



Event Summary: 2019 PCIT International Biennial Convention

Tue, Aug 27 – Fri, Aug 30 2019 (4 days)

Venue:

The 2019 PCIT International Biennial Convention theme emphasizes international efforts and local/regional contributions toward Parent-Child Interaction Therapy (PCIT) practice. Thus, the theme encapsulates the need to learn from a diverse global community while keeping our local efforts sustainable. Convention programming will also highlight the broad importance of making PCIT accessible to diverse families and clinicians through inclusive research, clinical practice, and training. We encourage cross pollination, collaboration, and expansion across invisible lines to push PCIT toward the next innovation, including input from PCIT clinicians, trainers, administrators, and advocates.

Target Audience

- Psychologists
- Social Workers
- Counselors
- Marriage & Family Therapists
- Others



Session: PreConvention Workshop: Trainer's Summit

Code PC1 :: Seminar Session :: 2.75 CE hours

9:00 am – 11:45 am Tuesday, August 27th 2019
Palmer House Hilton

Session Description

The Trainers' Summit is a space for collaborating, networking, and sharing resources. Issues and innovations surrounding training methods, training guidelines, and assessing therapist competencies, among others, will be discussed.

Learning Objectives

- Describe the mission and at least 2 activities of the PCIT International Task Force on Training and Certification.
- Identify at least 2 new resources, activities, or strategies to incorporate into PCIT training activities.
- Create plans/strategies for addressing at least 2 common barriers to training implementation.

Presenter

- **Kristin Hoffman, PhD,**



Session: PreConvention Workshop: PCIT - Toddlers

Code PC2 :: Seminar Session :: 3.50 CE hours

1:30 pm – 5:00 pm Tuesday, August 27th 2019
Palmer House Hilton

Session Description

This workshop details an early intervention program that involves coaching parents while they interact with their 12 to 24-month old children. Adapting the play therapy and compliance training procedures of standard PCIT, parents are coded and coached in the use of therapeutic parenting practices proven to decrease problematic behaviors, improve children's language, and encourage young children to follow directions.

Learning Objectives

- Identify at least 3 adaptations to PCIT that are included in the PCIT-T model.
- Recognize ways to promote attachment and emotion regulation in both caregivers and toddlers through listing components of the CARES Model.
- Describe the process for improving compliance among toddlers using PCIT-T's tell-show-try again-guide procedure and labeled praise for listening.

Presenters

- **Emma Girard, Psy.D., Psychologist, UC Riverside**

Dr. Girard is a Licensed Clinical Psychologist in private practice, Assistant Clinical Professor of Psychiatry with University of California Riverside, School of Medicine and Sr. Clinical Psychologist with Riverside University Health System-Behavioral Health. Her passion for early intervention and prevention is noted by her work in the field of Parent-Child Interaction Therapy as both a Master Trainer with PCIT-I and a training partner with the UC Davis PCIT Training Center. She and her team in Riverside received the Bright Idea Award from the Ash Center for Democratic Governance and Innovation at Harvard Kennedy in 2015 for their Mobile Prevention and Early Intervention Program. Her passion to bring clinical experience from community-based organizations to inform research has produced significant collaborations with West Virginia University and UC Davis. She has co-authored PCIT-Toddlers: Improving Attachment and Emotion Regulation.

- **Cheryl McNeil, PhD,**
- **Nancy M. Wallace, Ph.D.,**
- **Susan Morgan MMH ,**



Session: PreConvention Workshop: PCIT Trauma/Anxiety/Mood

Code PC3 :: Workshop :: 3.50 CE hours

1:30 pm – 5:00 pm Tuesday, August 27th 2019
Palmer House Hilton

Session Description

This workshop covers PCIT applications to clients experiencing stress/trauma-related disorders, selective mutism, & mood disruptions. Concepts of emotion regulation, trauma-sensitive techniques, & specialized anxiety approaches will be included.

Learning Objectives

- Participants will be able to state 3 differences between PCIT and PCIT-SM.
- Participants will be able to list at least 3 ways that PCIT is appropriate for children with a history of trauma and their caregivers
- Participants will identify 3 ways emotional development impacts PCIT practice.

Presenters

- **Beverly W. Funderburk, PhD,**
- **Robin H. Gurwitch, Ph.D.,**
- **Erica Messer, Psy.D,**
- **Steven MS Kurtz, PhD, Psychologist, Kurtz Psychology Consulting**

"Dr. Kurtz is the President of Kurtz Psychology Consulting PC, a NYC-based mental health group serving the emotional and behavioral needs of young children. He specializes in assessing and treating externalizing behaviors, such as ADHD and oppositionality, as well as severe anxiety behaviors, such selective mutism and social phobia.

He is a Master Trainer in Parent-Child Interaction Therapy (PCIT), and a dedicated advocate for children with special needs. His team has done pioneering work in Teacher-Child Interaction Treatment (TCIT) bringing behavioral coaching for teachers to a new level of effectiveness.

An expert commentator, he has appeared on numerous programs addressing child mental health, including NBC's Today, CBS's The Early Show and PBS's Keeping Kids Healthy. He created the renowned Mighty Mouth and Brave Buddies SM intensive treatment programs."

- **Christina M. Warner-Metzger, Ph.D.,**

Christina Warner-Metzger, Ph.D., hails from Oklahoma State University with a doctorate in Clinical Psychology and currently directs the Parent-Child Interaction Therapy (PCIT) Program at DePaul University's Family and Community Services. She is 1 of 21 PCIT International Certified Master Trainers worldwide and a Child-Adult Relationship Enhancement (CARE) co-developer, which



provides her with clinical expertise in PCIT and CARE training and dissemination. Her previous clinical work in Memphis and current work in Chicago has focused on serving urban, economically-impooverished, and minority populations.

- **Mary Grace Portell, MA, LPC,**



Session: My PCIT: A Personalized Version of PCIT for Culturally Diverse Families

Code K1 :: Seminar Session :: 1.50 CE hours

9:00 am – 10:30 am Wednesday, August 28th 2019
Palmer House Hilton

Session Description

Although Behavioral Parent Training Interventions (BPTs) have proven efficacy in the treatment of young children's externalizing behavior problems, there is some evidence that BPT interventions have poorer engagement and outcomes for ethnic minority families. This may be due in part to mismatches between BPTs techniques and ethnic minority parents' beliefs about the child's problem causes, severity, course, and/or optimal treatment, also known as parent explanatory models (PEMs). This paper will describe a research program developed to personalized version of Parent-Child Interaction Therapy designed to be responsive to particular parent explanatory models. Personalization of treatment is based upon the assessment of modifiable, culturally-influenced PEM targets prior to the start of PCIT and the provision of corresponding tools to therapists to increase the cultural congruence of the intervention with relevant parent explanatory models. This type of method provides flexibility in the application of adaptations, tailored to the assessment of culturally-influenced constructs across racial/ethnic groups. A pilot feasibility trial of this personalized version of PCIT is currently underway with 32 families with a child aged 2-7 with clinically significant behavior problems drawn from four racial/ethnic groups (Non-Hispanic White, Asian American, African American, and Latinx). Data collection will be completed by summer 2019. The current paper will highlight specific PEMs assessed by the personalization package, along with corresponding adaptation tools. Preliminary descriptive and outcome data from the pilot trial will also be presented.

Learning Objectives

- Understand evidence for differential outcomes for ethnic minority families in BPT
- Explain personalization model as applied to PCIT
- Illustrate examples of important parent explanatory models.

Presenter

- **Kristen McCabe, Professor of Psychology at the University of San Diego**

Kristen McCabe Ph.D., has a doctorate in Clinical Psychology from Wayne State University and is currently a Professor of Psychology at the University of San Diego and Research Scientist at the Child and Adolescent Services Research Center at Rady Children's Hospital. She has been conducting research on PCIT with culturally diverse families for 18 years, and is currently the co-PI on an NIMH R34 focused on developing and testing a personalized version of PCIT for culturally diverse families. She is a certified Level 1 Trainer and provides PCIT training and supervision to clinical staff at Rady Children's Outpatient Psychiatry Clinic.



