



Understanding the role of peripheral physiology in caregiving interactions: Child maltreatment risk and response to PCIT intervention



Elizabeth A. Skowron, Ph.D.

Professor, Department of Psychology Director, Family Biobehavioral Health Lab University of Oregon

Email: eskowron@uoregon.edu





"Invisible" Drivers of At-Risk parenting



- Maladaptive caregiving interactions
- Conflicts between internal reactivity and caregiving parenting demands
- Caregiver physiological responses during parenting
- Dysregulation
- Negative, threat-sensitive child attributions

Positive Synchrony, Rupture & Repair Processes in Child Welfare Families

In the high-risk families...

- Parents initiated more ruptures
- Children initiated more repairs
- Fewer successful returns to positive synchrony

In the lower-risk families...

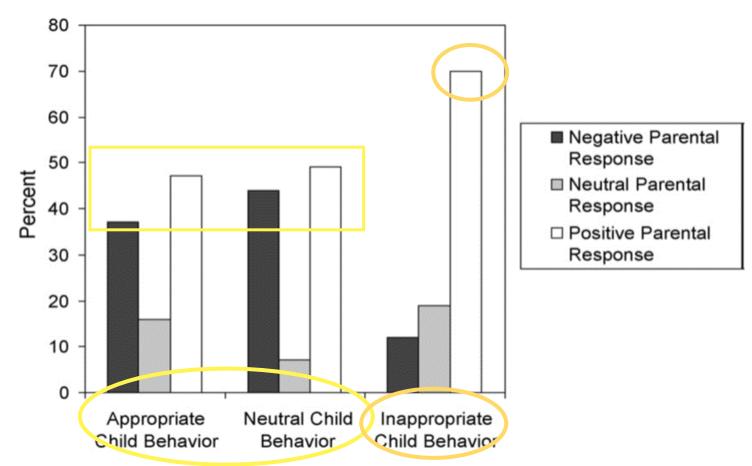
- Children initiated ruptures
- Parents initiated more repairs
- More successful repairs



Caregiver Response Patterns in Child Welfare Families:

Inconsistent/unpredictable, & reinforcing negative child behavior

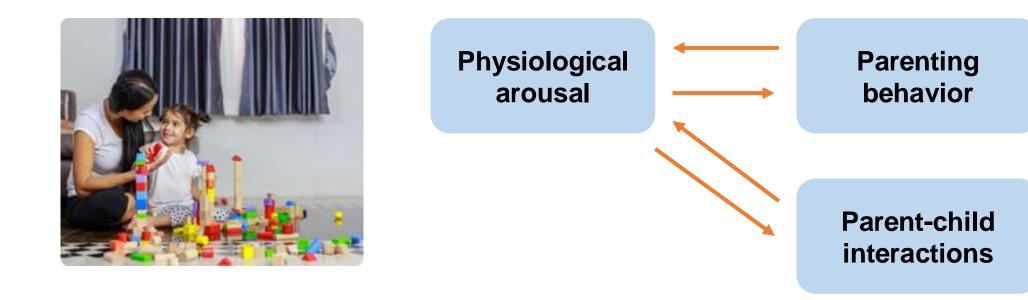






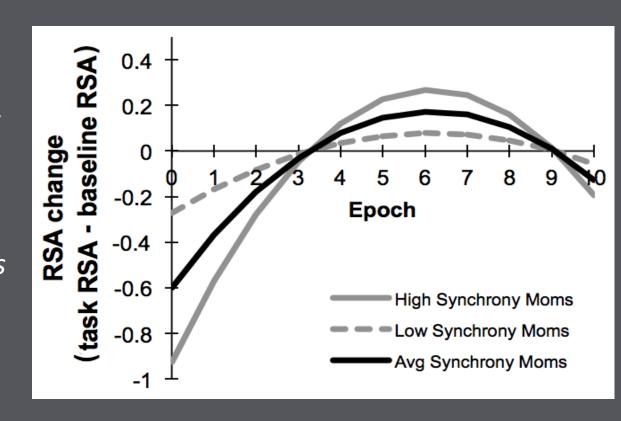
Parent Physiological Responses during Caregiving Interactions in Child Welfare Families

See dynamic associations in moment-to-moment physiology and caregiving-behavior?



