

Medical Home Phone Conference
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“Safe And Healthy Families: Parent Child Interaction Training”
Lisa Samson-Fang, MD and Kevin Gulley, PhD

Lisa Samson-Fang: Today we are joined by Kevin Gulley, who is child psychologist and a diplomat in forensic psychology, who is part of the team of Safe and Healthy Families at Primary Children’s. He is going to talk with us today specifically about one form of psychological therapy used for families and children who are at risk. I wanted to start this out with a brief case that I saw this week in clinic. I think we all see children with ADHD who have the oppositional traits. We also see a lot of 3 and 4 year olds who don’t have ADHD who also have fairly oppositional traits. I think some of this will apply to that population of children you are seeing. I saw a little 7 year-old boy this past week that has ADHD who was coming in for a follow-up with the chief complaint of increasing oppositional behavior. He’s always been a somewhat oppositional young man, but it had escalated. Some of the detail were that a step-father had come into the picture 3 years ago and was operating as the primary disciplinarian in the family and this step-father had very strong feelings about how children should behave and seemed to take everything fairly personal. For example, he had bought the child a hamburger at McDonald’s earlier in the work, and the child who is on Concerta so probably doesn’t have much of an appetite anyway, only took 3 bites and his father took that as a personal affront and sign of disrespect towards him. He was very controlling in his approach to the child. When I talked with Kevin about this information, it seemed this would be very appropriate for this child. So Kevin, tell us about the parent/child interaction therapy.

Kevin Gulley: Certainly. Also, while talking I may make comments that seem to be specific to a particular case and since this a real superficial conversation that we are having, if I was going to be involved or we were doing more consulting I would certainly want to make sure I better understand things. So when I say some things today it may seem a bit presumptuous, because it is. Because I don’t have all the facts, I don’t thoroughly understand things. Hopefully everybody will appreciate that as we go forward, it is important to keep that in mind as we talk about these cases. Going with the information you provided, and then I will move quickly to talking about parent/ child interaction therapy, but the larger context of the case as you described it raises a lot of red flags because of concern about potential background issues including either physical or emotional abuse by the new husband or maybe the mom potentially. There are other concerns about things that may be going on in the home that we are not hearing about. Whom can you engage for treatment is there any chance that you can get the step-father involved in the case? Is it just going to be the mom involved in the case? Are there other children; are there siblings or stepsiblings? Are they being treated the same or differently by this person and is the mom behaving in a similar way with all the children? So to try to get some sense about the larger context would be really important and then to try to understand who all the players so you can deliver some kind of intervention. With parent/child interaction therapy, typically when we do work here we almost always try to have all the parents involved in treatment as long as they have access or visitation. There may be some instances where a parent doesn’t have any access to the child because of a history of abuse or other kind of issues like that – certainly we don’t try to make any effort to involve them in treatment but we make a diligent effort to include not only the moms but the dads as well. In this particular case as you’re describing it, we would try to have both of the parents; the mom and the stepfather and if there is biological dad involved as well. After sorting out whether they can even meet together we would probably try to

meet with all of them and get some history, talk about the case, get some information using evidence-based assessments that really would help us focus in on the specific issues and then we would do a thorough assessment with the child so we always end up having an individualized treatment plan. As all of you do, we try to deliver our services within the context of the values of the family and what they think is important as well so that we are working hand in hand with them.

Assuming that we start to identify that there are a lot of oppositional defiant behavior and potentially aggression as well, parent/child interaction therapy would make a lot of sense for the family. Parent Child Interaction Training has two components to it: it's designed to help parents develop new skills so that they can effectively use selective attention-where they pay attention to what the child is doing right and ignore other things which works probably for about 95% of what you need to do for a child. Part Two moves in to helping the parents develop a specific strategy and structure for learning how to give commands and follow through using "time out" in a safe way, as well as starting to develop strategies to have it generalized from what they learned while working with us to being able to effectively to use those strategies at home as well as in public places. The Parent Child Interaction Training is unique from a lot of other interventions. It's really based on what I think makes a lot of sense, pretty arrogant on the part of a lot of therapists to think that they will just take the child into the room and work with the child pretty much individually for 45 minutes or an hour for maybe 20 or 30 weeks and that that is going to be the most important thing to do without recognizing the pivotal and critical role the parents play. Parent Child Interaction Training really focuses a lot on parents because they are going to be with the child the other 167 hours a week and they are going to be a parent for that child another 60 or 70 years and probably even when their children are 70 years old they will still be giving guidance about how they should behave with their own grand-children and parent's great-grandchildren. They never get away from being a parent. Anything we can do to make some small gains with a parent we believe can have an impact across the lifespan of the child and go a lot further than doing something that is just focused on trying to work with the child alone – which you may need to do in some instances.

