



Implementing Virtual Interventions for Parent-Child Mental Health

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Overview/Agenda

- First hand experiences with virtual parent training programs (Parent Child Interaction Therapy and Positive Indian Parenting)
- Benefits and barriers to virtual care
- Case examples
- Telehealth checklists
- Resources

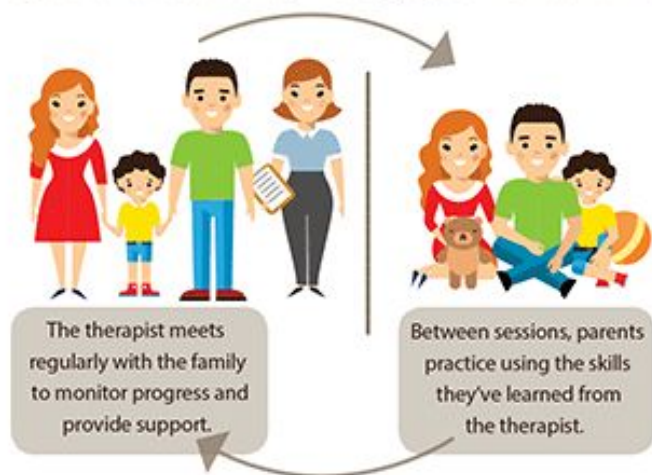


Family Interventions

- Parent Child Interaction Therapy
- Incredible Years
- Positive Indian Parenting

What parents can expect in behavior therapy

Parents typically attend 8-16 sessions with a therapist and learn strategies to help their child. Sessions may involve groups or individual families.



After therapy ends, families continue to experience improved behavior and reduced stress.

#VitalSigns



The Role of the Caregiver

- Individual virtual psychotherapy for young children presents challenges (engagement, retention, interaction)
- Most evidenced based interventions for young children include their primary caregiver (e.g. PCIT, IY, Triple P, Parent-Child Psychotherapy)
- Working as a team with the caregiver
 - Intentionally involve the primary caregiver in the therapeutic process
 - The therapist doesn't need to engage the child – the caregiver does

“PCIT empowers caregivers to be the primary agent of change for their children, providing them with the skills to support their children’s healthy development. Relatedly, PCIT respects the role of the caregiver and keeps the focus on the caregiver–child relationship rather than the therapist–child relationship” (Niec, L. 2022).



Parent Child Interaction Therapy



- What is PCIT?
 - Treatment for children ages 2-8
 - Numerous studies have demonstrated effectiveness for other common childhood disorders and delivery options (i.e. childhood anxiety, autism, selective mutism, group/primary care delivery, toddler 12-24 months) (Funderburk & Eyberg, 2011)
 - Two phases of treatment
 - Phase 1: establishing warmth in the caregiver- child relationship
 - Phase 2: focused on limit setting
- The therapist “coaches” the caregiver through a two-way mirror/or live video feed
 - The caregiver wears a “bug-in-the-ear” and receives in-the-moment coaching on therapy skills from their PCIT therapist
- Whether virtual or in person, PCIT is intended to utilize two rooms/spaces
 - Reassuring caregivers about the care they’ll receive
- Clinicians are working as a team with the caregivers



