

## 2021 PCIT INTERNATIONAL BIENNIAL CONVENTION

**Symposium Title:** Creating a Community Harvest: Addressing Multifamily Needs in a Pandemic and Beyond

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**Abstract:** COVID-19 has exacerbated barriers in access to care for many populations who were previously underrepresented and underserved. Increased mental health referrals combined with a lack of trained mental health providers has resulted in heightened service shortages, and 1 in 3 youth are not receiving the mental health services they need (MHA, 2021). Waitlists for family services existing prior to the pandemic have grown exponentially as clinicians and institutions adjust to the pandemic. While the pandemic exposed various gaps in service provision, it also forced numerous policy changes allowing for innovative approaches essential to meeting mental and behavioral health needs of children and families. For example, several states permitted telehealth services where they were once prohibited, making treatment more accessible for those who would otherwise go unserved. Out of necessity to address the influx of mental health referrals combined with a dwindling workforce of clinicians, multifamily therapy approaches became an obvious and efficient method for addressing the multitude of therapeutic needs.

This symposium discusses three separate evidence-based multifamily approaches to prune service gaps for PCIT during a pandemic, and beyond:

Parenting with PRIDE (PwP) is an 8-week multifamily service curriculum delivered to dyads via telehealth focused on the CDI phase of PCIT.

CARE Groups for Caregivers (CG2) is a 6-week multifamily service delivered via telehealth utilizing the CARE curriculum with live coaching.

Campus of CARE is a 9-week multifamily and multi-level therapeutic visitation model applying the CARE curriculum and coaching through a hybrid virtual/on-site approach.

**Who is your intended audience? (e.g., PCIT therapists, parents, teachers, etc.):** PCIT therapists / CARE coaches

**Level of Intended Audience:** Intermediate

### **Learning Objectives for Your Presentation:**

1. Identify how components of PCIT can be applied to fidelity in a group-based, virtual setting.
2. Identify at least 3 benefits of CARE Groups for Caregivers (CG2) in addressing multifamily needs.
3. Identify strategies for applying CARE training and skills to create a trauma-informed CARE community around children and families.

### **3 current citations for your presentation:**

1. Mersky, J.P., Topitzes, J., & Blair, K. (2017). Translating evidence-based treatments into child welfare services through community-university partnerships: A case example of parent-child interaction therapy. *Children and Youth Services Review*, 82, 427-433.



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2. American Psychological Association, Working Group for Addressing Racial and Ethnic Disparities in Youth Mental Health. (2017). Addressing the mental health needs of racial and ethnic minority youth: A guide for practitioners. Retrieved from [www.apa.org/pi/families/resources/mental-health-needs.pdf](http://www.apa.org/pi/families/resources/mental-health-needs.pdf).
3. Gurwitch, R.H., Messer, E.P., Masse, J., Olafson, E., Boat, B.W., & Putnam, F.W. (2016). Child-Adult Relationship Enhancement (CARE): An evidence-informed program for children with a history of trauma and other behavioral challenges. *Child Abuse & Neglect*, 53, 138-145.



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**Presentation Abstract Title:** From Growth to Gleaning: Implementing Parenting with P.R.I.D.E. (PwP) to Address PCIT & Early-childhood Mental Health Waitlists and Create Community Connections

**Abstract:**

As many children and families have been socially isolated due to the COVID-19 pandemic, virtual group-based therapy has offered a sense of connection and community that otherwise may not be available. Providing telehealth services in the context of Parent-Child Interaction Therapy (PCIT) allows for evidence-based treatments to reach more families in need over a shorter period of time, further allowing service waitlist times to be significantly decreased.