The part of Parent Child Interaction Training that is particularly different and there are some variations you can have on this, but we have it set up with two rooms with a one way mirror between the two rooms and the parent is the primary person that works with the child and the parent has a receiver on his or her ear and we are in the other room watching through the one-way mirror and we communicate to the parent through a microphone connected to the receiver in the parent's ear. So the parent is mediating the interaction and direction with the child. As we start out, we teach the parent basic skills that are called PRIDE skills, where the parent gets active support from us learning how to use label praises, use reflective comments with the child, to imitate (not dominate) the play that the child is doing to provide behavioral descriptions and to do things in an enthusiastic manner. That's the acronym PRIDE. As part of that, they are also learning to drop out things that are really very automatic for most of us as far as giving commands and asking questions and doing things that are critical where we say; no, don't, stop – those kind of things. Dropping those out during the time they are working with us. Certainly they have a place. In being a parent often you may need to say, "stop" or "don't" to a child. As we move into part 2 where parents start to give commands we want to make sure that now they are conscious of giving a command because as soon as they give a command in the future when we move into part 2 then they have to implement a strategy and make sure they follow it through in a consistent predictable way. During part 1 the parent is learning how to use pride skills which really does a lot to greatly enhance the parent/child

relationship. It promotes a nice warm attachment and warm feelings between the parent and child. The children and the parents really like it. We give parents homework to do, special time using the pride skills for 5 minutes a day between each weekly appointment as well, so we are always working on getting things to generalize from the clinic to the home environment to other places. During treatment, with the child and the parent, the parent is also learning selective attention – which means that unless it's something dangerous such as the child is maybe hitting or throwing things, the parent starts learning to ignore things that are obnoxious maybe calling names or spitting things or whatever it might be in the room. Rather than starting to attend to what the child's doing, but in many ways starting to attend the things that are inconsistent with problematic behaviors. For example, as people are starting implementing the first part of Parent Child Interaction Training they may be saying things to the child like “boy you are doing a great job sitting in chair” which is a label praise and the child is sitting in the chair so they are starting to attend to what the child is doing right. It does a lot to potentially enhance the child's level of self-esteem. It can help the child gain focus. So in talking about this particular case where the child has ADHD and may be using psychotropic medication of some kind and maybe not all of the time, but in any situation where the parents with the child the parent is starting to reinforce the child for negative things. For example the child is attending and playing for a period of time with play dough or some kind of object and the parent may say something to the child like “you are doing a great job paying attention to what your are making with the play dough” and maybe then even start creating a larger idea in the child like “ and I know your teacher really loves it when you pay attention in school too.” Starting to use label praises to help the child behave in ways and shape the child's behavior in ways that are inconsistent with the problems that might go along with aggressive behavior or ADHD kinds of symptoms.

Lisa Samson-Fang: This therapy starts out with teaching the parent to focus on the positive and to praise without any discipline technique. Do you find you have parents come in who are: 1. Over-focused on discipline or 2. Have a very hard time finding something positive to say about their child?

Kevin Gulley: Yes. At first there is a little bit of resistance sometimes by parents and most of the time you can try to find the larger umbrella with people in general. For example when parents may be over-focused on discipline rather than framing it as a problem, starting to see to what extent you can all agree on the same goal which should be that you want to make sure that your child is safe, does well in school and your child is respectful. They want their child to grow up healthy and it's a matter of learning strategies that will help their child be respectful and be better able to focus, to do what the parents tells them to do. We don't start out by trying to start giving advice about how they should proceed at home using discipline because we could quickly lose credibility because most of the parents have already tried to use things like “time-out” and what we want to do is make sure everything they do in the session they are able to do successfully. We want them to experience success every step of the way so then we start working towards generalization in the home. We don't start telling them do or don't do this kind of discipline at home, unless it's a really dangerous situation, we just say that we are not going to give you advice about how to discipline at this point because we want to make sure that as we go along each step of the way you are succeeding with everything we're doing here when we get into part 2 we'll start focusing on exactly what you can do for discipline at home or other situations and it will work out for you. The part about having a hard time giving Label Praises, that is something that we help the parent do but we also model with