Session: Deep Roots, Strong Branches: Meeting Diverse Needs with Global PCIT Adaptations

Code S1 :: Seminar Session :: 1.00 CE hours

10:45 am – 11:45 am Wednesday, August 28th 2019
Palmer House Hilton

Session Description

PCIT was first empirically validated to reduce noncompliance and behavior problems for Caucasian children between the ages of 3 to 6 years old without severe mental health impairments and their parents in the United States in 1998 (Schuhmann, et al.), and confirmed in standard and abbreviated forms in Australia in 2003 (Nixon, Sweeny, Erickson, & Touyz). PCIT branched beyond these initial roots with applications to diverse demographic populations, including but not limited to African American (Gross, et al., 2018), Mexican-American (McCabe, et al., 2005; McCabe, Yeh, and Agote, 2015), Puerto Rican (Matos, et al., 2006), Japanese (Hosogane, et al., 2018), Chinese (Leung, Tsang, Sin, & Choi, 2015), German (Briegel, et al., 2015), and Dutch families (Abrahamse, et al., 2016). To increase inclusion for a breadth of families and to further cultivate expansion efforts, PCIT has proven effective for use with a variety of presenting childhood issues which were once considered exclusionary criteria for the treatment. Specifically, within the U.S., the evidence-base has grown for using child-directed skills with children with an Autism Spectrum Disorder (ASD; Ginn, et al., 2015), applying a home-based adaptation of PCIT for infants/toddlers under age 2 years (Bagner, et al., 2016), and reducing trauma and behavior symptoms for children with trauma histories (Pearl, et al., 2012). In support of the international scope of PCIT progressing beyond American centrality, this symposium highlights the convergence of PCIT,Â adaptations for specialized populations with a global perspective.

Learning Objectives

- Recognize the context of PCIT-T implementation as a preventative model aimed at filling a necessary gap in the development of early intervention services.
- Identify the components and provide examples of the skills in TDI.
- Identify evidenced-based benefits of conducting PCIT with children on the Autism Spectrum from at least 2 cultures.

Presenters

- **Christina M. Warner-Metzger, Ph.D.,**

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- **Nancy M. Wallace, Ph.D.,**



- **Robin H. Gurwitch, Ph.D.,**
- **John Paul Abner, Ph.D. ,**



Session: What Do You Do When It Doesn't Work? An Adaptation of PCIT For Treatment Dropouts and Non-Responders

Code S2 :: Seminar Session :: 1.00 CE hours

10:45 am – 11:45 am Wednesday, August 28th 2019
Palmer House Hilton

Session Description

Treatment attrition and failure to benefit from treatment are twin stumbling blocks for psychological intervention, and despite decades of empirical support for PCIT's efficacy and acceptability, research indicates that PCIT is not immune to these challenges. Across studies of PCIT, dropout rates have sometimes reached up to 75%, and even among treatment completers, approximately one-third may fail to improve to within normal limits. Research supports that one group of children that is particularly likely to drop out of treatment or fail to receive its full benefit are those with callous-unemotional (CU)-type disruptive behavior problems. This distinct subgroup of children displays early starting, severe, and aggressive conduct problems that are associated with increased risk of negative outcomes in later life. The impoverished treatment response of the 25 to 50% of children with CU-type disruptive behaviour problems has been attributed to the failure of parenting interventions like PCIT to target the unique parenting, temperamental, and emotional factors involved in the development and maintenance of their difficulties, relative to children without CU traits. Accordingly, an adaptation of PCIT was systematically developed and tested over the course of several years that addresses these unique risk factors. PCIT-CU, as it is known, differs from standard PCIT in three key ways: it (1) directly coaches parents to engage in warm, emotionally responsive parenting that is associated with reductions in conduct problems for children with CU traits; (2) systematically integrates an individualized reward-based system into the time out sequence to address the punishment insensitive and reward dominant temperamental styles of children with CU traits; and (c) delivers comprehensive emotional skill-building instruction in a supplemental module to target the distinct core emotional deficits of these children. Given rates of treatment attrition and non-response, this kind of adaptation is critical for ensuring that all families can receive benefit from PCIT.

Learning Objectives

- Gain an in-depth understanding of the science supporting different developmental pathways to disruptive behaviour problems, with emphasis on the factors that uniquely place the callous-unemotional subgroup at risk of attrition and non-response.
- Learn about research supporting improved treatment outcomes for children with CU-type conduct problems with the PCIT-CU adaptation.
- Learn how to deliver key PCIT-CU coding and coaching skills through video demonstration, modeling, and role-play exercises.

Presenters

- **Georgette Fleming, B.A. , (Psych)(Hon), PhD/M Psyc (Clin) candidate**
- **Eva R. Kimonis, Ph.D.,**



Session: Murphy's Law Meets Internet-Delivered PCIT

Code S3 :: Seminar Session :: 1.00 CE hours

10:45 am – 11:45 am Wednesday, August 28th 2019
Palmer House Hilton

Session Description

PCIT is a well-established empirically-supported treatment for ameliorating disruptive behaviors in young children having large effect sizes, good maintenance, generalization across settings, and adaptations for other diagnostic groups (Niec, 2018). Unfortunately, numerous barriers prevent many families from accessing PCIT in traditional settings. Internet-delivered telemental health is showing strong comparative effects (Rooksby et al., 2015) and PCIT, in particular, is holding up very well in head-to-head comparisons as a telehealth treatment (Comer et al., 2017). Internet-delivered PCIT (I-PCIT) may address barriers such as service area and population disparities, transportation and systemic barriers, and is already showing positive findings in terms of lower barrier and higher satisfaction ratings. I-PCIT reduces administrative burdens as PCIT spaces are very costly.

I-PCIT is not for the faint of heart. As a burgeoning technology, users on both ends -- clinicians and parents -- will inevitably face numerous technical problems. Panelists will share a vast amount of practical experience in delivering I-PCIT and hopefully shorten the learning curve offering practical solutions. We will share numerous clinical, technical, legal, ethical, and fidelity-oriented solutions to I-PCIT practice.

I-PCIT holds great promise for making PCIT more accessible to diverse families. To date, the panelists have worked with families from diverse cultures and languages including African American, Hispanic, Arabic, Italian, Russian and Caucasian families. I-PCIT also has been provided where clinic-based PCIT is not available, including active and deployed military families. We have also experimented with phase-specific PCIT where CDI is conducted in the office, and PDI is conducted through the internet.

Learning Objectives

- Learners will be able to state a solution to the problem of video technology failing mid-session
- Learners will be able to state how to properly prepare the technology to conduct a telemental health session
- Learners will be able to state the relative efficacy of I-PCIT to clinic-based PCIT based on research trials to date

Presenters

- **Steven MS Kurtz, PhD, Psychologist, Kurtz Psychology Consulting**

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He is a Master Trainer in Parent-Child Interaction Therapy (PCIT), and a dedicated advocate for



children with special needs. His team has done pioneering work in Teacher-Child Interaction Treatment (TCIT) bringing behavioral coaching for teachers to a new level of effectiveness.

An expert commentator, he has appeared on numerous programs addressing child mental health, including NBC's Today, CBS's The Early Show and PBS's Keeping Kids Healthy. He created the renowned Mighty Mouth and Brave Buddies SM intensive treatment programs."

- **Skylar Bellinger, PhD,**
- **Jennifer Crockett, PhD, BCBA-D,**
- **Jami Furr, PhD,**
- **Georgette Saad, MSW,**



Session: International Dissemination of PCIT: Overcoming barriers to improve global access

Code S4 :: Seminar Session :: 1.25 CE hours

1:00 pm – 2:15 pm Wednesday, August 28th 2019
Palmer House Hilton

Session Description

The dissemination of evidence based treatments (EBTs) for child psychopathology has grown substantially over the past several decades, particularly in the United States. More recently, researchers, clinicians, and other stakeholders have recognized the importance of implementing EBTs in other countries. Some studies have shown that EBTs can successfully be transported into other countries, with positive results, comparable to those found in the US. However, other studies have found poorer outcomes in international dissemination efforts. Much work remains to be done to identify the factors and processes that facilitate effective dissemination of EBTs in international settings.

This symposium will describe some of the current international dissemination efforts aiming to improve access to Parent Child Interaction Therapy (PCIT) globally. The first presentation will describe a training initiative in France, and highlight challenges when disseminating a behavioral intervention in predominantly psychodynamic context. The second presentation will review a current implementation effort in South Africa, emphasizing barriers and potential solutions when working in middle and low income countries. The third presentation will indicate how technology can be used to improve training in an international setting, and the fourth will describe efforts to increase access to PCIT in low resource settings with the use of PCIT-internet. Implications for future international dissemination will be discussed.

Learning Objectives

- Describe several new international PCIT training initiatives, including current efforts in France and South Africa.
- Explain how technology is currently being used to aid in international dissemination, both in increasing training proficiency and improving access to PCIT in rural areas.
- Identify some of the challenges in the international dissemination of PCIT, as well as potential solutions to overcoming these barriers.

