Evidence-Based Treatments: Adaptations for Military Family-Informed Care

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After Deployment, Adaptive Parenting Tools: A web-enhanced parenting program for military families

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• Hundreds of National Guard and Reserve (NG/R) families
• National Guard command and communication staff
• Darlene Wetterstrom and Ann Fleming – fearless facilitators!
• Co-investigators: Drs. Marion Forgatch, Dave DeGarmo, Melissa Polusny
Increase in attention to families of NG/R service members given data indicating:

- Higher levels of drug use, PTSD, other combat-related adjustment problems among NG/R compared with Active Duty personnel (Jacobson et al., 2008 – alcohol use; Milliken, Auchterlonie, and Hoge, 2007 – PTSD, depression, interpersonal conflict)

- Posttraumatic distress predicts parenting challenges following deployment (Gewirtz, Polusny, Erbes, & DeGarmo, 2010)

- AND – military families are resilient! Studies indicate that military status per se is not associated with risks to children’s and families health and wellbeing.
Parenting practices mediate impact of family stressors on child adjustment

• Deployment is a family stressor
  – Separations from family and children (MacDermid, 2006)
  – Combat related stressors (Cozza et al., 2005)

• Reintegration is a key transition point
  – Transitions offer special prevention opportunities

• Parenting practices mediate the impact of deployment stress on child outcomes
  – Robust association in range of populations between family stressors (risks including parental substance use, PTSD, other psychiatric illness, interpersonal conflict, as well as family transitions, socioeconomic stress) and parenting difficulties, and subsequent child maladjustment (e.g., Beardslee et al., 1983; Patterson, 1982, 1986; Belsky, 1984; Capaldi, 1991; Conger et al., 2002; Palmer, 2008)
Theoretical framework of ADAPT

- Based upon the social interaction learning model, which proposes that family stressors increase coercive parenting, which in turn poses risks for child adjustment (e.g. Patterson, 1982)
- Parent management training models have demonstrated efficacy and effectiveness in reducing coercive parenting and increasing positive parenting which, in turn, improves child adjustment (e.g. Forgatch, Patterson, & Gewirtz, 2013, Perspectives on Psychological Science).
Modifications to parent training model for military families: ADAPT

• ADAPT is a 14-week long, web-enhanced, group-based program for troops returning from deployment who have at least one child aged 5-12yrs
  – Weekly, provided in the community, 2hrs long, groups began Sept 2011
  – Online ADAPT is available to participants for 12 months
  – Skills: teaching through encouragement, discipline, problem-solving, monitoring, positive involvement, emotion socialization
• Modifications include: attention to emotion regulation in family communication (emotion socialization)
  – Mindfulness training (to address experiential avoidance associated with combat stress symptoms)
  – Emotion coaching (esp. responding to children’s anxiety)
• Attention to military culture and values (in group process, in tailored video material, role plays, etc)
• Emphasis on united parenting front (for two-parent families)
• Addressing common barriers to participation
  – Web-component to increase involvement in group program by other caregivers, spouses, etc.
  – Stand alone online ADAPT is under development (Marquez, Gewirtz, & DeGarmo, 2013-2015)
• 6 key parenting skills
  – Teaching through encouragement
  – Emotion socialization (added)
  – Positive involvement with children
  – Family problem-solving
  – Monitoring and supervision
  – Effective discipline

• Groups augmented with online materials for midweek
  – Skill and practice videos
  – Mindfulness practices downloadable to MP3/smartphones
  – Home practice and information handouts
  – Short quizzes/ knowledge checks

• Taught via:
  – Role play
  – Discussion
  – Practice
Effectiveness of a web-enhanced parenting program for military families

- 5 year NIDA-funded study (2010-2015)
- 336 NG/R families in final sample; each family followed for two years (recruitment started Summer 2011, ended Feb 2014)
  - Random assignment to a parenting program (ADAPT; 60%) or parenting services-as-usual (web and print resources; 40%)
  - Parents and teachers complete online questionnaires, and observational, self-report, and physiological data are gathered from families (parents & children) at baseline, 6, 12, and 24 months.
  - Outcomes: parenting practices, couple adjustment, child adjustment (behavior and emotional problems, substance use, peer adjustment), parent emotion regulation, parent emotion socialization
608 adults and 336 children in 336 families in Minnesota National Guard, and in Army, Navy, Air Force, Marines, and Coast Guard Reserve Units