Positive *Behavioral* Synchrony: ↑ Dynamic Physiology

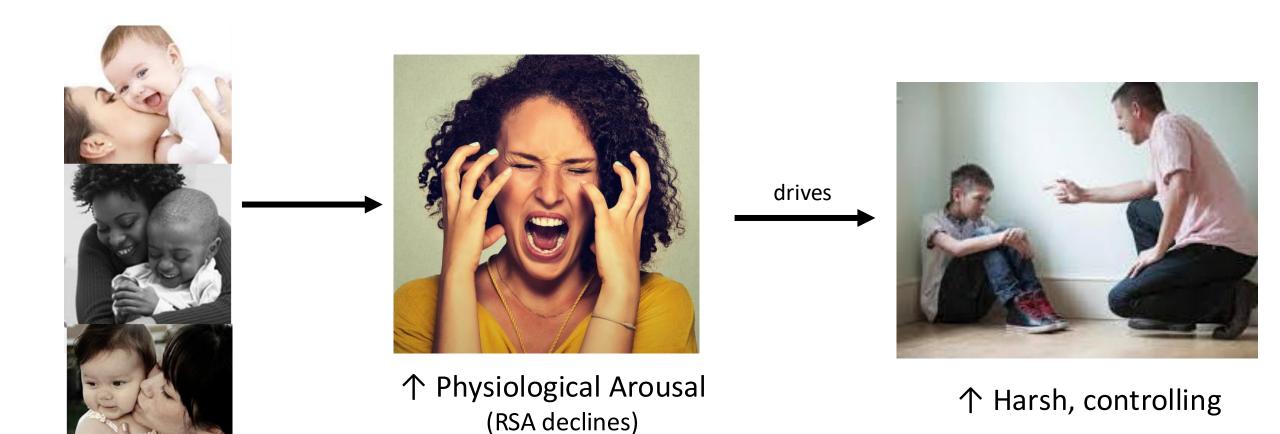
- Mothers who achieved <u>high</u> levels of positive synchrony with their child → most responsive psychophysiological profile
 - large RSA withdrawal at task onset, followed by sharp RSA increases over time
- Mothers who achieved <u>low</u> levels of positive synchrony showed attenuated (*less* responsive) psychophysical profiles