Presenters

- **Elizabeth Brestan-Knight, Ph.D.,**
- **Larissa N. Niec, PhD, Psychologist**

Dr. Larissa Niec received her doctoral degree in clinical child psychology from Case Western Reserve University and completed a post-doctoral fellowship with a specialty in child maltreatment at the University of Oklahoma Health Sciences Center, Center on Child Abuse and Neglect. Dr. Niec is director of the Center for Children, Families and Communities and a parent-child interaction therapy (PCIT) master trainer. Dr. Niec's primary research goal is to increase access to evidence-based services for underserved children and families, with an emphasis on parenting interventions



and prevention. Dr. Niec conducts PCIT training nationally and internationally.

- **Rhea Chase, PhD, Director of Early Childhood Programs & PCIT Master Trainer**
- **Toshiko Kamo, MD., Ph.D.,**
- **Susan Morgan MMH ,**



Session: What Researchers, Educators, and Policy Makers Can Teach Us About Universal Teacher-Child Interaction Training

Code S5 :: Seminar Session :: 1.25 CE hours

1:00 pm – 2:15 pm Wednesday, August 28th 2019
Palmer House Hilton

Session Description

Robust evidence of PCIT's effectiveness has fueled interest in adaptations of PCIT to enhance teacher-child relationships and child behavior in the classroom. The research literature on TCIT is promising yet tentative, with only 10 published studies to date. This symposium focuses on TCIT-U, a model distinguished by its universal prevention focus, application to the whole classroom, and inclusion of both teachers and classroom support staff in training. Research and implementation of TCIT-U from 2006 to present has provided preliminary evidence that it positively impacts teachers' skills and confidence as well as children's social-emotional behavior, but further work is needed. This symposium brings together researchers, educators, and policy makers to share their experiences and recommendations on social-emotional programming in early childhood settings. First, a PCIT researcher and co-developer of TCIT-U will provide an overview of TCIT-U's key features and iterative development. Next researchers will describe their year 1 findings of an RCT on TCIT-U in classrooms for preschoolers with developmental disabilities. Third, an administrator at a school district currently implementing TCIT-U will describe their experiences with TCIT-U and suggestions on ways mental health professionals can provide needed support to teachers and children in schools. Fourth, a school behavioral health coordinator and co-developer of TCIT-U will describe how school initiatives such as PBIS and MTSS dovetail with TCIT-U. Our discussant is a social science analyst at the national Head Start office, who will describe current priorities, issues, and considerations important to policy makers regarding professional development programs for staff in early childhood settings.

Learning Objectives

- Describe features of TCIT that are different from and similar to PCIT.
- Identify three challenges facing early childhood and primary school settings that TCIT is designed to address.
- Explain some ways TCIT-U is different from other adaptations of PCIT to the classroom.

Presenters

- **Karen Budd, PhD,**
- **Eileen Davis, PhD, Assistant Professor of Clinical Pediatrics**
- **Fafani Weinzierl, Ed.S, Assistant Director of Student Services**
- **David Stern, MS,**



Session: Cultivating a Culture for PCIT: Child-Adult Relationship Enhancement (CARE) in Medical Settings

Code S6 :: Seminar Session :: 1.25 CE hours

1:00 pm – 2:15 pm Wednesday, August 28th 2019
Palmer House Hilton

Session Description

"Child-Adult Relationship Enhancement (CARE) is a manualized, trauma-based, empirically-grounded program originally developed at Cincinnati Children's Hospital in 2006. CARE is designed for adults who interacts with children and teens (ages 2-18) to enrich relationships and reduce mild-to- moderate behavior difficulties. CARE is not a therapeutic intervention but integrates skills and principles found in evidence-based parenting programs including PCIT.

CARE's strength lies in its versatility in application across a diverse array of professionals and settings including, but not limited to, schools, treatment centers, in-home visitors, and child welfare staff. As the patient-centered medical home model evolves, integrated health services are becoming the standard of care. As such, partnerships with behavioral health professionals, including PCIT practitioners, are increasingly more present within medical settings. This symposium provides a descriptive and empirical overview of four CARE implementation projects in medical centers which also house PCIT programs throughout the United States. These projects represent inventive ways to deliver universal behavioral management strategies while enhancing the delivery of services across a continuum of health professionals, especially speech and occupational therapists, medical trainees and staff, child welfare personnel, and primary care staff.

These projects exemplify four ways in which CARE cultivates meaningful connections within "every day" staff-client communication while serving a preventive role for mild misbehaviors. CARE also enables staff to more readily identify the need for higher levels of intervention, such as PCIT. In this way, CARE facilitates the referral process for PCIT services or serves as the foundation in the development of such a program. "

Learning Objectives

- Learn strategies for applying CARE techniques with hospital-based allied health providers to augment speech, physical and occupational therapy services.
- Discuss the benefits and challenges of disseminating CARE training to medical trainees and staff within an academic medical center and how it can be utilized as a prevention model for high-risk and underserved populations in medical settings.
- Summarize preliminary findings from CARE studies with families in primary care settings and outline the advantages of an integrated behavioral health adaptation of CARE .

Presenters

- **Joshua Masse, Ph.D.,**
- **Dustin Sarver, PhD,**



- **Kerrie Murphy, PhD,**
- **Kate Bennett, MSW,**
- **Erica Messer, Psy.D,**



Session: Making sure PCIT takes root: Improving engagement with families

Code S7 :: Seminar Session :: 1.25 CE hours

3:00 pm – 4:15 pm Wednesday, August 28th 2019
Palmer House Hilton

Session Description

Parent-Child Interaction Therapy is one of the most effective parenting programs for young children available on a global level. Unfortunately, in the United States, up to 2/3 of children in need of mental health services do not receive them. For families that decide to sow PCIT seeds, they all too rarely see the harvest, abandoning the garden before the seeds take root (e.g., early drop-out). This problem is common for any mental health treatment, including PCIT, and is reported at 36-75%, with the modal number of sessions attended being one. For completers, research in PCIT shows significant improvements on a number of measures and results last for many years. However, if families do not stay engaged with their therapist through completion of treatment, they are less likely to reap these lasting benefits. At its core, PCIT is an engaging and empowering program, although it undoubtedly requires work on the part of the caregivers. Through a collaborative partnership between the therapist and caregiver, change occurs. Because of many competing factors, families decide each week whether to continue in treatment. This mini-skills workshop will focus on engagement and specific skills designed to improve family retention. These will include the ""Spirit"" and basic principles of Miller and Rollnick's Motivational Interviewing. Special attention will be paid to engagement of unique populations such as fathers, foster families, and families with maltreatment histories. Through discussion, role-plays, and lively activities, participants will increase strategies to engage families so that the benefits of PCIT can be achieved.

Learning Objectives

- Discuss barriers to family engagement in PCIT
- List principles of Motivational Interviewing and how these can be used to improve engagement in PCIT
- Identify engagement strategies unique to each phase of PCIT (CDI and PDI)

Presenters

- **Ian Schere, Ph.D.,**
- **John Paul Abner, Ph.D. ,**
- **Beverly W. Funderburk, PhD,**
- **Robin H. Gurwitsch, Ph.D.,**



Session: Emotion Coaching Playbook: Assessing Emotion Coaching Skills in PCIT, PCIT-T and TCIT-Eco

Code S8 :: Seminar Session :: 1.25 CE hours

3:00 pm – 4:15 pm Wednesday, August 28th 2019
Palmer House Hilton

Session Description

Emotion coaching refers to recommended strategies for parents to model, support and guide children through healthy emotional development. Growing evidence suggests the potential of parent emotion coaching programs including several adaptations of PCIT (PCIT-T and TCIT-Eco) to impact childhood emotion regulation skills (Chronis-Tuscano et al., 2016; Girard, Wallace, Kohlhoff, Morgan, & McNeil, 2018; Havighurst et al., 2013). This comes as no surprise as childhood social-emotional regulation difficulties are in part due to caregiver's lack of positive affect and sensitivity, poor modeling and use of harsh or inconsistent discipline (Robinson et al., 2009). To help determining how PCIT and its adaptations help children, parents and teachers with emotion coaching skills, it is important to explore and determine the validity of assessments in this area.

This symposium focuses on efforts to measure emotion coaching skills across the adults in children's lives (teachers and parents), early childhood age span (toddlers-PCIT and PCIT age) and assessment formats (observation and parent report). Presenters will describe their models of PCIT which include Parent-Child Interaction Therapy for Toddlers (PCIT-T), Standard PCIT and PCIT in the classroom, specifically Teacher-Child Interaction Training for Emotion Coaching (TCIT-Eco). The discussant, a clinician, PCIT Level 2 Trainer Candidate, and recent principal investigator of a pilot study of Universal TCIT, will provide a clinical perspective about the barriers and facilitators to piloting emotion coaching assessments in these diverse settings.

