1 (32 ounce) jar Tomato and Basil Sauce
- 9 no-boil lasagna noodles
- ~~3~~ 3 cups shredded mozzarella cheese
- ~~1/2~~ 1/2 cup grated Parmesan cheese
- ~~2~~ 2 teaspoons dried parsley
 - 1 can peas
 - 1 can corn
- salt and pepper to taste



I love veggies
—and they're
good for you!



Lasagna

- ~~1 pound lean ground beef~~
 - 2 cans tuna in water
- 1 (32 ounce) jar Tomato and Basil Sauce
- 9 no-boil lasagna noodles
- ~~3 cups shredded mozzarella cheese~~
- ~~1/2 cup grated Parmesan cheese~~
- 2 teaspoons dried parsley
 - 1 can peas
 - 1 can corn
- salt and pepper to taste

Darn! I used the last of the ground beef last night, guess this will have to do...



Lasagna

- ~~1 pound lean ground beef~~
 - 2 cans tuna in water
- ~~1 (32 ounce) jar Tomato and Basil Sauce~~
 - 1 can cream of mushroom soup
- 9 no-boil lasagna noodles
- ~~3 cups shredded mozzarella cheese~~
- ~~1/2 cup grated Parmesan cheese~~
- 2 teaspoons dried parsley
 - 1 can peas
 - 1 can corn
- salt and pepper to taste

Ack! I have no red sauce—I'll substitute what I do have



Lasagna

- ~~1 pound lean ground beef~~
 - 2 cans tuna in water
- ~~1 (32 ounce) jar Tomato and Basil Sauce~~
 - 1 can cream of mushroom soup
- ~~9 no-boil lasagna noodles~~
 - 4 c. cooked macaroni
- ~~3 cups shredded mozzarella cheese~~
- ~~1/2 cup grated Parmesan cheese~~
- 2 teaspoons dried parsley
 - 1 can peas
 - 1 can corn
- salt and pepper to taste

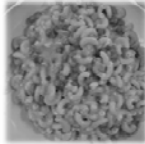


My lasagna noodles are the "boil" kind—will this work?

Lasagna → Tuna Noodle Casserole

- 1 pound lean ground beef
 - 2 cans tuna in water
- 1 (32 ounce) jar Tomato and Basil Sauce
 - 1 can cream of mushroom soup
- 9 no-boil lasagna noodles
 - 4 c. cooked macaroni
- 3 cups shredded mozzarella cheese
- 1/2 cup grated Parmesan cheese
- 2 teaspoons dried parsley
 - 1 can peas
 - 1 can corn
- salt and pepper to taste

How did this happen?



Obvious flaws in this metaphor

- Following the recipe only matters if you want lasagna
 - If tuna noodle casserole is all the same to you, changes to recipe are inconsequential
- Equates PCIT to a “cookbook” for treatment
 - Common criticism of manualized treatments
- However...if you'll indulge me
 - Just about anyone can follow a recipe in a cookbook
 - Great cooks understand how recipes can be altered to improve results



What is treatment fidelity?

Treatment Fidelity



- Following the treatment protocol
 - Like a recipe...kind of
- Delivering treatment components as they were used in the effectiveness studies
 - Fidelity is required for replication studies and for training of empirically supported treatments
 - Individual clinicians tailor treatments according to their clinical judgments
- % Treatment components in a session
- Treatment component in % sessions

Fidelity in Research



- Treatment fidelity in research is an ethical imperative
- Important decisions are based on study findings
 - Whether children will receive the treatment (autism, MR)
 - Which families are most and least likely to benefit
- Need to be able to replicate

Fidelity in Training



- Trainees/Agencies expect to learn the empirically supported version of an EST
- Different “versions” of a treatment lead to:
 - Confusion in communication about the treatment
- Training in non-standard applications can lead to further unintended adaptations (telephone game)

Why Is Fidelity Important to clinicians?

- When essential components are changed arbitrarily:
 - Treatment likely to have less strength
 - Treatment may become ineffective
 - Community reputation is damaged
 - Children may be unintended victims
 - Have limited window of opportunity for recovery
- Ineffective trials change the balance of evidence
 - Empirically supported status of treatment is endangered
 - Again children become the unintended victims

Threats to treatment fidelity

- Therapists actively decide not to, passively avoid, or do not have sufficient training to deliver key therapy components
- When clinicians ignore a therapy's limitations
- Therapist drift



Change in Empirically Supported Treatments (ESTs)



- Tailoring
 - Clinician-made changes to fit treatment to the individual family
 - Should be done for every treatment case
 - Does not change any core components
 - Examples
 - Using soft toys for an aggressive child
 - Administering the Beck Depression Inventory to child's mother at pre-mid-post treatment
 - Scheduling twice-weekly sessions for a cognitively delayed parent

