SUCCESS STORIES

CHILDNET'S PCIT

Five-year-old Krystal was initially referred to ChildNet Behavioral Health Services by her Head Start teacher, Ms. Swanson*, who reported Krystal whined constantly, yelled at classmates, talked back angrily to her teacher and had difficulty following directions. Krystal's anger was so out of control, she was suspended from school for threatening to kill her classmate. Krystal's mother, Regina* described Krystal's behavior at home as "aggressive, whiny, clingy, and constantly on her nerves". Further, Krystal experienced anxiety and tearfulness when separated from her mother. Before entering treatment, Krystal's world turned upside down when her biological father unexpectedly left the family and moved out of state.*

Feeling overwhelmed with Krystal's behavior, Regina agreed to participate in Parent-Child Interaction Therapy (PCIT). (Parent Child Interaction Therapy (PCIT) is an evidenced based parent-child treatment approach that assists parents of children with behavior problems (aggression, non-compliance, defiance temper tantrums) or who have witnessed or experienced trauma. PCIT focuses on promoting positive parent-child relationships and interactions while teaching parents effective child management skills.)

With the help of a skilled PCIT clinician, Regina learned skills to manage Krystal's behaviors by praising Krystal's positive behaviors and ignoring the negative ones. During treatment, Regina's consistent use of specific praises resulted in Krystal decreasing her yelling and physical aggression as well as increasing her positive communication with adults and peers. Further, Regina learned that actively ignoring Krystal's whining and clinging behavior significantly decreased those behaviors. When asked how PCIT impacted the family, Regina stated, "PCIT changed the way I view and interact with my child. It helped bring us closer together and increased my confidence as a mother. My child did not come with a parenting manual – PCIT has become my manual for parenting."

**Names have been changed to protect client and family's identity*

CHILDREN'S INSTITUTE INC.

"Jose" was an overweight 4 yr. 8 month old Latino boy referred to Children's Institute Inc. by his school due to his disruptive behavior at home and school. Jose's parents separated when he was three months old. In the past Jose's father visited sporadically, but currently he has no contact with him. According to mother, his father complains that Jose is very disruptive, and he doesn't want to spend time with him. Jose's mother had a stressful pregnancy due to arguing with his father and she returned to work two months after Jose was born, working 6 days a week in a bakery. Jose's mother reported that she had never played with him. Mother was always tired when she got home from work and avoided interacting with him due to his disruptive behaviors, which made him sad. Mother disclosed that she would shake him by the shoulders when both were frustrated and she would tie him to the time-out chair with a towel for his aggressive and noncompliant behavior. Mother reports that she does not remember playing with her own mother or ever being praised for good behavior.

PCIT treatment goals were to decrease Jose's hitting, crying, yelling, throwing toys, throwing himself on the floor and kicking from 10 times a day to 4 times a day.

Cultural Barriers/Considerations: Jose's mother is monolingual Spanish speaking, while he is bilingual, preferring to speak to mother in English. However, Jose appears to understand Spanish (as he does respond to mother in English when she speaks to him in Spanish). Jose is more acculturated than his mother, which impacts their relationship. Mother has few memories of spending time with her own mother, which makes learning new skills challenging. Mother's language and cultural background are important in explaining PCIT concepts in ways that she can understand and will find useful. PCIT will be provided in Spanish.

Twenty-five sessions later, Jose and his mother have successfully completed PCIT and mother is very grateful for the parenting skills that she has learned. She reports that their relationship is much more positive. Jose will now play with his mother, smile often, has learned to use words to get his needs met, is able to concentrate with support, is able to follow instructions with support, is able to keep his hands to himself, is able to concentrate in order to complete homework assignments, is able to share, and demonstrates patience. Jose has exceeded his original goals by decreasing the number of tantrums from 10 times a day to 1-2 times a week, and decreasing his aggressive behavior from daily to 3 times a month. He is now affectionate and hugs his mother. Mother reports that she has learned ways to help him calm down and learned to identify his anxious cues. Mother is now able to take Jose to family gatherings and have a good time, instead of avoiding them because of his acting-out behaviors.

SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CT

One of my first PCIT cases at FL/NV is the case of "Monica" and "Joey," a family composed of a single mother and her three children. Joey is 3 years old and the middle child. At intake Monica reported concern and overwhelm over Joey's behavior after he returns home from his 3-day long weekly visits with his father. According to Monica, after visiting his father Joey's behavior regressed. He would wet himself at home and school, refuse to call her "mom" and tell her that his "real mom" was his father's wife. Multiple times a day, Joey would hit and grab toys from his siblings saying, "everything is mine because my dad bought it for me." Joey also played with toys in a destructive manner often throwing or intentionally breaking them.

During assessment, Monica told me of her frustration with Joey and the difficulty she had "loving him". She said she often feels hopeless in parenting Joey, often yelling at him and threatening to "give him" to his father.

During the first DPICS observation session I noticed that Monica was emotionally distant from Joey. She played alongside him, rather than with him, her voice lacked expression and she didn't smile. For his part, Joey never looked at his mother and ignored her when she attempted to structure his behavior.

Monica reports that through the course of the PCIT treatment, she has seen changes in Joey's behavior as well as in the parent-child relationship. Joey now shares with his siblings and interacts with them kindly by using his words to express his needs. He is no longer wetting himself at home or school or hitting others. Monica and Joey now look at each other, smile at each other, and enjoy playing together. Now, when Monica structures Joey's behavior he complies. And for Monica most importantly, Joey now refers to her as "mom".

First 5 LA funding was extremely critical in the treatment of Monica and Joey as it allowed them to access PCIT. PCIT provided Monica with both the parenting skills and the support she needed to improve her relationship with her son.

Throughout my work with Monica and Joey I have received praise and acknowledgement from our PCIT trainer, Dr. Marta Shinn. Dr Shinn has provided guidance and admiration at my ability to move the family forward with learning PCIT skills such as Praise, Reflection, Imitation, Describe, and Enjoyment (PRIDE). I have also received acknowledgement from supervisors and administrators at my agency….even from the Executive Director! This feedback and acknowledgement makes me feel valued and appreciated and motivates me to continue to provide the best therapeutic service possible.

HARBOR UCLA

This case is about a young parent with a very bright, verbal toddler. They are an intact Latina family, with one child, younger parents, and a large extended family. Father was very involved in the care of the child and had a natural knack for the PCIT skills even before coming to our clinic. Mother was the parent in need of services simply because of a lack of parenting knowledge.

Parent and child completed CDI fairly quickly and are in PDI (phase 2 of treatment), with hopes to complete the program within a few weeks. Immediately, the parent saw the benefits of PCIT and doing special play time homework. 1) Child began inviting parents to join her play, engaged fully with them and them with her. 2) They saw improved safety in public places. 3) They saw benefits of having a routine and consistency at home with rules and follow through. 4) There is now a smile on the faces of all upon arrival at the clinic and the family looks forward to sessions. 5) When the family is in public places, child listens to mother when it is important and mom uses the time out sequence properly with compliance prior to time out even needing to be implemented usually.

We started with a high functioning, very bright and social toddler who had great potential but was falling into very negative habits and behaviors that put her at risk when out in public (to be snatched) and set her up not to function optimally in school and social settings without intervention. With PCIT, her positive traits are being optimized and parents are blossoming in relation to the child and each other, showing us the power parental self-confidence has on overall functioning. The impact could have lasting effects with the parent-child relationship, spousal relationship, parenting of future sibs, and role of parent in the world… increased self-confidence is sure to impact parent's workplace and future socioeconomic status. This family has shown so many changes that their relatives have requested PCIT at our clinic and another LA clinic.

There were a few obstacles that were overcome, such as: very bland presentation by parent, with no clear environmental or parenting factors causing the lack of enthusiasm and parenting abilities. There were personality issues with the parent as she was not an enthusiastic person in general. But, she has a very engaging, verbal and high functioning toddler who was actively seeking more quality relationship with parent.

The First 5 LA funding assisted us in getting training from UC Davis to cover our supervision and learning of the topic as we worked with the family.

Amongst ourselves and from our trainers we have gotten much positive recognition for moving this parent-child dyad from a poorly related, tantrums, lack of control and authority, insecure and unmotivated family dynamic to a loving, highly motivated, interaction-filled, positive and safe relationship. The results alone have been recognition enough for all of us. We love seeing the positive results from PCIT.