Physically abusive parents



↑ Warm, responsive

Physically neglectful parents



↑ Physiological Arousal



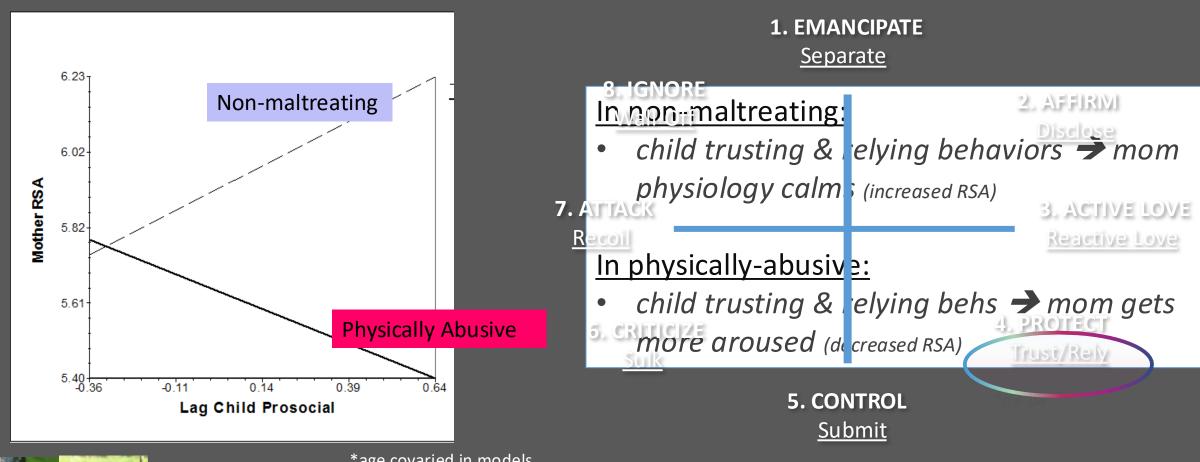
↑ Physiological Calm





↑ Harsh, controlling

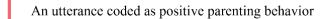
Child Trust & Rely Behavior -> Maternal Physiological Response



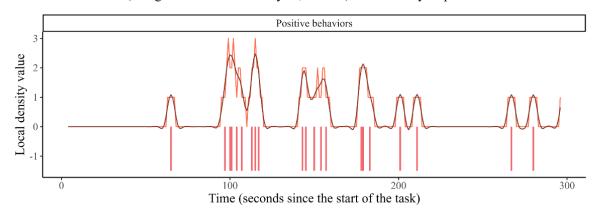


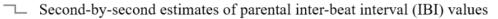
*age covaried in models

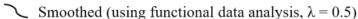
Parent Physiology during Caregiving Interactions in Child Welfare Families at Intake

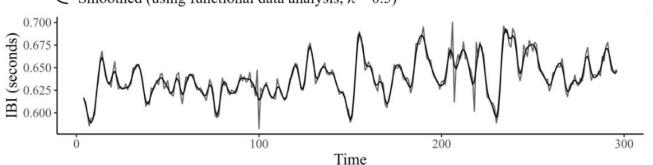


- Local (the surrounding 5 seconds) density of positive behavior
- Smoothed (using functional data analysis, $\lambda = 1.0$) local density of positive behavior







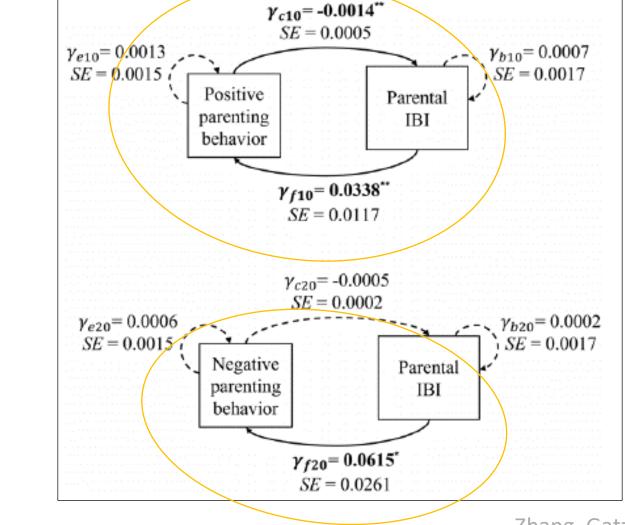




Xutong Zhang, Ph.D

Zhang X, Gatzke-Kopp LM, & Skowron EA. (2023). Dynamic regulatory processes among child welfare parents: Temporal associations between physiology and parenting behavior. *Development and Psychopathology*. doi:10.1017/S0954579423000949

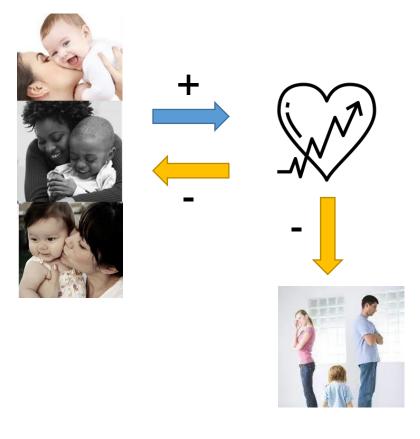
Parent Physiology during Caregiving Interactions in Child Welfare Families at Intake