Change in Empirically Supported Treatments (ESTs)

- Adaptation
 - Changes made for particular population groups (fits majority in group)
 - Does not change core components
 - Must have no loss of treatment efficacy
 - Bravery-Directed Interaction added for treatment of SAD
 - Motivation module added before treatment of physically abusive parents

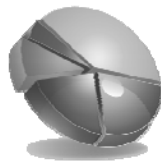


Change in Empirically Supported Treatments (ESTs)

- Modification
 - Universal changes made by the treatment developer
 - Based on well-conducted studies and consistent with treatment theory
 - Termination criteria based on ECBI
 - Discussing one non-child-related issue
 - Use of time-out room as back-up
 - Enthusiasm, now Enjoy
 - Does not change core components



So what are the core components of PCIT?



Identifying the core components of PCIT

Parallel process	Relationship Enhancement	ECBI	ECBI graph	Toys
Adult size table and chairs	Concrete	Time-out back-up	Mr. Bear	Empowers parents
Based in normal child development	House rules	Paperswork	DPICS/Coding	3-6 year olds with ODD
Parent motivation	Parent Directed Interaction	Parent support	Talking about one non-child-behavior-related topic	Step-wise generalization
Minding and listening skills	One-way Mirror	Public behavior	Coaching	Time-out sequence
CDI Skills Summary Sheet	Performance based	Assessment driven	Teaching sessions	Consistency
Differential Attention/Ignoing	Child Directed Interaction	Special Time	Theoretical basis	Therapy skills
Handouts	Session outlines	Time-out chair	Child Directed Interaction	Role playing
PRIDE skills	Bug-in-far	Research-based/EST	Homework	Parent and child together
Potato Heads	Not time-limited	PSI	Not time-limited	Behavior theory

What Core Components Define PCIT?

Core Procedures

Parent and child together
Coding
Coaching

Core Structure

Child-Directed Interaction
Parent-Directed Interaction

Core Principles

Grounded in social learning and behavior theory
Assessment-driven
Performance-based
Empirically tested

Evaluating treatment fidelity

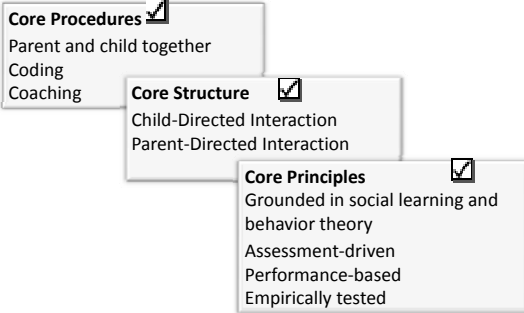
Scenario #1

- Client is a 4 year old boy who was kicked out of daycare for aggressive behavior toward teacher and other children
- Mother recently moved to the area to be closer to her parents after the children's father died in a car accident a year ago

Therapist's response

- Implemented PCIT to address child's disruptive behavior
- In CDI Teach, discussed with mom how Special Time can be helpful for bereaved children
- Extended sessions to 90 minutes to provide mom with additional social support

What Core Components Define PCIT?



Evaluating treatment fidelity

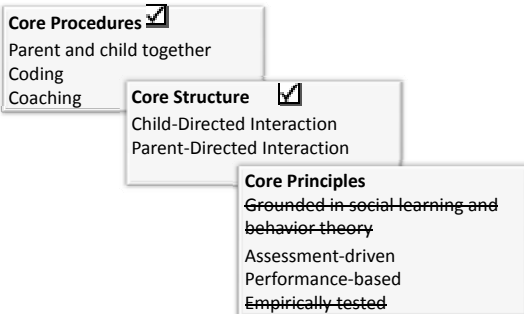
Scenario #2

- Child is 5 years old
- Recently placed with maternal uncle after removed from mother's home due to physical abuse and neglect
- History of prenatal substance exposure and physical abuse
- Pretreatment ECBI raw score: 77
- Uncle reports that he never wanted to have kids and doesn't know what to do with child

Therapist's response

- Implemented PCIT to improve relationship between uncle and child and reduce risk of future behavior problems
- Used family dolls in CDI coaching sessions and coached uncle to playact appropriate parent-child scenarios with the dolls as he used the PRIDE skills

What Core Components Define PCIT?