HATHAWAY-SYCAMORES CHILD & FAMILY SERVICES

A referral was received from a caregiver seeking mental health services for a 5 year old boy who we will refer to as Art in October of 2013. The caregiver had expressed that she was concerned about Art's behaviors and the way in which he related to others. The caregiver described him as cold and distant, she shared that the child hardly ever sought affection and that he had problems with engaging in appropriate eye contact. The caregiver further described some of Art's problematic behaviors as being highly defiant, having very sudden and harsh temper tantrums, experiencing problems with concentrating, being very irritated, touchy, lacking of empathy and remorse, highly aggressive towards his peers, sibling and adults and experiencing great problems in managing his anger. The caregiver believed that Art's behaviors may have been triggered by his bio father's absence in his life. Art idolized his bio father but unfortunately he was not able to receive the love and support that he desired due to his father's drug abuse and frequent incarcerations. The caregiver had stated that Art's problematic behaviors have led him to being held back a year in school and in being known as a trouble-maker by school authority figures. Caregiver expressed a significant amount of anxiety regarding Art's problems at school because since starting school approximately one month ago he had been sent home regularly and was "incontrollable" per school staff and administrators. Art was not allowed to be in his assigned classroom due to his disruptive and aggressive behaviors and instead was regularly being sent to the computer lab where he was expected to do his work independently while under the supervision of various school aides and other adults. The caregiver reported that she initially thought that Art was autistic and that she had taken him into the Regional Center for an assessment. The assessment did not lead to a full diagnosis of autism, but confirmed that he did have some autistic like behaviors and characteristics. His externalizing problematic behaviors led to Parent Child Interaction Therapy (PCIT) candidacy.

Art's caregiver was given psychoeducation regarding the Parent Child Interactional Therapy modality. It was also explained how PCIT can act as in vivo parenting as well as to aid in the handling of externalizing behavioral problems. Caregivers' measures on the Parent Stress Index (PSI) were very high and the scores on the ECBI were severe. Caregiver expressed that she was open to anything that could help Art. She felt that she was getting no support from school and that Art was "falling through the cracks" of the educational system. Upon engaging Art and caregiver in the initial assessment it was noted that Art was having some serious problems. During the initial 15 minute observation all the behavioral problems described by caregiver were confirmed. He displayed aggression towards the caregiver, was very defiant and showed no remorse for his behaviors. Art's caregiver cried openly during the intake and later stated that she needed to find the help that Art needed soon before something worst would happen. The caregiver shared many stories of how Art had exhibit aggressive behaviors with his peers, sibling as well as with teachers as school. The caregiver sobbed uncontrollably when sharing a story of how he had kicked her in front of others and how she felt horribly embarrassed that she was not

able to control her own child. It was obvious that he needed mental health services as soon as possible. A youth specialist was brought into working with Art at school, since many of his problematic behaviors were at school.

The youth specialist discovered that Art's school situation was not acceptable. Art was often found wandering the halls aimlessly and hiding in closets and small spaces throughout the school. The youth specialist inquired about Art's behaviors with his teacher and principal whom both described him as out of control and also shared that they have been contemplating- calling in the psychiatric emergency team due to fears that he may hurt himself and/or others during his temper tantrums. The teacher stated that she fears for the well-being of the other children in her classroom when he is present because he has been known to punch others in the face and throw objects at them. Other parents had made numerous complaints towards the principal about Art and she was unsure of how else to deal with him. It was also clear that Art was not getting the support and education that he had a right to. Art's caregiver was linked to an in-house legal advocate to aid in the understanding of his educational rights. With the help of our legal advocate and the youth specialist an IEP meeting was set and Art was granted a one-on-one aide to help him in dealing with his problematic behaviors as well as to ensure that he was to remain in the classroom and is to attain the same educational opportunity as other children. A psychological evaluation was also underway within our agency. The results of the psychological evaluation were inconclusive since Art refused to complete the battery of assessments. Nevertheless the psychological evaluation did assert that Art had some autistic like behaviors in that he had a very hard time with transitions, did not engage in appropriate eye contact, engaged in repeated behaviors and demonstrated obsessive like behaviors towards certain things.