PCIT Room Setup

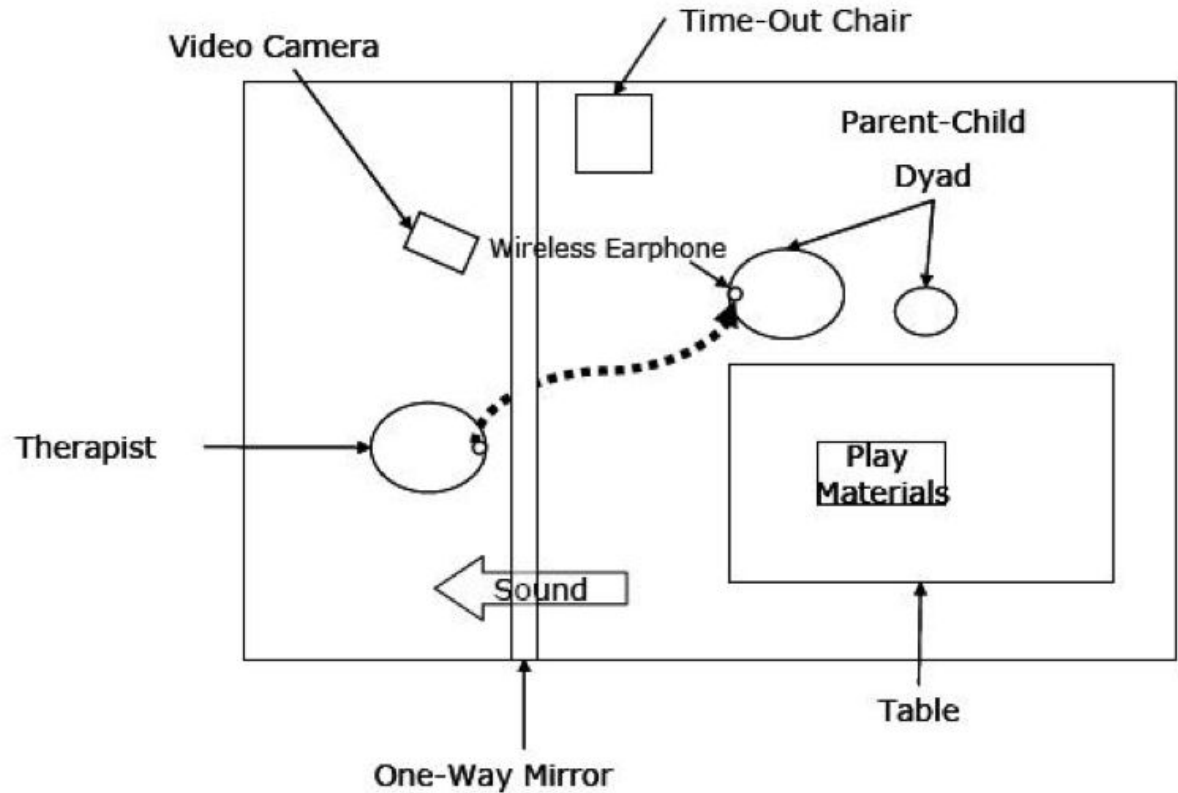


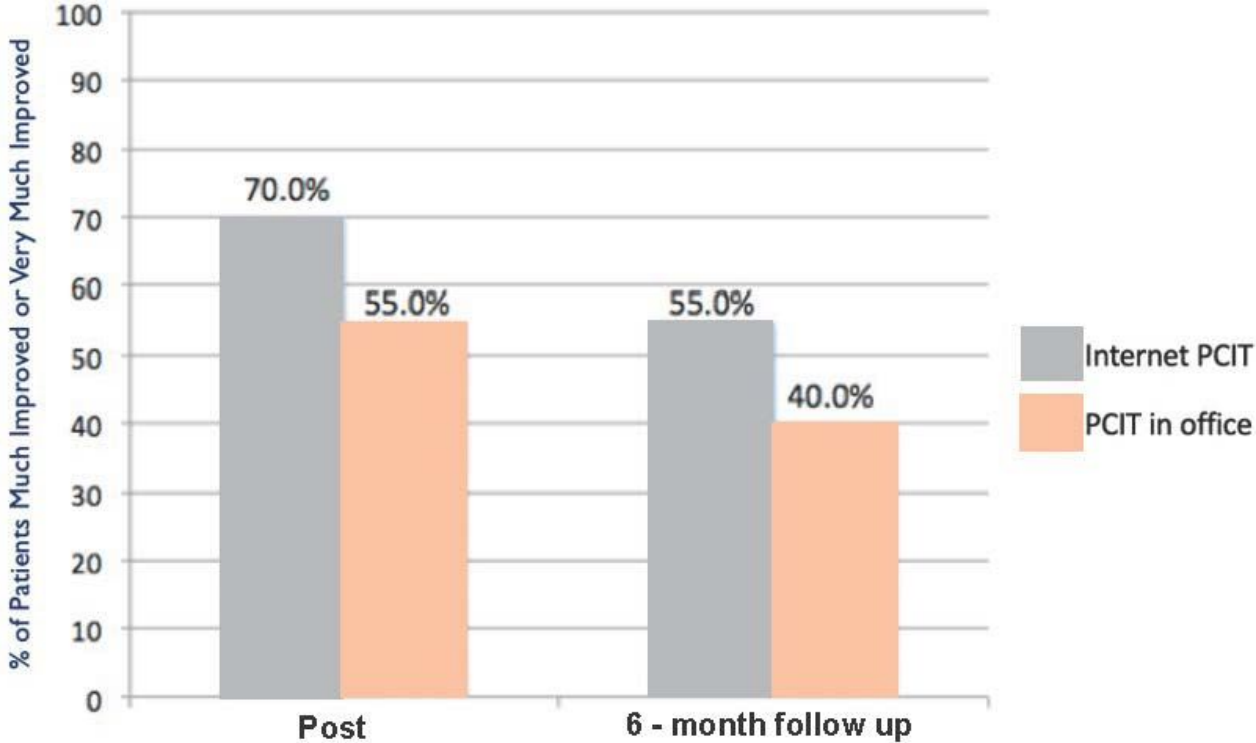
Figure 1. PCIT International

Using Telehealth Screens

- The screen becomes the “two-way mirror”
- Recording functions in Zoom allow for video playback
- Several interventions demonstrate the importance of video playback to highlight positive parenting skills
 - PCIT, Promoting First Relationships, Video-Interaction Project, Family Check - Up, to name a few and most of which made the switch to a virtual offering during Covid-19
 - Powerful teaching and learning tool



