

# PSYCHOLOGICAL AND SPECIALIST SERVICES

**Australian Psychologists Working in Child Protection Services' Perspectives on Training and Use of Parent Child Interaction Therapy (PCIT) and Parent Child Interaction Therapy with Trauma Directed Interaction (PCIT with TDI)**

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## RESEARCH GAPS

- There is a crucial need mitigate and reduce the long-term impacts of childhood trauma into adulthood (Tarren-Sweeney, 2021).
- Psychologists within a child protection agency are able to make a positive impact in a child and families lives through psychological treatments.
- PCIT is delivered in over 22 countries internationally. A large number of psychologists trained in PCIT are with DCJ.





## RESEARCH AIMS

- Gain valuable insights from psychologists working in a child protection setting about training and implementation of trauma treatments.
- Are PCIT and PCIT with TDI viewed as favorable treatments?
- What barriers could be addressed in training and implementation to improve use of these treatments?
- Is PCIT with TDI viewed as more favorable because of its trauma adaptations?



## METHOD

- The Clinician Use of and Satisfaction with PCIT (CUSP, Christian et al., 2014) survey was emailed to psychologists trained in PCIT ( $N = 20$ ) and PCIT with TDI ( $N = 5$ )
- Qualitative information was collected on protocol areas including co-therapy model (two clinicians per family), barriers to the implementation, use of assessment, the didactic (teach) session, coaching, mastery criteria, termination criteria and supervision.







## RESULTS- Quantitative

- Both PCIT and PCIT with TDI were considered acceptable and favorable treatments.
- Those from PCIT with TDI viewed the adapted version as more effective in reducing trauma symptoms, improving child and caregiver relationship.





# RESULTS-QUALITATIVE

## **Training and Consultation:**

- Positive experience for both groups with requests for ongoing consultation groups to consolidate learning.

## **Satisfaction with PCIT and PCIT with TDI:**

- Teach and coach sessions give caregivers an opportunity to practice skills and problem solve with support.

## **Barriers to Implementation:**

- Agency level- Having access to appropriate resources and equipment.
- Family level-Parent/carer trauma and instability in placement impacted upon treatment.



# THANK YOU



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