Learning Objectives

- Describe components of emotion coaching in PCIT, PCIT-T and PCIT-Eco
- Compare different types of emotion coaching assessment tools used across various PCIT settings and age groups
- Identify future directions of emotion coaching assessment and tracking work in PCIT

Presenters

- **Alexandra Barnett, PhD,**
- **Steven MS Kurtz, PhD, Psychologist, Kurtz Psychology Consulting**

"Dr. Kurtz is the President of Kurtz Psychology Consulting PC, a NYC-based mental health group serving the emotional and behavioral needs of young children. He specializes in assessing and treating externalizing behaviors, such as ADHD and oppositionality, as well as severe anxiety behaviors, such selective mutism and social phobia.

He is a Master Trainer in Parent-Child Interaction Therapy (PCIT), and a dedicated advocate for



children with special needs. His team has done pioneering work in Teacher-Child Interaction Treatment (TCIT) bringing behavioral coaching for teachers to a new level of effectiveness.

An expert commentator, he has appeared on numerous programs addressing child mental health, including NBC's Today, CBS's The Early Show and PBS's Keeping Kids Healthy. He created the renowned Mighty Mouth and Brave Buddies SM intensive treatment programs."

- **Nancy M. Wallace, Ph.D.,**
- **Leeann Trimarchi, M.S. Ed,**
- **Christina Danko, PhD,**



Session: Research-based Lessons from the PCIT Global Community: Cultural and Developmental Considerations

Code S9 :: Seminar Session :: 1.25 CE hours

3:00 pm – 4:15 pm Wednesday, August 28th 2019
Palmer House Hilton

Session Description

When applying PCIT to various cultures across the globe, inevitably individual and cultural differences will impact treatment application and outcomes. This symposium addresses unique considerations for PCIT practice with lessons learned from research. In particular, presentations emphasize the importance of the parental perspective/experience and developmental considerations, as these factor impact family values and engagement.

Learning Objectives

- Participants will identify at least 3 diverse mechanisms for engaging families in PCIT.
- Participants will recognize at least 3 considerations for developmental, gender, and parental involvement as it impacts PCIT practice.
- Participants will compare the differences in typical PCIT practice versus application of culturally sensitive approaches to PCIT practice.

Presenters

- **Alejandra Moreno, MS, MA,**
- **Natalie Espinosa, PsyD,**
- **Elizabeth Adams Costa, PhD,**
- **Melanie Woodfield, DClInPsyc,**
- **Allison Brandt, PhD,**



Session: Promoting Engagement in PCIT for the Latinx Community: Bringing Families in the Door and Supporting Treatment Success

Code S10 :: Seminar Session :: 1.00 CE hours

4:30 pm – 5:30 pm Wednesday, August 28th 2019
Palmer House Hilton

Session Description

Many states and counties have invested in the dissemination and implementation of PCIT given its potential to prevent the enormous personal and societal costs of early-onset conduct problems and child maltreatment. However, the return on investment is limited when there are challenges engaging parents in care, including inadequate treatment referrals, poor attendance, and limited skill acquisition. Given disparities in treatment access and utilization, additional supports may be needed to promote parental engagement and successful implementation in settings that predominately serve Latinx immigrant families. In the first talk presents on qualitative interviews with agency leaders to understand their perspectives overseeing PCIT implementation within community settings serving predominately low-income, Latinx immigrant population. The second presentation will discuss a novel implementation strategy to increase referrals into PCIT culturally tailored, direct-to-consumer advertisements. The third presentation will present on how promotoras de salud (i.e., community health workers) can increase access to PCIT for Latinx immigrants, and their specific attitudes towards and challenges with engaging fathers into care. The discussant will tie together themes regarding research on how to increase engagement for underserved populations into PCIT.

Learning Objectives

- Participants will identify common types of engagement barriers in PCIT implementation
- Participants will learn strategies to promote referrals into PCIT for Latinx families
- Participants will learn about engagement barriers specific to Latino fathers and strategies used by promotoras to overcome them.

Presenters

- **Miya Barnett, PhD,**
- **Corina Klein, MSW,**
- **Erica Luis Sanchez, MA,**
- **JC Gonzalez,**



Session: Navigating Coaching PCIT for Children with ASD: Building Clinical Skills and Competencies

Code S11 :: Seminar Session :: 1.00 CE hours

4:30 pm – 5:30 pm Wednesday, August 28th 2019
Palmer House Hilton

Session Description

Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by deficits in social interaction and communication, as well as restricted, repetitive behaviors (DSM-5; American Psychiatric Association, 2013). Recent estimates indicate that as many as 1 in 59 children in the United States have ASD (Centers for Disease Control, 2018). A significant portion of children with ASD present with comorbid behavior problems that many families feel underprepared to address. To date, approximately one dozen published PCIT studies have demonstrated positive outcomes with children on the autism spectrum. However, the heterogeneous presentation of social and behavioral challenges in this population makes it vital for clinicians working with these families to understand how to tailor and adapt PCIT for individuals with ASD. In this workshop, common challenges that arise for families of children with ASD will be highlighted in addition to methods clinicians can use to address these concerns during both CDI and PDI. Short video examples will be presented. Workshop leaders will then conduct small breakout groups to help attendees apply the skills learned in both CDI and PDI on complex case examples.

Learning Objectives

- Describe the common challenges associated with children on the autism spectrum referred for disruptive behavior problems.
- Explain how to modify CDI and PDI strategies for children with ASD, while maintaining treatment fidelity.
- Break into small groups and apply the modified PCIT skills learned in the workshop to sample case vignettes describing children with ASD and disruptive behavior.

Presenters

- **Lauren Quetsch, PhD,**
- **Abigail Pooch, MS,**
- **Jamie Sherman, MS,**
- **Corey Lieneman, MS,**



Session: Disseminating PCIT in rural and underserved areas: Challenges & Opportunities for Growth

Code S12 :: Seminar Session :: 1.00 CE hours

4:30 pm – 5:30 pm Wednesday, August 28th 2019
Palmer House Hilton

Session Description

While PCIT has been an evidence-based practice for young children with disruptive behaviors for quite some time and continues to show promise as a transdiagnostic treatment model for young children, evidence-based practices continue to be underutilized in community settings (United States Department of Health and Human Services, 2009). Identifying the unique challenges faced by Level 1 trainers and PCIT clinicians in [communities/states/countries] where PCIT has little to no presence and finding solutions to potential barriers will provide current and future trainers and trainees with the requisite skills to serve a broader population of children, families, and communities around the world. Specifically, this panel will address the challenges faced by PCIT trainers (and therapists) in establishing PCIT practice and training: (1) In new locations (states, countries) that lack or are underserved by certified PCIT providers and evidence-based practice (including rural locations); and (2) Large hospital settings (including important considerations relevant to this setting). Topics of discussion with an emphasis on their solutions may include, but are not limited to: infrastructure, state/local buy-in, institutional support, lack of colleagues, accessing training and consultation opportunities when they are not present in the local area, best practices in remote supervision and consultation, handling referral sources and caseload, handling the deviation from typical session length in a hospital or other insurance-billable setting, and how one might make a broader impact via PCIT within their community/state/country.

Learning Objectives

- Identify challenges and solutions to program development and implementation of PCIT in new [communities/states/countries].
- Pinpoint barriers and solutions to program development within hospital and community practice settings.
- Develop skills in building PCIT practice in areas where there is little to no current representation of PCIT or other evidence-based practices for children and families.

Presenters

- **Lauren Holleb, PhD,**
- **Miriam Ehrensaft, PhD,**
- **Samantha Miller, PhD,**
- **Jessica Mattingly, Psy.D.,**



Session: Supporting Resilience in Young Children: Addressing the Impact of Trauma and Inequity

Code K2 :: Seminar Session :: 1.50 CE hours

8:45 am – 10:15 am Thursday, August 29th 2019
Palmer House Hilton

Session Description

This presentation will begin with a discussion of contextual and historical factors that contribute to the trauma experienced by young children and their families. It will elucidate the ways in which traumatic exposure can impact child development and behavior, with a particularly emphasis on marginalized youth. Key principles of trauma-informed care that can be implemented to promote resilience across a variety of early childhood settings will be reviewed. Finally, key components of empirically-supported trauma-specific interventions will be highlighted.