Percentage of Patients who had excellent response using Internet-delivered PCIT





A Culturally Responsive Intervention

- PCIT has been tailored to meet the needs of tribal communities (Bigfoot & Funderburk, 2011)
- PCIT encourages all caregivers who are critical to the child to participate (e.g. parents, foster parents, grandparents, aunts/uncles, adult siblings, even teachers)
 - The more people on the same page the better
 - Easier to integrate multiple family members or those in a caregiving role within the household, making it more culturally responsive
- PCIT therapists continually check - in with the caregiver to ensure that the skills are reflective of their family's values, beliefs, and culture



Positive Indian Parenting Group



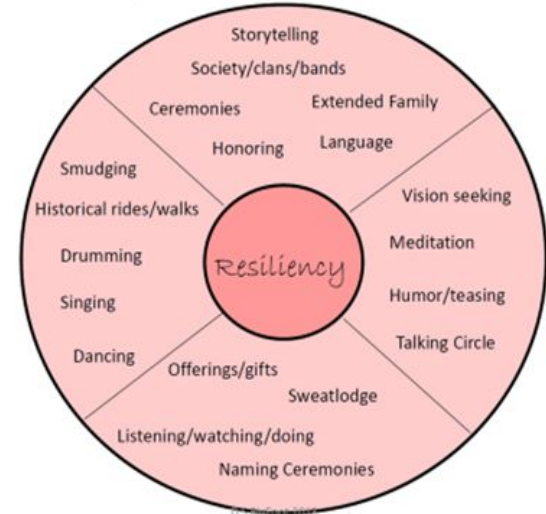
NICWA
National Indian Child Welfare Association
Protecting Our Children • Preserving Our Culture

- PIP is an eight-week parent training program developed over 35 years ago by the National Indian Child Welfare Association
- Lummi Behavioral Health has been offering PIP for eight years and held over 13 courses
 - 100 people have graduated from a course
- Planning and recruiting participants was the same as before
- Graduate rates:
 - Average graduation before the pandemic would be starting a class with 16-20 parents and 8-10 would graduate
 - Telehealth had a higher retention with about 16 parents signing up and with 10-12 graduating
- Formal evaluation at the request of the Elders is in progress with two Indigenous faculty from Western Washington University

Structure of Course

- Kept with basic structure and tenets of in-person class
 - Small group discussions = breakout rooms
 - Elder “lectures” = share screen/video with embedded elder lecture recorded from previous in person classes
 - Activities = peer counselors delivered porch drop off craft/activity kits, workbooks, and readings
 - Makeup classes were easier to offer = “recording” option for when participants missed class allowed for easy “makeup” a class

Therapeutic Native Practices



Read Alouds on YouTube

When We Were Alone by David
A. Robertson and Julie



Sharing through videos

Session 2: Lessons of the Storyteller

- Creation story shared with class by Tom Sampson
 - <https://www.youtube.com/watch?v=ZZ86ftCmaZE>
- Oral stories
 - First Salmon
 - Basket Lady
 - Coast Salish Board Books





Elder Audio Clips

Brief Lecture: Danita Washington



Craft kits and “show & tell”



Brief Lecture: Traditional Nurturing Ways

Benefits of Virtual Family-Based Interventions

- Children (birth through age 8) and primary caregiver(s)
 - Treating dyad provides bi-directional benefits to both parent mental health and child mental health
- Decreases accessibility dilemmas
 - Rural communities
 - Connecting tribal members throughout the state to their communities and families
 - Transportation
 - Less interference and disruption in school attendance
- Coaching in a family's natural environment promotes generalization of skills from session to the daily life
 - Conversely, the clinician sees the demands and challenges of realistic implementation realistically
 - May get to practice the skills in real life situations (e.g. cleaning room, completing homework, getting ready for sports practice)





Challenges of Virtual Family-Based Interventions

- Often hard to only get 1:1 for PCIT if it is a large household
- Confidentiality
- Screeners more difficult to administer and get returned, especially for grandparents in caregiving roles
- High risk/acute youth
- Funding to assist with hotspot, bluetooth, and toys or culture/craft supplies
- Unreliable internet may require family to physically come into an office or tablet station and then Zoom in provider