the parent. For example Lisa, when you said you find parents having these kind of problems, in response to that I could give you a Label Praise and say “Lisa that is a great question, a very very insightful kind of question.” So a parent when they start out they may say something to the child like “good job putting the blocks together” and as I am talking in the parent’s ear I might say “wow that was a great Label Praise” or I may start pointing out things to the parent like “wow your child got a little smile on her face when you said that to her. She likes hearing you say positive things to her.” If there is resistance where people feel that “my child should behave without me having to praise them,” then we can talk to them about that and the importance of teaching them and giving them guidance and about the really nice things that can happen as far as enhancing their child’s self esteem and increasing the quality of the parent/child relationship by helping them use label praises. Also, as you are talking about ADHD in this case with this child, a lot of the things that parents are doing like Behavioral Description, they may be much like you hear a commentator at a sports event “so and so is dribbling the ball down the court and he’s passes the ball...” well with the child behavior descriptions a parent might be saying “you’re putting two blocks together, now you are putting the farmer over by the blocks, you are moving the track to the side.” For us, as we go through life to guide our own behavior, one of the first steps we do is engage in a lot of internal self talk. And the parents starts modeling that for the child and then gradually the child can internalize that help then the child starts guiding his or her own behavior. So I think that is a lot to help a child learn how to focus attention by using self talk and the reflective comment. For example the child might say something like” I’m stacking blue blocks.” And then the parent may reply back and say: “You are stacking blue blocks.” So in addition to teaching colors, the parent is also coming back in a non-judgmental way and what you will see across sessions is that children, as the parent does reflective comments, the child will start to talk more and more which is a real core safety skill for many children that they feel comfortable talking to their parents so their parents can protect them and do things and know its going to be okay to talk to their parents about things. Also we believe that even after Parent Child Interaction Training that hopefully that will generalize to when children are teenagers that they will continue to know that it’s safe and okay to talk to their parents and the parents are practicing providing reflective comments back to their children without being overly judgmental. I hope I have answered your questions. But I’ve provided a lot of information quickly.

Lisa Samson-Fang: I wanted to pause and see if anyone else has questions:

How long does it take to get through the first stage?

Kevin Gulley: Great question. The Parent Child Interaction Training has two components. They typically will take about 7 to 10 appointments for each component. The first component is called Child Directed Interaction and that is the part where parents learn the PRIDE skills. They are expected to reach a certain set of criteria of 10 Label Praises, 10 Behavioral Descriptions, 10 Reflections with three or fewer commands, criticisms or questions during a five minute coding session at the beginning of each session. So its not session based, its performance based and to the extent that parents practice more at home they can get through it faster, it’s a matter of demonstrating that they have acquired the behavior although in some instances, I think, Label Praises are things that can be implemented and modeled and coached and done with parents across the board in a piece meal fashion. Or for example, people may do a home visit, they could support the parent or give an example and if they notice that the parent praises the child or they may, if they have sufficient rapport with a person, offer a suggestion about providing a Label Praise to a child

and then if the parent does it tell them that they did a great job providing a label praise. So I think pieces of it, even outside the structured Parent Child Interaction Training, can be productive and implemented in a lot of different situations whether its home visits or even in a pediatric clinic.

Lisa Samson-Fang: I just think it's interesting that as pediatricians we are really quick to whip out "time out" and talk about that to families or nanny figures and we don't do a lot of talking to families about how to praise their children and that being a first step in discipline.

Kevin Gulley: Very much. It's probably going to solve 95 percent of what needs to be done, because for the most part all of the children, that's what mom's and dad's want. And it's a matter of helping them communicate through Label Praises through information about what they want and then potentially ignoring things that are obnoxious or disrespectful and those things drop out after a while. I do have some children I see in Parent Child Interaction Training where there is no history of abuse or no suspicion of at all of abuse but some of these children have had head injuries or other kinds of problems. One example is a child that had been diagnosed with pervasive developmental disorder at age three years old. In this and a number of the cases the parent child relationship has become coercive. Its hard to pin down exactly how it evolved but I think for a number of these families the parents are so compassionate and the child has had some kind of injury or some kind of problem and they start feeling reluctant to set limits for the child and the child starts learning that the more they fuss or the more they demand or the more they tantrum that the parent acquiesces and across time it creates a very coercive situation to the point where it could evolve into something if not emotionally harmful to the child where there may come some physical punishment that could hurt the child. In those kinds of cases just the use of Part 1 of Selective attention and the PRIDE skills we're getting dramatic changes. I had a mother in here just yesterday who made a comment that she felt like her child was starting become the child she'd known a number of years before and she started getting tears in her eyes. We haven't even moved on to Part Two with her. She's just done a dramatically great job using the PRIDE skills. In contrast when the son was with her during his first session, he's about 7, he was extremely belligerent, he was calling her nasty names, he was throwing things across the room if he didn't get his way. Now he's snuggling up next to her while we're doing the training in the room. He's smiling almost perpetually. She's much more relaxed. She knows exactly how to use the PRIDE skills and ignore the other kinds of behaviors that aren't functional, at least in a positive way. You're right, they can have PRIDE Skills and that alone can have a very powerful influence in having children behave in a way you want them to. And they are also in a way that isn't conflicted.