Xutong Zhang, Ph.D

Parent Physiological Responses during Caregiving Interactions in Child Welfare Families at Intake



Positive parenting → physiologically taxing

Physiological arousal → verbal disengagement
 ↓ pos. & neg. behaviors



Xutong Zhang, Ph.D



Parent-Child Interaction Therapy (PCIT)

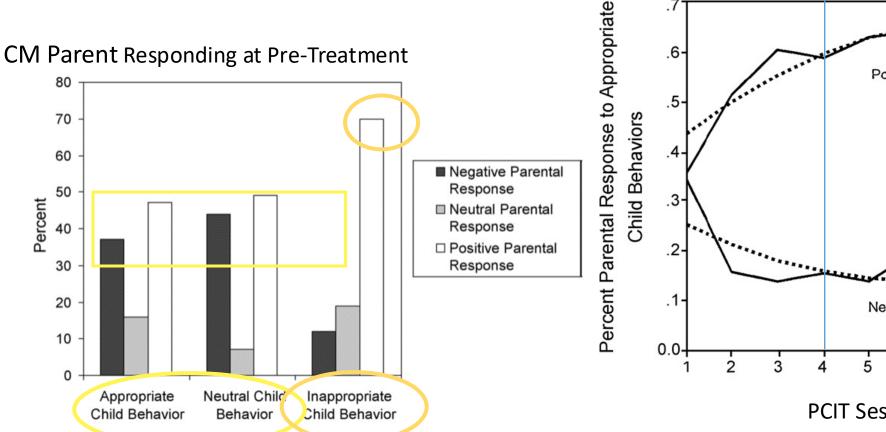
Parent-Child Interaction Therapy (PCIT)

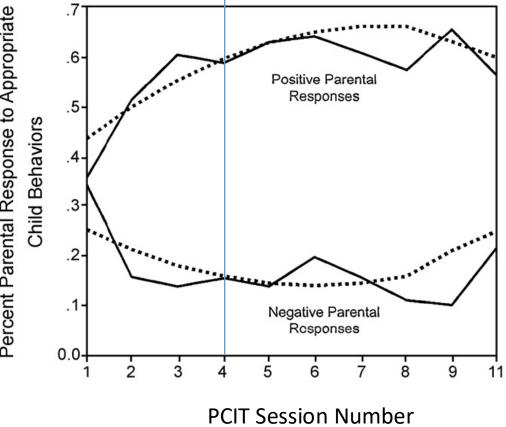
- Families w/children ages 2-7
- Live-coaching format
- Assessment-driven
- Designed to treat disruptive child behavior disorders
- Effective with ethnic/racially diverse families



Chaffin et al., 2004, 2011; Eyberg et al., 2001; Funderburk et al., 2014; Skowron et al., 2024 Thomas & Zimmer-Gembeck, 2011

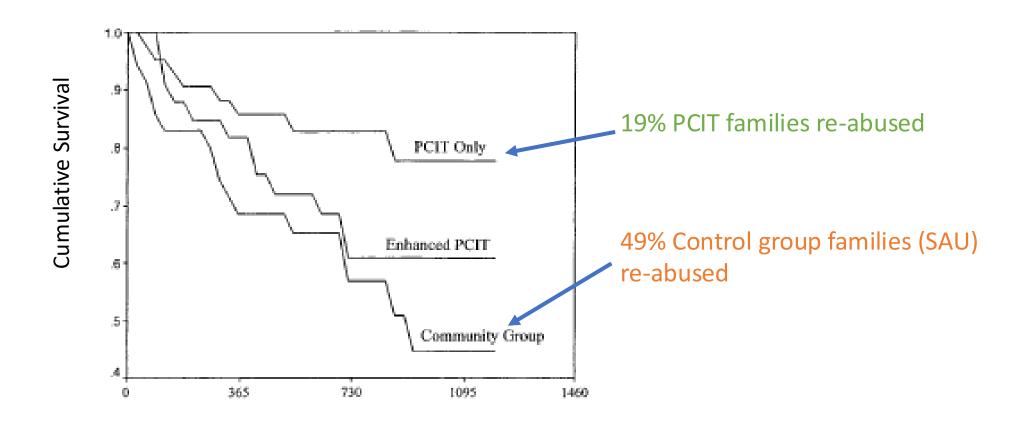
PCIT strengthens contingent positive parenting...