Learning Objectives

- Describe the ways in which experiences of trauma and marginalization interfere with achievement of early developmental tasks and impact later development
- Define the key components of a trauma-informed approach to promoting resilience and healing
- Identify 3 specific trauma-informed practices to support the resilience of children and families impacted by trauma

Presenters

- Tali Raviv, PhD,
- Carmen Holley, LCSW,



Session: Internet-based PCIT (I-PCIT): Learning the ins and outs of technological proficiency, CDI Coaching, and PDI Coaching

Code S13 :: Seminar Session :: 1.00 CE hours

10:30 am – 11:30 am Thursday, August 29th 2019
Palmer House Hilton

Session Description

"As more and more commercial insurances begin to provide reimbursement for telehealth, the viability of increasing access to I-PCIT services to families has substantially increased. Further, over half of millennials now report the use of video calling as a standard communication form, suggesting that families have increased interest in receiving services in this format (NPD Group, 2016). As the fiscal viability increases and consumers accept video calls as a standard form of communication, clinicians need to receive additional training related to provider/parent technological proficiency, HIPAA compliance considerations, and the differences between conducting PCIT services via secure video conference and conducting services in person.

Given the initial promising findings of I-PCIT (Comer et al., 2017), training of clinicians who are interested in providing these services is warranted. This Clinical Skills Mini-Workshop will provide participants with a brief overview of technological proficiency and privacy concerns related to I-PCIT and hands-on training related to CDI and PDI coaching. The logistics of conducting sessions via secure video conference will also be discussed (e.g., reviewing treatment progress, conducting weekly assessments, and troubleshooting technological failures). Eight tablets will be provided for the workshop to allow participants with real-time opportunities to practice I-PCIT CDI and PDI coaching. Participants will engage in coaching simulations where they will be required to structure the environment for an I-PCIT session and then conduct mini coding and coaching sessions. Given the limited number of tablets, participants will rotate from station to station to practice different coaching scenarios. "

Learning Objectives

- Participants will be able to explain three ways that they have to increase their technological proficiency to deliver I-PCIT services.
- Participants will be able to describe three different strategies for helping caregivers structure the environment for I-PCIT sessions.
- Participants will be able to identify 5 techniques for conducting an I-PCIT session.

Presenters

- **Jason Jent, PhD,**
- **Dainelys Garcia, PhD,**
- **Abigail Pooch, MS,**
- **Jamie Sherman, MS,**



Session: As the Parent Goes, So Goes the Child: Tracking Improvements in Child Self-Regulation and Developmental Progress through PCIT in a Child Maltreatment Sample

Code S14 :: Seminar Session :: 1.00 CE hours

10:30 am – 11:30 am Thursday, August 29th 2019
Palmer House Hilton

Session Description

PCIT has been shown to reduce future reports of child maltreatment for families with a history of child abuse or neglect. There is also evidence that measures of stress reactivity and self-regulation may respond to intervention in children and in adults. This symposium will present current research that examines the connection between changes in parents' and children's capacity for self-regulation in an NIH-funded RCT involving parents with child welfare involvement undergoing PCIT with their young children. A conceptual framework for how PCIT can be used to lower stress reactivity and improve self-regulation skills in maltreated children will be outlined. The next presentation will look at bio-behavioral markers and survey measures of trauma in 100 families randomized to PCT or services as usual. It is hypothesized that PCIT may help to reduce children's trauma symptoms and improve child self-regulatory abilities in families with child maltreatment exposure. Finally, session by session improvements in child bio-behavioral and developmental markers will be examined in a subset of approximately 40 families to see how parents' use of specific CDI skills impacts measures of development and regulation. The "hot off the press" findings presented in this symposium represent a critical linkage between clinical insights about the effects of PCIT with child maltreating families and the neuroscience and bio-physiology underlying those positive changes seen in children across the course of treatment.

Learning Objectives

- Gain familiarity with the research findings on offering PCIT to families with a history of child welfare involvement."
- Identify what is known about the effects of PCIT on children, " self-regulation"
- Gain understanding of critical mechanisms of change in how PCIT facilitates improvements in children, " functioning, by studying the process of change in parenting skills over time, session by session, in PCIT "

Presenters

- **Beverly W. Funderburk, PhD,**
- **Elizabeth A. Skowron, PhD,**
- **Carrie Sholtes, MS,**
- **Akhila Nekkanti,**



Session: PCIT en Espanol: Issues & Recommendations for Training, Supervision, Coding, Coaching, & More

Code S15 :: Seminar Session :: 1.00 CE hours

10:30 am – 11:30 am Thursday, August 29th 2019
Palmer House Hilton

Session Description

As the Latinx population in the United States continues to grow, so does the need for families to access PCIT services in Spanish. While these families may be at increased risk for child behavior concerns, they are less likely than non-Latinx families to seek services. Moreover, when they do seek services, they face increased barriers, including difficulties accessing PCIT services in Spanish. This brings up questions regarding language preferences and fluency of parents and their children, as well as linguistic and cultural competency of supervisors and therapists. This panel aims to tackle common issues surrounding bilingual and monolingual Spanish PCIT training, supervision, and service delivery. Panelists will offer recommendations based on guidelines for best practice, evidence from the literature, and anecdotal experience. This panel will discuss considerations related to the training (at all levels) and supervision of Spanish-speaking PCIT therapists. Issues and recommendations for assessment will be presented, including choosing linguistically and culturally appropriate measures and resolving DPICS coding dilemmas. The panel will also describe specific approaches to coaching and skills practice for Spanish-speaking families. Finally, we will discuss the need for enhanced collaboration among Spanish-speaking providers and the aim of increased dissemination of PCIT to Spanish-speaking families. This panel is designed to be appropriate and relevant for all PCIT providers who may encounter referrals of Spanish-speaking families to PCIT in their communities, not only PCIT providers with fluency in Spanish.

Learning Objectives

- Participants will be able to identify the cultural, linguistic, and ethical factors relevant for the delivery of PCIT with bilingual and monolingual Spanish-speaking families and for the training and supervision of bilingual clinicians.
- Participants will be able to describe ways to address the nuances of training bilingual PCIT clinicians, including strategies for assessment and promotion of linguistic competence.
- Participants will be able to apply specific tools and techniques for promoting skills acquisition in bilingual and monolingual Spanish-speaking families participating in PCIT.

Presenters

- **Miya Barnett, PhD,**
- **Erica Luis Sanchez, MA,**
- **Eileen Davis, PhD, Assistant Professor of Clinical Pediatrics**
- **Bridget Davidson, PhD,**
- **Marta Shinn, PhD,**



Session: Statewide PCIT Initiatives: What Can We Learn from Large-Scale Data?

Code S16 :: Seminar Session :: 1.00 CE hours

1:15 pm – 2:15 pm Thursday, August 29th 2019
Palmer House Hilton

Session Description

As dissemination and implementation efforts using Parent-Child Interaction Therapy continue to grow across the United States, many large-scale initiatives have collected important data. In this symposium, researchers, policy specialists, and leaders in the implementation of PCIT will describe findings from their respective states. Analyses of large data sets including treatment outcomes, attrition, agency-based implementation strategies, qualitative feedback from clinicians, and stakeholder perspectives will be presented. Leaders in these efforts will reflect on successful strategies for surmounting major obstacles to start-up and sustainability of large-scale initiatives. Lessons learned from engaging a variety of community stakeholders and implications for further community-based PCIT delivery will be discussed.

Learning Objectives

- To identify implementation science principles useful for community-based uptake and maintenance of large-scale PCIT initiatives
- To understand how PCIT protocol typically translates to practice in real-world settings (e.g., PDI procedures)
- To compare large-scale outcomes for families who complete PCIT and those who terminate early

Presenters

- **Corey Lieneman, MS,**
- **Darden White, MEd,**
- **Laurie Theodorou, MS,**
- **Sarah Taber-Thomas, PhD,**
- **Catherine Wright, PsyD,**



Session: The Dog Ate Our Homework: Tools and Strategies to Foster Homework Enhancement

Code S17 :: Seminar Session :: 1.00 CE hours

1:15 pm – 2:15 pm Thursday, August 29th 2019
Palmer House Hilton

Session Description

Caregiver home practice assignments (i.e., homework) are ubiquitous to behavioral parent training programs as they are hypothesized to be a necessary component to promote acquisition, generalization, and maintenance of skills. In fact, homework compliance significantly predicts improvement in psychotherapy treatment across age groups, various presenting diagnoses, and therapeutic techniques (Kazantzis & Lampropoulos, 2002; Mausbach, Moore, Roesch, Cardenas, & Patterson, 2010, Stokes, et al., 2016). Despite the positive effects of homework completion on treatment outcomes and reduction in dropout rates, compliance with homework is an ongoing challenge for therapists. Rates of completed homework are astonishingly low in behavioral parent training programs generally (Chacko et al., 2013) and in Parent-Child Interaction Therapy (PCIT) more specifically (Danko & Budd, 2015; Berkovits et al., 2009). Rates of self-reported homework completion hover below 50% with extreme variability, and far below the 64% that experts report by consensus to be necessary minimally. Parents report numerous potential barriers to completing homework.