- 57 deployed mothers; 282 deployed fathers
- Married: 9.8 years on average (SD = 5.3)
- Mean number of marriages: 1.2
- Average number of children: 2.39 (SD = 1)
- Mean family income: $71,281 (SD = $34,761)
- Number of deployments (ever): 1-13 for men, 1-5 for women (mean = 3.4 for men, 1.3 for women)
- Number of deployments since 2001: 1-6 for men, 1-5 for women (mean = 1.96 for men, 1.4 for women)
- Deployment status by family
  - Male deployed = 282
  - Female deployed = 31
  - Both deployed = 26

For more information on baseline data, and intervention process, see Gewirtz et al., 2013, 2014, in press (moms, dads, overall parenting)
Preliminary follow-up data

- We evaluated the effectiveness of the ADAPT program at 6 and 12 months post-baseline.
- Examined the program’s effect on several dimensions of parenting:
  - Couple adjustment
  - Parenting self-efficacy
  - Parent reports of ineffective discipline
  - Observed parenting (T3)
- Examined program effects on child outcomes (T3)
  - Behavior problems and adaptive skills (parent report)
Preliminary outcomes

- We analyzed parenting data from first group of families to complete 6- and 12-month follow up using an intent-to-treat approach
- Results indicate that the ADAPT intervention significantly improved parents’
  - Report of couple adjustment (mothers and fathers)
  - Parenting self-efficacy (mothers and fathers)
  - Reports of ineffective discipline (mothers and fathers)
  - Mothers’ observed parenting
  - There is a treatment by baseline interaction such that the ADAPT intervention seems most effective for fathers and mothers with lower baseline parenting
  - And, father’s mindfulness appears to improve in the high risk dads, and is, in turn, associated with reductions in child behavior problems (mom report)
Trauma-Focused Cognitive Behavioral Therapy for Military Families

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What is TF-CBT?

- Evidence-based treatment for traumatized children, adolescents and parents/caregivers
- Structured, time-limited, family-focused treatment
- Children/adolescents and their parents or primary caregivers participate (8-25 sessions)
- Parallel individual and conjoint child-parent sessions
- Resiliency, skills-building and exposure-based model
TF-CBT is Appropriate For:

- Children 3-17 years with known trauma history
- Any trauma type—single; multiple; complex; child abuse, DV, traumatic grief; military traumas
- Prominent trauma symptoms (PTSD, depression, anxiety, with or without behavioral problems)
- Clinic, school, residential, home, inpatient, foster home or other settings
- Parental/caretaker involvement: optimal but not required
Potential Military Child Traumas

- Most children are resilient; some less so
- Prolonged, complicated deployment (e.g., increased child anxiety, behavior problems)
- Parental military-related injury including TBI
- Parental military-related mental illness (e.g., PTSD, depression, substance abuse)
- Parental death → traumatic grief (CTG)
- “Typical” traumas, e.g. DV, child abuse, etc. in military families
TF-CBT Core Elements and Principles

- Components- and phase-based treatment
- Proportionality of phases
- Gradual exposure—not prolonged exposure—integrated into all TF-CBT components
Components-Based Treatment: PRACTICE Phase-Based Treatment

Phase:

- Psycho-education
- Parenting Component
- Relaxation Skills

STABILIZATION PHASE

- Affective regulation Skills
- Cognitive processing Skills

TN PHASE

- Trauma narration and processing
- In vivo mastery of trauma reminders
- Conjoint child-parent sessions

INTEGRATION/CONSOLIDATION PHASE

- Enhancing safety
Proportionality of TF-CBT Phases

Complex Trauma:

Stabilization | Trauma Narrative | Integration

1/3 | 1/3 | 1/3

Stabilization | Trauma Narrative | Integration

1/2 | 1/4 | 1/4
Modifications for Military Families

• Only a few modifications to standard TF-CBT
• Assess military trauma and response
• Education and resources re: military traumas
• Parent inclusion, timing accommodates military deployment, PCS, etc.
• Nature of modern military injuries
• Unique needs of Reserve component families
Evidence That TF-CBT Works