Evaluating therapist response

- Did the therapist do the right thing for this particular family?
 - Could be
 - Certainly it is within therapists' prerogative
- Caution
 - Expecting same outcome of treatment
 - Doing same thing with all families (or all similar families)
 - Changing treatment without trying standard first
- Safeguard
 - Assess therapy progress to ensure success

Evaluating treatment fidelity

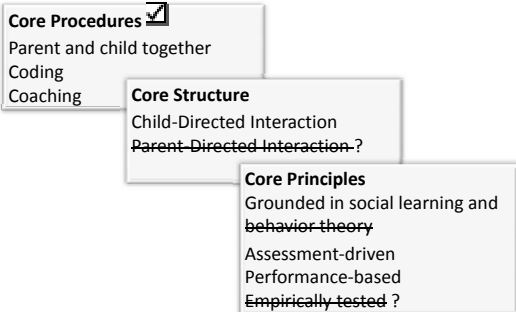
Scenario #3

- Child is 9 years old
- Developmentally delayed, cognitive ability is at the 5 year old level
- Referred for tantrums, aggressive behavior, noncompliance

Therapist's response

- Implemented PCIT to address behavior problems
- In PDI, child was too large and aggressive for parents to take to the time-out chair, so therapist instructed parents to remove privileges if child refused time-out and award stickers if child complied

What Core Components Define PCIT?



Evaluating treatment fidelity

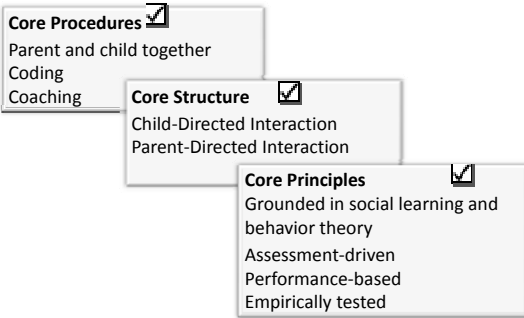
Scenario #4

- Child is 5 years old
- Referred for disruptive behavior at home and at school
- Mother attended CDI Teach and coaching sessions 1 & 2
- Father unexpectedly came with mother for CDI 3
- Father has a hearing impairment; wears hearing aids

Therapist's response

- Implemented PCIT with mom initially to address behavior problems
- In CDI 3, briefly introduced skills to dad and allowed him to watch while mom was coded and coached
- With his assent, coded and coached dad in-room

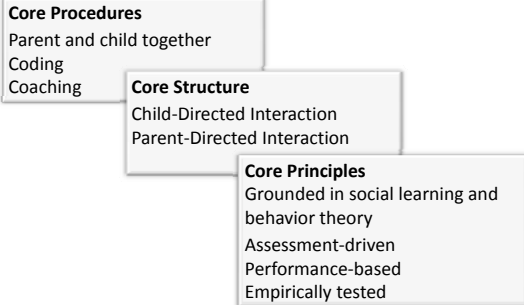
What Core Components Define PCIT?



Other scenarios

- Mother and 5-year-old child experienced DV before treatment. Implemented PCIT to address child's disruptive behavior. Therapist felt that mom would be threatened by coding, so they just spent 5 extra minutes per week coaching.
 - Also, mostly fed lines to mom to make the coaching less threatening
- Therapist primarily works with low-income multi-problem families. As a result, he spends, on average, 35 minutes per session discussing current crises, which leaves him with about 10-15 minutes for coding and coaching each week.

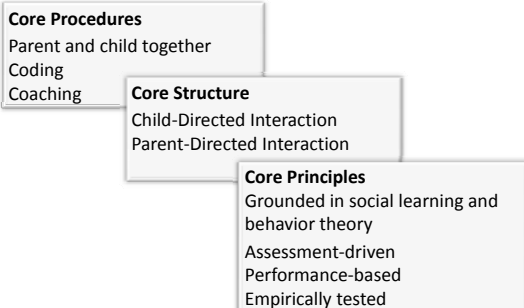
What Core Components Define PCIT?



Other scenarios

- It is CDI Coach 6, and the mother's CDI skills are still poor. The therapist decides to go in and play with the child, using all of the PRIDE skills, while the mother observes.
- While in time-out, child develops a nose-bleed. Therapist instructs the parent to quietly apply pressure to the nose until bleeding is stopped and then re-initiate the time-out.
- After CDI Coach 4, family loses their only mode of transportation, so they can no longer attend sessions in clinic. Therapist decides to complete PCIT in-home.

What Core Components Define PCIT?



How to maintain treatment fidelity

• Consider:

- Does this work for this family?
- Does it work for me?
- Can I do it with all families?
- Can I do it with new types of families?
- Can I train others to do it?
- Can I require that others do it?



Being mindful of adaptation

• If you choose to tailor or adapt treatment...

- Ideal situation: conduct an RCT comparing adapted PCIT to standard PCIT
- More practically: collect and monitor relevant data
 - Weekly ECBIs
 - Weekly DPICS
 - Measures of other target constructs

How to maintain treatment fidelity/prevent therapist drift

- Use your session outlines!