This workshop will prepare clinicians to increase their clients' homework completion rates by reviewing the current research regarding homework and psychotherapy, including PCIT, but also reviewing techniques used across treatment modalities. Participants will learn about and practice strategies to foster client buy-in derived from other disciplines like marketing, education, business, etc. Through engaging activities and case examples, participants in this workshop will learn new strategies to improve homework quality and quantity with their clients. This Clinical Skills Mini-Workshop will provide participants with in-depth, hands-on tools to prompt, monitor, and reinforce increased home practice.

Learning Objectives

- Participants will describe the key factors that impact homework completion and how homework completion impacts treatment outcomes in psychotherapy, and PCIT in particular.
- Learners will be able to empirically identify parents at risk for inadequate homework completion in PCIT.
- Learners will be able to use 3 concrete actions to enhance parental homework completion in PCIT.

Presenters

- **Steven MS Kurtz, PhD, Psychologist, Kurtz Psychology Consulting**

"Dr. Kurtz is the President of Kurtz Psychology Consulting PC, a NYC-based mental health group serving the emotional and behavioral needs of young children. He specializes in assessing and treating externalizing behaviors, such as ADHD and oppositionality, as well as severe anxiety behaviors, such selective mutism and social phobia.



He is a Master Trainer in Parent-Child Interaction Therapy (PCIT), and a dedicated advocate for children with special needs. His team has done pioneering work in Teacher-Child Interaction Treatment (TCIT) bringing behavioral coaching for teachers to a new level of effectiveness.

An expert commentator, he has appeared on numerous programs addressing child mental health, including NBC's Today, CBS's The Early Show and PBS's Keeping Kids Healthy. He created the renowned Mighty Mouth and Brave Buddies SM intensive treatment programs."

- **Brian Olsen, PhD,**
- **Lauren Quetsch, PhD,**
- **Brittany Bailey, MS,**
- **Ashley Ordway, M.Ed, EdS,**



Session: Expanding Our Reach: The Utility of PCIT-Informed Approaches in Community Settings

Code S18 :: Seminar Session :: 1.00 CE hours

1:15 pm – 2:15 pm Thursday, August 29th 2019
Palmer House Hilton

Session Description

Mental health concerns affect a high percentage of children and families. In particular, disruptive behavior disorders in young children can be reliably identified and treated at a young age. While a number of evidence-based interventions such as PCIT exist, many children and their families do not receive treatment. Given the negative long-term outcomes of untreated disruptive behavior, there is a need to expand prevention and intervention efforts across community settings serving young children and their families. As parents oftentimes raise initial concerns to their child's pediatrician, increasing knowledge and communication between primary care providers and therapists is an essential first step in ensuring appropriate identification and referral of at-risk children. Further, novel approaches to intervention including technology have the potential to reach more families in comparison to traditional therapy settings. Additionally, training non-therapist professionals in PCIT-informed skills can help ensure more children receive evidence-informed care. Specifically, programs such as CARE and other nonclinical models can help providers reach a broader range of children across more settings.

Learning Objectives

- Participants will increase their knowledge of ways PCIT principles can be applied in various community settings serving young children.
- Participants will increase awareness of how community providers serving young children perceive a PCIT-informed approach.
- Participants will increase awareness of advantages of intervening at different levels across a range of non-behavioral health community settings.

Presenters

- **Stephanie Wagner, PhD,**
- **Ashley Scudder, PhD,**
- **Tania Cargo, PGDipClinPsych,**
- **Robin H. Gurwitch, Ph.D.,**



Session: And the Winner is . . . : A DPICS Coding Awards Extravaganza!

Code S19 :: Seminar Session :: 1.00 CE hours

2:30 pm – 3:30 pm Thursday, August 29th 2019
Palmer House Hilton

Session Description

Great movies, television, and music generate debates and heated discussions and are often rewarded with Oscars, Emmys, and Grammys. Coding, a unique and important cornerstone of PCIT, also generates debate and heated discussions around the nuances of coding guidelines and categories. As such, we believe that DPICS codes and coders deserve recognition and awards! Hence, we introduce the Master Coding Awards (or CODYs) for DPICS codes and coders! Public nominations in award categories such as "Rule that oughtta be eliminated or revised," "Best use of DPICS in a research study," and "Best coding clip," will be welcomed. Voting then will take place via the internet before and during the convention leading up to this dazzling awards ceremony. During the ceremony, awards will be presented by your fabulous hosts, but unlike the boring Oscars, there will be lively coding activities throughout; everyone can show off their skills and someone may even go home with an CODY all their own! See the celebrity DPICS codes on the red carpet! Experience the glamor of the CODY awards! Applaud your favorite winners (there are no losers, as it is an honor just to be nominated, of course)! And, at the awards' conclusion, leave energized with renewed appreciation for DPICS coding!

Learning Objectives

- Describe specific DPICS guidelines that they will use to increase their coding accuracy"
- List DPICS guidelines prone to misinterpretation or coder drift and strategies to avoid these errors"
- Identify DPICS coding resources for supplemental and ongoing training."

Presenters

- **Melanie Nelson, PhD,**
- **Robin H. Gurwitch, Ph.D.,**



Session: Maintaining Motivation Throughout the CDI Phase of PCIT: Novel Strategies and Approaches

Code S20 :: Seminar Session :: 1.00 CE hours

2:30 pm – 3:30 pm Thursday, August 29th 2019
Palmer House Hilton

Session Description

Parent Child Interaction Therapy (PCIT) is a strong evidence based treatment, resulting in significant and lasting improvements for participating families. However, many families end PCIT services prematurely, often in the Child Directed Interaction (CDI), the first phase of PCIT. Families who end treatment prematurely do not experience the same benefits as those who successfully graduate the program. These findings highlight the importance of engaging families early in treatment and ensuring their motivation maintains throughout the course of PCIT. Specifically, strategies to increase parental motivation during the CDI phase are critically important, as the first phase of treatment, and the phase in which many families decide to terminate PCIT prematurely.

This presentation will review several initiatives designed to enhance familial engagement during CDI. The first presentation will discuss existing literature on child behavior change and other improvements during the CDI phase, and implications for how CDI is presented and explained to families. The second presentation will include data on two adaptations of CDI and their impact on behavior change, attendance, and attrition: time-limited CDI and the addition of an emotion coaching component to CDI. The third presentation will describe emotion coaching in CDI in more detail, explaining the clinical application and how this component is hypothesized to increase parental engagement. Our final presenter will discuss a novel approach to the first CDI coach session, designed to increase motivation and decrease anxiety, specifically in a highly diverse community sample. Implications for future research and clinical practice will be discussed.

Learning Objectives

- Interpret findings demonstrating improvements in child behavior after only the CDI phase of PCIT.
- Describe adaptations of CDI which may increase parental engagement, including time-limited CDI and emotion coaching.
- Summarize the TEAM approach to CDI Coach 1, a novel adaptation designed to increase motivation and decrease anxiety in a diverse population.

Presenters

- **Rhea Chase, PhD, Director of Early Childhood Programs & PCIT Master Trainer**
- **Hart MacCardell, PsyD,**
- **Christina Danko, PhD,**
- **Lianna Wilson, PhD,**



- **Georgette Saad, MSW,**



Session: Train to Sustain: Strategies for supporting fidelity in community mental health agencies

Code S21 :: Seminar Session :: 1.00 CE hours

2:30 pm – 3:30 pm Thursday, August 29th 2019
Palmer House Hilton

Session Description

One of the challenges of making effective evidence-based treatments like PCIT widely available to families is ensuring that clinicians in community mental health settings are able to provide the intervention. Several large-scale PCIT implementation efforts (e.g., Delaware, Pennsylvania, California) have trained large numbers of community mental health therapists, but discovered that training only addresses part of the problem of accessibility. Once established, sustaining PCIT programs over time with fidelity is critical for insuring that children in need continue to have access to effective PCIT services. Research has identified areas in the practice of EBPs and in organizational structures that promote fidelity. PCIT implementation projects have also developed strategies to support fidelity and sustainment. The purpose of this panel is to discuss strategies that we can use in practice, training, and with administrative staff to help maintain excellence in PCIT. Panel members are experts in PCIT implementation and training, coming from diverse programs. One moderator directed a large-scale PCIT training project in a California county; the second moderator studied the predictors of sustainment in a county wide implementation of PCIT, with over 700 PCIT therapists over 8 years; the first panelist directed the Delaware PCIT training project, training over 200 therapists and 15 trainers, the second and third panelists together trained 90 therapists in 33 County agencies in California, also mentoring 30 trainers; the fourth panelist conducted a study of PCIT sustainability and was a lead trainer in "PCIT across PA," a project training 384 therapists.