- 15 RCT comparing TF-CBT to other conditions (e.g., supportive therapy, community treatment as usual)
- Children ages 3-18 years, diverse cultures, settings, trauma types (e.g., sexual abuse, domestic violence, multiple/complex traumas, war, sex trafficking)
- Tested in individual or group formats
- Tested in usual community settings, foster care, international settings
- Mean different trauma types: 3.5-12
Evidence That TF-CBT Works

• TF-CBT → significantly superior improvement in PTSD compared to comparison conditions
• TF-CBT → significantly superior improvement in affective (depression, anxiety), cognitive, dissociative, behavioral, relationship, adaptive functioning outcomes
• TF-CBT → significantly superior improvement in parental outcomes, e.g., positive parenting, parental support, parents’ personal MH symptoms
Virtual Training Courses

- **TF-CBT Web:** [www.musc.edu/tfcbt](http://www.musc.edu/tfcbt)
  Free online course, **10 free CE credits**, > 200,000 learners, positive knowledge gain, satisfaction

- **CTG Web:** [www.musc.edu/ctg](http://www.musc.edu/ctg)
  Free online TF-CBT childhood traumatic grief applications, **6 free CE credits**

- **TF-CBT Consult:** [www.musc.edu/tfcbtconsult](http://www.musc.edu/tfcbtconsult)
  Free online consult re: applying TF-CBT, funded by Annie E. Casey Foundation
TF-CBT Web is a web-based, distance education training course for learning Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT).
CTG Web is a follow-up course that teaches how to apply TF-CBT to cases of child traumatic grief.

CTG Web is offered free of charge.

6 hours of CE

CTG Web was launched on September 1, 2008.

www.musc.edu/ctg
TF-CBT Consult
www.musc.edu/tfcbtconsult

Follow-up to TF-CBTWeb. Provides online consultation for therapists using TF-CBT

Funded by the Anne E. Casey Foundation

NCTSN
The National Child Traumatic Stress Network
Launched November 1, 2010
TF-CBT Training and Consultation

- Face-to-face expert training (2 day) plus 12 consultation calls OR
- Approved NCTSN or State Learning Collaborative with expert TF-CBT trainer
- >50,000 MH professionals have completed live training + consultation
- >30 NCTSN or state-sponsored TF-CBT learning collaboratives
Through SAMHSA-NCTSN funding:

- **TF-CBT Train the Trainer Program**: 50 expert trainers (provide face-to-face training or learning collaborative leadership)
- **TF-CBT Train the Supervisor Program**: (supervisors in local agencies)
- **TF-CBT Train the Consultant Program**: (provide consultation calls for large dissemination projects)
TF-CBT Therapist Certification Program

https://tfcbt.org

Completion of:

• TF-CBT Web
• 2 day live training + 12 consultation calls OR learning collaborative with expert trainer
• Complete 3 cases with standard instrument
• Register and pass online knowledge test
• Certification for 5 years, access to implementation and research resources
• Treating Trauma and Traumatic Grief in Children & Adolescents: www.guilford.com/p/cohen
• Trauma-Focused CBT for Children & Adolescents: Treatment Applications: www.guilford.com/p/cohen2
• TF-CBT Web: www.musc.edu/tfcbt
• NCTSN: www.nctsn.org
• TF-CBT Certification: https://tfcbt.org
Strong Families Strong Forces: Responding to the Needs of Military Families with Very Young Children

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PTSD/TBI Mechanism/BAA
Today’s Presentation

• Development and efficacy of Strong Families
• Overview of Strong Families model
• Current projects and training
Project Aims (2008)

To develop and test the efficacy of a home-based reintegration program for returning service members and their families with young children.
Strong Families: Series of 3 Studies

- Phase 1: Needs Assessment
  - Interviews with 70+ Service Members and At-home Parents
  - Focus groups with child care providers
  - Key Informant interviews
- Phase 2: Program Development and Open Pilot
  - 100% completion (9 families)
- Phase 3: Randomized Clinical Trial (N=115)
  - 93% completion in treatment arm
**All HOME-BASED**
Update on Completed RCT