Case Examples

- Provides pathway for continuity of care
 - Two mothers who continued to attend PIP even through birth of child
 - Moving to another part of state - bridge for moving while trying establish new care providers
 - Going to treatment
- Clients still share positive feedback about the basic relationship building skills such as “special play time”



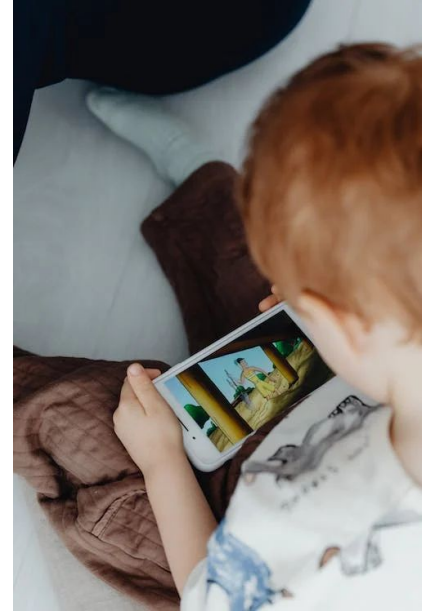
Grandma raising 6-year-old grandson:

"We have been doing "Special Play Time" for over a month now, this has been very helpful in building a closer relationship with our 6-year-old. There is less behavior issues and more asking for play and sitting with us. I have found special play time to be a good reminder of what's important when talking and handling the little things. I feel like a genuine bond is being built. He sat next to me eating lunch at Denny's one day, pulled my arm over him while we ate. We had a very nice lunch - no drama. He has talked about how much he loved that day and tells me everyday."



Preventing Problems through Prevention

- Tips & Tricks
 - Schedule a tech-call with each family prior to beginning services
 - Do a virtual walk through
 - Remove breakables or any distraction that may be difficult for the family to manage during a therapy session
 - Remove devices/turn off tv one hour prior to scheduled telehealth appointment



Checklist for Successful Parent-Child Telehealth



Telehealth Prep Tip Sheet for Parent-Child Therapy

There are several things we can do to help Telehealth sessions run smoothly. Before starting:

- Ensure there is stable and reliable internet connection of at least 10 mbps. This can be tested at www.speedtest.net
- Electronic device: You can use any computer, tablet or smartphone with video and audio capabilities. It helps to have the HIPAA compliant telehealth software app installed but it is not required (e.g. Simple Practice, Zoom)
- Have all other devices charged (Bluetooth headset/AirPods before the session)
- Utilize a wireless Bluetooth ear piece.
- If you are using a mobile tablet or laptop for video and your phone for audio, make sure that both are charged, and they have appropriate wired or bluetooth headphones.
- Do not blur your background. The clinician will need to see your space.
- Have your phone with you and charged for the session. Have your clinician's phone number in your phonebook. The phone may serve as the primary device or the back-up device if another mobile device fails during the session (e.g., if sound does not work in either direction, if the battery dies, etc.).
- Make sure to obtain all the devices you need for the session at least 1 hour before session starts. This will avoid a situation where you have to take a device that a child is playing with (e.g., an iPad or tablet) away from the child to use during the session. This could lead to significant challenges.
- Preparations if our internet connection drops: It's important that we have a Plan B if our internet Telehealth connection drops or fails for any reason. Your clinician will create a back-up plan with you of what to do if this happens. It's important that we have a way to reach each other if the connection fails.

Preparing Your Space:

- The first session is intake and completed without your child present. This gives an opportunity for the clinician to gather information on your child.
- Your clinician will complete a virtual walk-through "tour" of the family home or space.
 - Identify rooms with possible distractions, breakables, or anything we do NOT want the child to get into.
 - Safety hazards removed (open windows, outlets, rolling chairs, beverages, hot water, fragile or breakable objects such as lamps, television sets; bookcases should be removed unless anchored to wall)
 - o What types of breakables/valuables are in the room? Do they need to be removed?
 - Practice setting up the camera angle so the clinician has a wide view of the parent.
 - Make sure the child will stay in the room. Ideally choose a room that has the option to close a door opposed to an open plan area.
 - If the child is likely to leave the room, then the clinician will have you position yourself sitting against the door during play. For younger children, a door knob child safety cover (see below) could be put over the door so they stay in the room with you.





Resources

[PCIT International Guide](#)

[PCIT UC Davis Telehealth Resources and Forms](#)

[My POCKET Pcit](#)



Q & A



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