Utilizing earlier prototype designs and testing conducted by the Institute for Child and Family Well-being (ICFW), Children's Wisconsin is providing 8-week virtual therapy groups for parents/caregivers and a child in their care: Parenting with P.R.I.D.E. (PwP). Focused on the CDI phase of PCIT, this evidence-based group treatment aims to offer caregivers and children the opportunity to learn with and from one another in a supportive online environment from the comfort and safety of their own homes. PwP helps caregivers of young children manage challenging behaviors, and each family learns tangible strategies that promote positive behaviors, enhance the caregiver-child relationship, and decrease parent stress through engaging activities and live coaching with a PCIT-trained therapist and masters-level students.

Specifically, the group format of PwP includes dyads with children between the ages of 2.5-6 years old who were screened for inclusion criteria prior to intake. This presentation will detail the PwP treatment criteria and format of service provision including assessments, roll-out of sessions, and future implications.



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**Presentation Abstract Title:** Creating Fertile Soil: CARE Groups for Caregivers (CG2) for Managing PCIT Waitlists and Disparities in Access to Mental Health Services

**Abstract:**

There are severe shortages in mental health care professionals across the nation, limiting access to timely services for many families[1]. For example, waitlist times at our Midwestern urban community mental health clinic are approximately 6 to 12 months for PCIT. Racial and ethnic minority youth face additional barriers to accessing treatment and are significantly less likely to receive mental health services than their White, non-Latinx counterparts[2]. At our clinic, 82% of families served identify as Black, non-Latinx or Latinx, and experience disparities in healthcare heightened by the global pandemic. Exacerbated by the financial and relational stress and limits on face-to-face contact due to the pandemic, these barriers rendered in-person mental health services infeasible. Therefore, a telehealth multifamily caregiver group using the Child-Adult Relationship Enhancement (CARE) curriculum was implemented as an immediate intervention to help PCIT waitlist families and families with children receiving individual services at our clinic. CARE is a trauma-informed approach designed to fill gaps in mental health services and can be used to enhance any child-adult relationship[12]. This presentation describes the 6-week virtual CARE Group for Caregivers (CG2) provided to families with children ages 2 to 10 years seeking relationship enhancement and behavior management strategies. CG2 helps families understand stress related to caregiving and the pandemic, learn skills to avoid and practice skills to use during interactions with children, and identify effective discipline strategies to address misbehaviors and adjustment issues. CG2 also provides opportunities for connection and dialogue between diverse families who share similar experiences.



## 2021 PCIT INTERNATIONAL BIENNIAL CONVENTION

**Presentation Abstract Title:** A Campus of CARE: Using Child-Adult Relationship Enhancement (CARE) to Grow a Trauma-Informed Foster Care Community

**Abstract:**

Child-Adult Relationship Enhancement (CARE) has been flexibly delivered across settings and populations to teach adults child-focused, relationship enhancement skills. This symposium provides a descriptive overview of how a foster care campus has applied CARE to create a community of trauma-informed adult-child interactions across its programs and services. Comprised of 6 individual, traditional foster homes and an on-site mental health treatment and research center, the Campus serves children ages 2 to 18 through comprehensive, evidence-based interventions and supports. To create a culture of CARE, all campus staff, foster parents, volunteers, and enrichment program providers participate in an initial 5-hour CARE workshop and follow-up booster sessions focused on application and practice of CARE skills. Sessions are comprised of cross-discipline groups and are presented through a combination of videoconference and in-person formats. In-vivo tallying and coaching of CARE skills is provided during campus events when social distancing is possible. Implementation success and challenges, as well as preliminary satisfaction and skills acquisition data from these activities will be shared during this symposium.

Additionally, presenters will introduce a clinician-facilitated therapeutic birth family/child visitation model based on CARE currently under development. This intervention incorporates didactic instruction, modeling, live coaching, and feedback of CARE skills across 9 weeks of birth parent-child visitations. Clinicians also consult with foster parents on modeling and reinforcing birth parents' CARE skill use while supervising birth parent-child interactions. Potential impact of this model for promoting psychological safety, engagement, and attunement within families following children's placement into foster care will be discussed.