- Randomized Clinical Trial (N=115 families; N=57 treatment; N=27 opt-in)
  - Turned away over 240 families
  - 92.9% completion rate in treatment arm
  - Full dose 8/8 all but two treatment families

- Sample:
  - Mean age SM and non-deployed partner 34 years
  - ¾ Caucasian; 87% coupled; 64% some college
  - 98% NG/R; number of deployments= 2.6; duration back = 4.2 months

- Improvements for SMs in PTS symptoms, depression, anxiety, parenting stress and reflective functioning
STRONG FAMILIES STRONG FORCES PROGRAM
Home-based service model

- 8 Modules delivered in the Home
- Cultural humility and responsiveness
- The Message: “We understand the realities of having young children!”
- Bring the program to the family
  - Success and longevity of FAMILY ADVOCACY and NEW PARENT SUPPORT PROGRAM for AD/installation-connected families
  - Reduce concerns about stigma and confidentiality
  - Clinical/engagement advantages of home-based work
  - Eliminates logistical barriers (transportation, child care, scheduling)
Strong Families Program Modules

Scaffolding: Collaboration and Cultural Identity
1: Your Child & You
2: Becoming a Military Family*

Experiences of Separation Cycles
3: Your Family’s Deployment Lifecycle
4: Your Child’s Deployment Experience

Present and Future/Tailored to each Family
5: Catching up with Your Child
6: Catching up with Yourself & Your Partner
7: CoParenting and Parenting*
8: Moving Forward
SFSF Program Mechanisms

Enhance reflective functioning (RF) in parents

- **Self- and other-focused RF**
  - Ability to recognize and modulate emotional states, including PTSD

- **Parental-focused RF**
  - Ability to “see” child’s internal emotional experiences, connect them to behavior, and respond

Supporting Optimal Sensitivity/Attunement

- Responses to child behavior, distress; attachment
- Parenting and co-parenting: alliance, child-rearing goals, division of labor, relationship, regulation of family norms
Cycles of Reflective Functioning
(adapted from Grienenberger, 2006)

Sensitive reflective parenting

- Powerful emotion or triggered response
- Holding of negative affect (regulation)
- Curiosity about child’s mental state
- Ability to understand or even pay attention to feelings of others
- Increased self/other understanding

(Courtesy of A. Slade)
Module 1: Your Child and You

Goals: Establish working alliance, child and family history

- Setting the Intervention Frame
- Identifying Program Goals
- Core Topics
  - Developmental and Behavior (Regulation) History of Child
  - Parental Working Models of Child
    - Parental beliefs and perceptions of child
  - Observation of Parent-Child Interaction

Tools: Baby books, Working Model Observation

Listen for: Awareness of impact on young child
Module 1: Activity

Parental Working Models – selected questions:

• Pick 5 words to describe your child’s personality
• What about your child makes you proud/pleases you?
• What about your child’s behavior is most difficult?
• How did you decide on your child’s name?
• What hopes and fears do you have for your child?
• Tell a favorite story about your child.

Module 2: Becoming a Military Family

Goal: Explore individual and family “military identities”

- Motivations to serve, perspectives on deployment, ongoing commitment to military life

• Discuss transition to couple and parenthood within the context of military service

• Learn family’s language and style of communication with their young child(ren) about military service and separation

Tools: Family (military) photos, flags, trees
Module 3: Your Deployment/Separation

Goals:

- Enhance self-understanding of deployment separation and reintegration (self-focused RF)
- Enhance each partner’s understanding of the other’s experience (other-focused RF)
- Support each parent in deciding what to share
- Facilitate sharing deployment “stories” with each other
- Identify impact of separation on self and other

Tools: Deployment Timelines and Narrative Work
Module 4: Your Child’s Experience of Deployment (Separation)

Goal: Increase parental understanding of child’s feelings and behaviors related to parental deployment/separation

– Focus on parent ability to:
  • Recognize and respond to children’s adaptations
  • Develop/build on language and family story
  • Anticipate future questions ("Daddy, are you leaving again?")