...and lowers CM re-abuse risk up to 3 years after treatment



Physical Abuse Survival Time in Days

Why PCIT for Child Welfare Involved Families?

- Parents practice new skills during therapy sessions^{1,2}
 - Warm, responsive caregiving; following child's lead in play
 - Positive discipline/limit-setting training
- Therapists provide live (real-time) coaching to parents
 - Provide in-vivo social regulation / scaffolding³
 - Gently block negative behaviors, coach positive PRIDE skills use
 - Positive caregiver-child interactions become self-sustaining over time?
 - Parents' experiences with their child become more enjoyable and rewarding?





PCIT: 1. Child Directed Interaction

- Parents learn
 - To follow their child's lead in the play
 - PRIDE skills: Specific, positive parenting skills
 - (labelled) Praise
 - Reflections
 - <u>I</u>mitation
 - (behavior) <u>D</u>escriptions
 - <u>E</u>njoyment
 - In-session skills practice with real-time therapist support
 - "Special Time" home practice (5' daily)





PCIT: 2. Parent Directed Interaction

- Parents learn
 - Safe, effective limit-setting & positive discipline practices
 - Using direct commands:
 - Positively-stated
 - Developmentally-appropriate
 - Possible to obey
 - One instruction at a time
 - Appropriate follow-through:
 - Praise for following instruction
 - Brief time-out from positive reinforcement for non-comply
- In-session skills practice with intensive therapist support







Coaching Alternative Parenting Strategies (CAPS)

randomized clinical trial of PCIT

N = 204 child welfare families





N = 204 child welfare families

Randomized to PCIT or SAU control

Parents

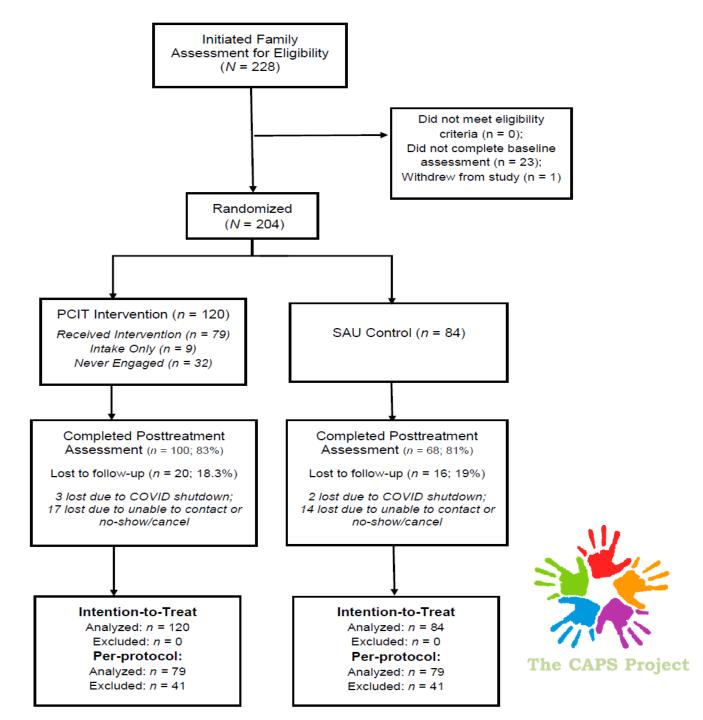
- M = 32 yrs. old
- 30% racial/ethnically diverse
- 73.5% experienced 4+ ACEs