Learning Objectives

- Describe strategies to improve fidelity by understanding how to continue to have a steady stream of treatment completers, and how to provide PCIT to clients with complex problems while sticking to the protocol.
- Identify strategies for correcting drift in experienced therapists and building their training skills
- Identify actions PCIT programs in community mental health agencies should take to sustain their program and promote excellence in their practice.

Presenters

- **Susan Timmer, PhD,**
- **Dawn Blacker, PhD,**
- **Marta Shinn, PhD,**
- **Joshua Masse, Ph.D.,**
- **Ashley Scudder, PhD,**



Session: The Turtle Program: A multi-modal early intervention for inhibited preschool-aged children

Code S22 :: Seminar Session :: 1.25 CE hours

4:15 pm – 5:30 pm Thursday, August 29th 2019
Palmer House Hilton

Session Description

Fifteen to twenty percent of young children can be classified as behaviorally inhibited (BI), and stable BI is a predictor of later anxiety disorders (particularly social anxiety; Chronis-Tuscano et al., 2009). The Turtle Program, a combined adaptation of group-based Parent-Child Interaction Therapy (PCIT) and Social Skills Facilitated Play (SSFP), is an 8-session multimodal intervention for young children with elevated BI (Chronis-Tuscano et al., 2015). In line with a developmental-transactional model recognizing the contributions of child BI, parenting, and peer relations on child adjustment over time (Rubin, Coplan, & Bowker, 2009), the Turtle Program targets parent-child and child-peer interactions in concurrent parent and child groups. The parent component is comprised of psychoeducation and in-vivo coaching sessions where parents learn skills to increase their responsiveness and to support child approach behaviors within the peer context. The child component is an adaptation of SSFP where children learn social skills during "circle time" and through semi-structured play. In our research, the Turtle Program resulted in significant beneficial effects relative to a waitlist control condition on maternal-reported child anxiety symptoms, teacher-rated school anxiety symptoms, observed maternal positive affect/sensitivity, and observed classroom social interactions.

This mini-workshop will provide participants with an overview of the Turtle Program. Presenters will use experiential learning activities to help participants acquire practical PCIT skills to use when intervening with this population. Participants will practice Bravery Directed Interaction (BDI) coaching skills in a series of role plays targeting child social anxiety in developmentally-relevant situations (e.g., show and tell, birthday party).

Learning Objectives

- Describe the need for an early intervention program to target parenting and peer relations in children with elevated behavioral inhibition.
- Identify the components of the Turtle Program and describe the research support for this program.
- Demonstrate Bravery-Directed Interaction (BDI) coaching skills to target child social anxiety in developmentally-relevant situations.

Presenters

- **Christina Danko, PhD,**
- **Kelly O'Brien, PhD,**
- **Danielle R. Novick, BA,**
- **Ken Rubin,**





Session: Impact of Parent-Child Interaction Therapy on ADHD Symptoms and Medication Management Considerations (Nelson, Briegel)

Code S23 :: Seminar Session :: 1.25 CE hours

4:15 pm – 5:30 pm Thursday, August 29th 2019
Palmer House Hilton

Session Description

A recent meta-analysis (Rimestad et al, 2019) concluded that parent training was only partially supported as an efficacious intervention for preschoolers with ADHD per parent report, and not efficacious based on independently assessed symptoms. This symposium will present data to the contrary from a long-term study examining the effects of Parent-Child Interaction Therapy (PCIT) on ADHD symptoms in preschoolers randomized to individual or group PCIT. Children with ADHD (n=128, mean age = 4.8 years), half of whom also met criteria for disruptive behavior disorder (DBD), were randomized to group or individual PCIT. Pre- and post-treatment and one-year follow-up measures included 1) parent rating scales; 2) observations of parent-child interactions; 3) teacher-rating scales; and 4) observed child behavior at school. Parent ratings and observations of the parent-child interaction were also collected at two-year follow-up. Results of long-term parent and teacher outcomes will be presented, focusing on the impact of PCIT specifically on symptoms of ADHD in addition to externalizing behaviors. In addition, data will be presented exploring parents' ADHD symptoms and their impact on treatment outcomes in this project. These results are consistent with other parent training programs (Abikoff, et al., 2015; Forehand, et al., 2016) and suggest PCIT is indeed a promising intervention for preschoolers with ADHD.

Learning Objectives

- Participants will learn how parent-report of ADHD symptoms at one- and two- year follow-up are affected by PCIT
- Participants will describe how treatment effects generalize to other settings and across time
- Participants will be able to describe the impact of parental ADHD symptoms on PCIT treatment outcome for children with ADHD

Presenters

- **Melanie Nelson, PhD,**
- **Regina Bussing, MD,**

Dr. Bussing is Professor and Chair of the Department of Psychiatry at the University of Florida. Dr. Bussing received her medical degree from the Justus Liebig University in Giessen, Germany and subsequently completed her psychiatry residency and child and adolescent fellowship at the University of Florida in Gainesville, as well as a Master of Science degree in health services research from the UCLA School of Public Health. She received training in parent child interaction therapy (PCIT) from Dr. Sheila Eyberg and is a PCIT Master Trainer. Dr. Bussing's research expertise spans mental health services, measure development, pharmaco-epidemiology, psychotherapy intervention, and clinical pharmacology trials research.



- **Sheila Eyberg, PhD,**
- **Brittany Bailey, MS,**
- **Magdalena Romanowicz, MD,**



Session: Need-based Innovations in PCIT: Transcending Barriers to Treatment and Overcoming Disparities in Accessible Care

Code S24 :: Seminar Session :: 1.25 CE hours

4:15 pm – 5:30 pm Thursday, August 29th 2019
Palmer House Hilton

Session Description

While PCIT has robust outcomes for treating children with primary and secondary disruptive behaviors, it is not immune to attrition and barriers to access to care. This symposium discussed advances in PCIT practice for increasing access to care for known underserved populations. Specifically, mechanisms for online psychoeducation, internet-delivered services, and integrated health and behavioral health approaches are covered.

Learning Objectives

- Participants will be able to describe at least 2 applications of PCIT within medical settings.
- Participants will be able to identify at least 2 methods for using internet technology in the implementation of PCIT.
- Participants will be able to explain various methods for increasing access to PCIT via technology or integrated care.

Presenters

- **Naomi Perry, MSW,**
- **Jason Jent, PhD,**
- **Brooke Browning, PhD,**
- **Georgette Fleming, B.A. , (Psych)(Hon), PhD/M Psyc (Clin) candidate**
- **Allison Brandt, PhD,**



Session: PCIT Adaptations: Innovations in the Treatment of Early Childhood Anxiety and Comorbid Disorders

Code S25 :: Seminar Session :: 1.25 CE hours

9:15 am – 10:30 am Friday, August 30th 2019
Palmer House Hilton

Session Description

Anxiety disorders are the most common psychiatric disorder in children and have been shown to predict adverse future functioning. Parent training programs, including adaptations of Parent-Child Interaction Therapy (PCIT), have shown promise in treating anxiety disorders in early childhood. This symposium will feature data from three different PCIT-adaptations: PCIT-SM (Selective Mutism), Brave START (Skills Training & Anxiety Reduction Treatment) and iCALM (Internet-based Coaching Approach behavior and Leading by Modeling). First, the PCIT-SM treatment will be presented and data regarding anxiogenic parenting changes will be discussed. This study operationalized parenting behaviors as potentially reinforcing or punishing, and examined conditional probabilities of parenting behavior as a function of child responses. The next treatment discussed will be "Brave START," a modular, transdiagnostic treatment for early childhood anxiety and comorbid disruptive behavior. The Brave START protocol will be described and results from a single-subject design will be presented. Following this, a meta-analysis using Simulation Modeling Analysis conducted on the Brave START data will address questions of the how specific modules (i.e. CDI, PDI, and Exposure modules) differentially affect anxious and disruptive behaviors. Last, the iCALM treatment program and results will be presented. In this internet-based version of the CALM program, families used webcams to broadcast live parent-child interactions from their home to a therapist who remotely provided real-time exposure-focused parent coaching via a parent-worn Bluetooth earpiece. Findings will be discussed in terms of the increasingly supported role that videoconferencing-based formats continue to play in extending the reach of PCIT and its adaptations.