Tools: Timelines, Speaking for the baby, Walking the Line, When the questions get harder
Module 5: Catching up with your Child

Goals:

- Facilitate reconnection between SM parent and child(ren)
- Catching up activities based on pacing and dyad readiness
  - Parental understanding and capacities at this time
  - Child’s readiness for engagement with SM
- Daily routines/rituals for family life with children

Tools: A Day in the Life, Show Me, 10 minutes a day, What I missed most (child’s perspective), Daily rituals and routines (Dunkin Doughnuts), Let’s do it my way (child-directed play)
Module 5: Guidelines for Activities

• Face time
  – Parent-directed (e.g., going to the hardware store)
  – Child-directed (e.g., on the floor with toddler; playing a game with 10 year old, etc.)
• Intentional – make it clear to child
• Pacing and baby steps (manageable and can be successful)
• “Fake it till you feel it”
• Concrete (if necessary)
• Part of daily routine

Importance of affection and positive expression of feelings for child
Module 6: Catching up with myself/partner

Goals:

- Enhance each parent’s capacity for both self-focused and other-focused RF during the reintegration period
  - Self-Care
    - Catching up in the “here and now”
      - Focus on intimacy/closeness
      - Making time for each other and the couple
      - Play and pleasure

Tools and activities parallel Module 5
Module 7: Coparenting and Parenting

Goals: Address coparenting roles, alliance, and ‘dance’

- Roles, routines, rules
- Early parenting experiences (intentional parenting)
  - What to keep and what to toss?
- Parenting Skills
  - Behavior management in context of separation
  - Emotion regulation, soothing strategies
- Weathering the next separation: Coparenting plans
Module 8 : Onward

- Review accomplishments, progress and experience of Strong Families
- Consolidate new learning, strengths and feelings of efficacy and hope
- Review “hotspots”
- Make referrals
- Model a “good” goodbye

Activities: Celebration, food, graduation, certificates
Current Projects & Training

  - Six Joint Bases in 5 states
  - Adaptation for families with children (ages birth to 10 years)
  - Collaboration with STRONG STAR Consortium and RAND
  - Project site: Ft. Hood (Killeen, TX)
  - Adaptation for Active Duty and military-related separations


Thank you for your interest in supporting military families with young children

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https://www.bu.edu/ssw/research/sfsf
Parent-Child Interaction Therapy: Adaptations to Improve Relationships in Military Families

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- Military Families
- SAMHSA, National Child Traumatic Stress Network
Just the Facts, Ma’am
Family

• Between 2.5 and 3 million have served
  • Close to 37,000 deployed more than 5 times, with 10,000 being Guard/Reserve
  • Approximately 400,000 3X or more
• Currently, 1 million on active duty status
• Almost 50% of active duty members are parents
  • 14% are single parents
  • 16% are mothers
• Families are young
  • 30% have spouses < 25 years of age
  • 54% under 30
  • 93% of spouses are female
Children

• More than 2 million US children have been directly affected by parental deployment to Iraq and Afghanistan
• Of Active Duty Members with children, the average number of children is 2.8
  • 53% are under 7 years of age or younger
  • 42% are 5 years or younger
  • Approximately 46% are between 3 & 5
• During school years, estimated that military children move 6-9 times
Troubling Findings

- Increased behavior problems (home and preschool)
- Increased parental depression
- Increased parental anxiety
- Increased marital dissatisfaction
- Increased sense of social isolation
- Increased risk of child maltreatment
- Increased stress in parent-child relationship
- Increased PTSD
- Increased TBI
LASSIE! GET HELP!!
PCIT and Military Families: Examining Fit

Issues for Military Families
- Majority of military children < 8 years of age
- Reports of
  - Increased behavior problems (home and preschool)
  - Increased marital dissatisfaction
  - Increased mental health/trauma concerns including PTSD, TBI
  - Increased child maltreatment by non-deployed
  - Increased feeling by soldier of child being afraid or not being warm toward them

Goals & Findings of PCIT
- PCIT for children 2-7
- Improvements in child behavior
- Improvements in parenting skills and attitudes
- Generalization to school
- Generalization to untreated siblings
- Reductions in the risk of child abuse
- Reductions in trauma symptoms
- Benefits for parents and other caregivers
  - Decreased parenting stress
  - Decreased maternal depression
- Success with parents who have cognitive deficits
What is Parent-Child Interaction Therapy