In CDI, Art's caregiver was on her way to meeting mastery in the pride skills. Caregiver described that Art had a hard time engaging her at home for their assigned PCIT homework and that she was trying her best to be supportive to him at school. Caregiver stated that she feared that the school administrators would contact the psychiatric emergency team and that he would be hospitalized. Caregiver's fears led to her having to attend school with him regularly and required the increased support from her spouse at home in order to aid in the caring of Art's younger sibling. Unfortunately Art's behaviors began to escalate at school again when his one-on-one was changed. Art began experiencing uncontrollable temper tantrums at school and was labeled as Bipolar by school administrators. Art's stepfather had to decrease his work schedule to allow him to be of support to the family overall. Caregiver began describing that Art's behaviors were leading her to feeling resentment towards him and that it was putting a horrible strain in her marriage and emotional well-being. In February of 2014 it was decided that further support was required and our in house Therapeutic Behavioral Services (TBS) team became involved. Art received TBS services at home and at school for approximately 15-20 hours a week for 2 months. Art's family received instruction on creating structure, rules and consequences at home. Art's caregivers were taught to be assertive and to follow through. Art was also referred to our in house psychiatrist for a possible medication evaluation. Art's caregivers met with the psychiatrist and discussed options, but decided to not go through with medication at the

moment because they wanted to see what the results would come from the changes that were being made with TBS as well as his graduation into to PDI in PCIT.

In PDI, caregiver demonstrated some barriers in being assertive and in following through with commands but she was determined to help Art with his behaviors. Through the support of the youth specialist, TBS and the therapist consults caregiver began reporting a decrease in Art's aggression and overall defiance. Caregiver stated that time out acted like a trigger for Art's aggression and temper tantrums so removal of privilege was used instead. Since Art had a huge interested in his Ipad it was decided that when he did not follow through with commands that his Ipad privilege would be decreased by segments of 10 minutes. Through the collaboration of TBS and PCIT, a schedule was created that encompassed all of Art's day, including the Ipad time. Art was given two segments of eligible Ipad time. One hour long segment was allowed upon his arrival home from school, which could be removed if Art had any incident at school (as reported by one on one or TBS specialist) and the second segment was for thirty minutes before bed time which could be removed when Art did not follow commands at home and during PCIT sessions. Art demonstrated great improvement in his behaviors. He was no longer exhibiting aggression at school towards his peers or teachers and was increasingly compliant with caregiver. Caregiver even reported that Art seem to be enjoying their 5 minutes of assigned PCIT homework and actually looked forward to it. Caregiver began reporting that Art seem to be improving his communication skills with her and that she felt that he was warming up and opening up towards her. It was also noted in PDI sessions where the once distanced and defiant child was now laughing and hugging his caregiver. They sang songs during PDI sessions and Art verbalized how much he enjoyed their "special time". Art also began reflecting on his behavioral changes. He spoke about his change from "being bad to being good" and how he is no longer a "bad boy at school". Art became a pleasure to have in session. To the team and caregivers delight he even began to use the PRIDE and PDI skills on his caregiver. TBS met all its goals and during the follow up session with the psychiatrist the caregivers simply refused any medication stating that Art's behaviors were now manageable. With the help of the youth specialist, Art became involved in extracurricular activities within the community to aid in the strengthening of his social skills and his caregivers were able to go back to school and work since they were now comfortable in leaving him with sitters. During his final session, Art decided to dress himself up. He wore his favorite overalls and red hat and was able to eloquently verbalize his sadness that treatment was ending. Both Art and caregiver were able to reflect on how far they had come and how important the changes were to their lives. The caregiver shed tears of happiness and accomplishment when she was presented with the before and after treatment scores of the PSI and ECBI measurements. Art and caregiver were both presented with small gifts and tokens to take with them at the end of therapy. As the family walked out of the PCIT room the whole PCIT team burst out of the observation room with a roar of applause and with tears in their eyes commended the family for their hard work and dedication. The caregiver was walking out of the agency she shared that she truly believed that we had changed the course of Art's life and that she whole heartedly believed in PCIT because it worked.