Lisa Samson-Fang: One place we could access this is through you at Safe and Healthy Families if we have a child that we think is at risk of being abused, or is being abused or is being emotionally abused?

Kevin Gulley: Or you have an extremely coercive situation where parents complain about a child being extremely oppositional defiant or aggressive and the parents just don't know what to do, how to manage the child at all.

Lisa Samson-Fang: Do you know, are there other people in the community that we could access this type of therapy for other children in our practice where we don't see it as a risk of abuse but we just see it as a power struggle between the child and parent and the negativity?

Kevin Gulley: The short answer is there are a very limited number of people who have been trained in Utah. There is Dr. Brian Thorne and myself. We have been trained in Parent Child Interaction Training and we have gone out of state a number of times and we've had online training and other kinds of things like that. I've gone to some other places for training. There is a woman who used to work with it, who is also a psychologist. She goes one day a week to a number of different clinics – one I think is Bryner Clinic. Her name is Dr. Atkins. So as far as I know there are only three people in Utah who have been training in Parent Child Interaction Training but we are trying to further disseminate it to other people. There are certainly people nationally or in other states that have expertise and I've provided some information on particularly on the one PDIF on Parent Child Interaction Training. Some of that would be useful for you to read. I would think that you could probably do some of these things yourself by just reading a book for example.

Lisa Samson-Fang: And funding for this kind of therapy? How is that? One is through Safe and Healthy Families and otherwise through Dr. Brian Thorne. Is it difficult to get it funded?

Kevin Gulley: Dr. Brian Thorne is a psychologist for Safe and Healthy Families as well. So we are both involved with Safe and Healthy Families. Through our program a lot of the families we see are funded through charitable care. Hopefully in the future we will be able to accept children who have Medicaid. Currently we don't do that. We have some belief that Valley Mental Health should see those children since they have the capitated program. We are hoping that will be resolved shortly. Insurance will pay for children most of the time with different diagnosis like Oppositional defiance sometimes it may fit into an anxiety not otherwise specified kind of diagnosis. Insurance just doesn't seem willing to pay for Parent Child Interaction Training. A number we see would also qualify through Crime Victim Reparations. We really want to make sure we treat children and we will look for avenues to do that and we will look for charitable and if not we will still struggle to find other ways to deliver the service. We see that is part of our mission.

Lisa Samson-Fang: If a pediatrician had a child and family that might be appropriate to refer to you and might fall in that broad umbrella of prevention of abuse or coercion, how would they do that? Would they call you at Safe and Healthy Families or call the social worker, or what would be the best way to do that?

Kevin Gulley: The best thing to do is call our intake number at PCMC. Anybody is always welcome to call me and I'll always try to get back. The intake number at PCMC is 801 662-3606. Talk to Kari Cunningham let her know that you understand that we provide Parent Child Interaction Training and you have a family you would like to refer. Have the family call directly and indicate that you have concern about the coercive relationship and you would like the family to learn some different kinds skills to make sure that the child is safe and the family is able to get along with each other. That should be sufficient. If you have any questions or problems you are welcome to send me an email. My email address is kevin.gulley@intermountainmail.org. Send me an email; I see those all the time. My direct line, which isn't great for getting a hold of me, is (801) 265-3095. I'm the program director for our clinic. Anything we can do or provide guidance or if you want us to provide some training hopefully we could figure out some ways to give you that service.

Lisa Samson-Fang: Thank you. I want to thank Kevin. Kevin is very interested in supporting the Medical Home. If you are interested in trying to create some program in your office around this, you could contact Kevin to discuss that.

In attendance:

Lisa Samson-Fang, Kevin Gulley, Barbara Ward, Sandra DeBry, Bob Terashima, Dinosaurland Vernal, UVP Plaza office, Southridge:Natalie,