- Developed by Dr. Sheila Eyberg for families of children aged 2-7 with disruptive behavior disorders
- Combines elements of attachment and learning theories, systems theory, and behavior modification
- *Strong Evidenced-based treatment with numerous randomized controlled trials*
- Short-term – average of 12-15 (15-20 in community settings) weekly sessions
- Direct coaching of parent with child
- Strength-based
- Gives parent responsibility, not blame
Key Features

• Treatment manual used
• Not time-limited
• Assessment driven
• Emphasizes restructuring the parent-child interaction by teaching specific parenting skills
• Involves direct practice and coaching of skills in sessions
• Implemented with parent and child together
• Establishes daily positive parent-child interaction time
• Teaches generalization of skills
What does PCIT involve?

- 2 phases of treatment
- Teaching sessions (1 per phase)
- Coaching sessions (3 or more per phase)
- Homework
- Mastery
- Generalization
- Graduation
Goals of Child Directed Interaction

- Strengthen parent-child relationship
- Improve children’s willingness to accept limits
- Improve children’s self-esteem
- Improve frustration tolerance
- Improve anger management
- Increase parent confidence
- Teach children prosocial behavior
- Improve children’s speech and language
- Decrease negative behaviors
Goals of Parent-Directed Interaction

- Improve parents’ ability to:
  - Set appropriate limits
  - Implement contingency management
  - Be consistent and predictable in their discipline
  - Problem-solve in discipline situations
  - Use good reasoning skills

- Improve children’s compliance

- Decrease negative child behaviors
New Learning

This is for you...

...and these are for your wife

NCTSN
The National Child Traumatic Stress Network
First Steps

- Shift in who is treated (child and family seen together)
- Comfort in working with very young children
- Reframing the issues
  - Child responses to stress
  - Family responses to stress
  - The “why’s” rather than the “what’s”
- Focus on Strengths and Challenges
- Finding military partners
Treatment Adaptations Needed

- New presentation: Military Culture and Deployment Stressors 101
- Engagement strategies for working with military families
- Training videotapes revised
- Training examples revised
- Role play examples revised
- Consultation calls: military specific
- Incorporating PCS, TDY, and deployment(s)
PCIT with Military Families: Looking for Same Results as in Civilian Populations

- Improvements in externalizing and internalizing child behavior problems
- Improvements in behaviors at home and at school
- Generalization to untreated siblings
- Decreased depression
- Decreased parenting stress
- Improved compliance
- Improved parent-child relationships
Early Findings

- Positive changes in child behaviors
- Positive changes in child trauma symptoms
- Positive changes in marital satisfaction
- Positive changes in parenting agreements
- Positive changes in parenting stress
Additional Hypotheses

- Improved general life stressors
- Reduction in PTSD and trauma reactions for *all* family members (mediate gains in individual adult PTSD treatment)
- Improvements in parental depression and anxiety
- Improvements in parenting for families coping with TBI
- Reduction in child abuse reports/re-reports
How PCIT is Working in the Military

- **PCIT in action**
  - Dad deployed and practicing over Skype
  - Mother is helping Dad learn by Skype
  - Father just came back and attempted; Initially PCIT didn’t go well, and child seemed afraid of Dad, but this changed with consistent Special Time: child was eager to spend time with Dad
  - Family transferred—PCIT continued at next base
  - Therapist transferred—PCIT continued at next base

- **Feedback from Therapists:**
  - Dad just returned from TDY, once coached caught on right away
  - Parents are reporting they get along better
  - This treatment seems to add a lot to other individuals treatments
  - Child’s school is so pleased with changes
  - This is something I can do that makes a noticeable difference to the entire family
What Families are Saying

- **Feedback from Families**
  - Child hugged mom and said, “I love you.” Mom said, “It is so weird that she likes this so much!”
  - When husband returned from deployment, noticed behavior of children had improved
  - This is terrific—I never would have believed it worked so well for all of us!
  - Our family is happy
  - *About homework, parent said, “I’m in the military, so I take orders well!”*
Overall Goal: Resilient Families!!
For More Information About PCIT: www.pcit.org

Thank you