<u>Children</u>

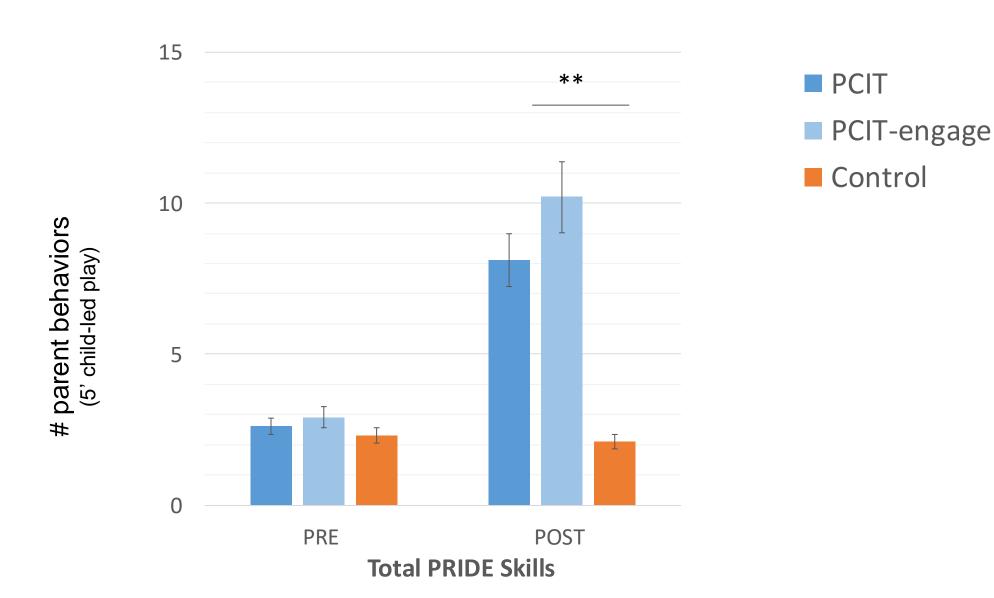
• 3-7 yrs. old; 54% boys

Households

- Med. Income: \$14,400
- Below poverty line: 79% families



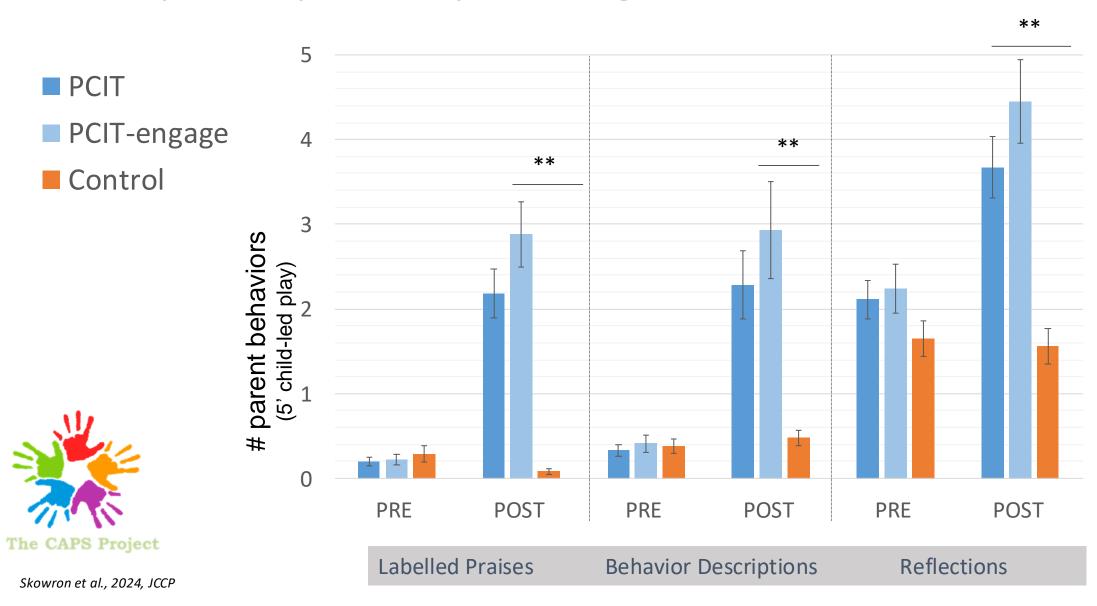
PCIT improves positive parenting skills (ITT & per-protocol)