Learning Objectives

- Understand three PCIT adaptations for treating anxiety disorders in early childhood
- Learn the effects of PCIT adaptations on parent behaviors and anxiety
- Attendees will learn to integrate findings into their clinical practice

Presenters

- **Steve Mazza, PhD, MA, Postdoctoral Fellow, Columbia University Medical Center (CUCARD)**

Steve Mazza, Ph.D., is a postdoctoral fellow at the Columbia University Clinic for Anxiety and Related Disorders (CUCARD) at Columbia University Medical Center. Dr. Mazza received his B.S. with honors in elementary education from Skidmore College. He received his M.A. in developmental psychology from Teachers College, Columbia University and received his doctorate in clinical psychology from Hofstra University. Dr. Mazza completed his pre-doctoral clinical internship at the NYU Child Study Center and Bellevue Hospital Center, where he worked in outpatient, inpatient, and emergency department settings. Dr. Mazza specializes in applying cognitive-behavioral therapy (CBT) to treat anxiety disorders in children, adolescents, and young adults. He is also certified in Parent-Child Interaction Therapy (PCIT), a gold-standard treatment



for disruptive behavior during childhood.

- **Steven MS Kurtz, PhD, Psychologist, Kurtz Psychology Consulting**

"Dr. Kurtz is the President of Kurtz Psychology Consulting PC, a NYC-based mental health group serving the emotional and behavioral needs of young children. He specializes in assessing and treating externalizing behaviors, such as ADHD and oppositionality, as well as severe anxiety behaviors, such selective mutism and social phobia.

He is a Master Trainer in Parent-Child Interaction Therapy (PCIT), and a dedicated advocate for children with special needs. His team has done pioneering work in Teacher-Child Interaction Treatment (TCIT) bringing behavioral coaching for teachers to a new level of effectiveness.

An expert commentator, he has appeared on numerous programs addressing child mental health, including NBC's Today, CBS's The Early Show and PBS's Keeping Kids Healthy. He created the renowned Mighty Mouth and Brave Buddies SM intensive treatment programs."

- **Samuel Peer, PhD,**

- **Jonathan Comer, PhD,**



Session: What's in YOUR Toolbox? Drills to Move Parents to Mastery

Code S26 :: Seminar Session :: 1.25 CE hours

9:15 am – 10:30 am Friday, August 30th 2019
Palmer House Hilton

Session Description

PCIT therapists are well aware of the importance of behavioral practice in helping parents master PCIT skills. In CDI, an important behavioral practice component is the use of "drills": A component of later CDI sessions in which the therapist targets a very specific skill area with a few minutes of focused practice. This workshop will give attendees the chance to learn to conduct drills used by PCIT trainers and therapists around the world. The workshop will begin with an audience participation activity listing commonly-experienced challenges to CDI mastery (e.g., consistent weakness in one skill, persistent "question" voice inflection). The presenters will discuss the behavioral principles underlying the CDI drills that can address these challenges, then describe and demonstrate key CDI drills. Attendees will then be able to role-play selecting and using appropriate drills in small groups, with the presenters playing the roles of parents with common CDI skills difficulties. In addition to honing their skills with this live practice exercise, attendees will leave with a list of drills and their selection guidelines in various CDI situations.

Learning Objectives

- Increase knowledge of drills that can be used in CDI
- Practice selecting appropriate drills for common CDI challenges
- Practice coaching selected drills in role-play situations

Presenters

- **Joy Pemberton, PhD,**
- **Karin Vanderzee, PhD,**
- **Glenn Mesman, PhD,**
- **Litsa Tanner, MS,**



Session: Using COACH Coding to Enhance Your PCIT Practice

Code S27 :: Seminar Session :: 1.00 CE hours

10:45 am – 11:45 am Friday, August 30th 2019
Palmer House Hilton

Session Description

Parent-Child Interaction Therapy (PCIT) requires extensive therapist training, first didactic and then in vivo with performance feedback provided by the trainer to the fledgling PCIT therapist. Several PCIT Master Trainers have developed systems to empirically assess coaching behaviors (Davis & Brestan-Knight, 2018) and their relationship to outcomes (Barnett, Schoonover, Davis, & Niec, 2018). These systems largely overlap, and typically parallel the parental process with identification of key Do skills and Don't behaviors.

The COACH Code system (Funderburk et al., 2017) is one such tool that conceptualizes effective coaching as using four key gateway skills, i.e., effective pacing, accuracy, positive tone, and specific labeled praise, along with incorporating important stylistic features, i.e., the use of higher order coaching statements, attending to and reinforcing behaviors other than simply parent use of PRIDE skills, minimizing missed opportunities for praises, and the judicious use of corrective feedback and directives such as line feeds or commands to the parent in the CDI phase of treatment.

This intermediate/advanced Clinical Skills Mini-Workshop is designed to provide practice in using the COACH Code system for therapists already somewhat familiar with it and seeking more proficiency in its use. Captioned videos with transcripts will be provided to allow attendees to compare and contrast novice and advanced coaching samples.

Learning Objectives

- Learners will be able to Define higher order coaching
- Learners will be able to State 4 of the 7 characteristics of effective stylistic features
- Learners will be able to State the minimum number of coaching statements used in the COACH Code system

Presenters

- **Steven MS Kurtz, PhD, Psychologist, Kurtz Psychology Consulting**

"Dr. Kurtz is the President of Kurtz Psychology Consulting PC, a NYC-based mental health group serving the emotional and behavioral needs of young children. He specializes in assessing and treating externalizing behaviors, such as ADHD and oppositionality, as well as severe anxiety behaviors, such as selective mutism and social phobia.

He is a Master Trainer in Parent-Child Interaction Therapy (PCIT), and a dedicated advocate for children with special needs. His team has done pioneering work in Teacher-Child Interaction Treatment (TCIT) bringing behavioral coaching for teachers to a new level of effectiveness.



An expert commentator, he has appeared on numerous programs addressing child mental health, including NBC's Today, CBS's The Early Show and PBS's Keeping Kids Healthy. He created the renowned Mighty Mouth and Brave Buddies SM intensive treatment programs."

- **Beverly W. Funderburk, PhD,**
- **Elizabeth Bard, PhD,**
- **Kate Gibson, PsyD,**



Session: Evaluated Globally, Trained Locally: Innovative Ways to Strive for Health Equity

Code S28 :: Seminar Session :: 1.00 CE hours

10:45 am – 11:45 am Friday, August 30th 2019
Palmer House Hilton

Session Description

It is a difficult truth that while PCIT is proven as a powerful intervention that can bring about significant and lasting changes in the lives of children and families, most children in need of mental health services such as PCIT do not receive them (Kazdin & Blase, 2011). Ongoing problems with treatment access play a role in maintaining health disparities that negatively impact individuals, families, and society in the US and around the globe (Braverman et al., 2011). To address these disparities, we must work toward two related goals: (1) to strengthen PCIT dissemination efforts by focusing on the development of evidence-based training strategies, and (2) to increase access to services by furthering delivery formats that include prevention models and alternative providers (Barnett et al., 2018). This symposium includes studies of diverse urban, rural, and international populations, each one offering data regarding the development of innovative and evidence-based training. By working collaboratively and attacking these issues empirically will we begin to move toward increased health equity.

Learning Objectives

- Describe elements of training that facilitate therapists' mastery of the DPICS.
- Identify three ways in which natural helpers may strengthen PCIT outcomes for families from diverse ethnic backgrounds.
- Describe potential strengths and challenges in training non-credentialed helpers to implement a prevention model of PCIT.

Presenters

- **Larissa N. Niec, PhD, Psychologist**

Dr. Larissa Niec received her doctoral degree in clinical child psychology from Case Western Reserve University and completed a post-doctoral fellowship with a specialty in child maltreatment at the University of Oklahoma Health Sciences Center, Center on Child Abuse and Neglect. Dr. Niec is director of the Center for Children, Families and Communities and a parent-child interaction therapy (PCIT) master trainer. Dr. Niec's primary research goal is to increase access to evidence-based services for underserved children and families, with an emphasis on parenting interventions and prevention. Dr. Niec conducts PCIT training nationally and internationally.

- **Miya Barnett, PhD,**
- **Wolfgang Briegel, MD,**