Skowron et al., 2024, JCCP

PCIT improves positive parenting skills (ITT & per-protocol)

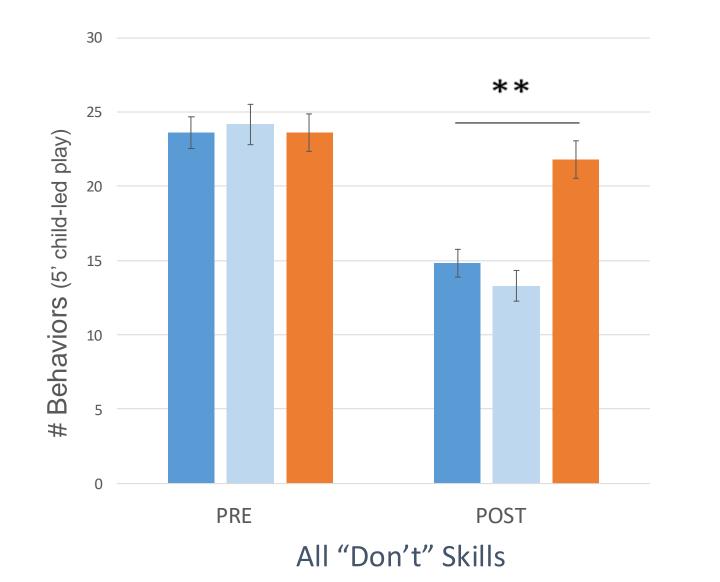


PCIT reduces negative parenting during child-led play

PCIT

PCIT-engage

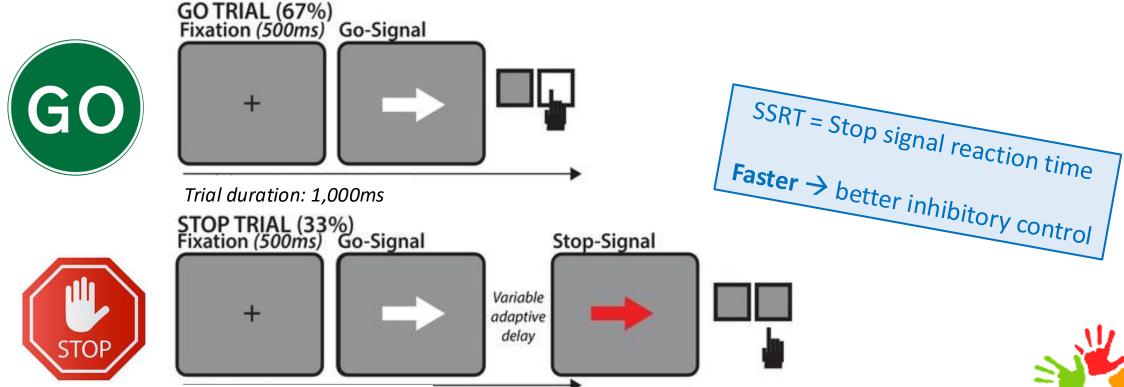
Control





PCIT Strengthens CW Parents' Self-Regulation Skills

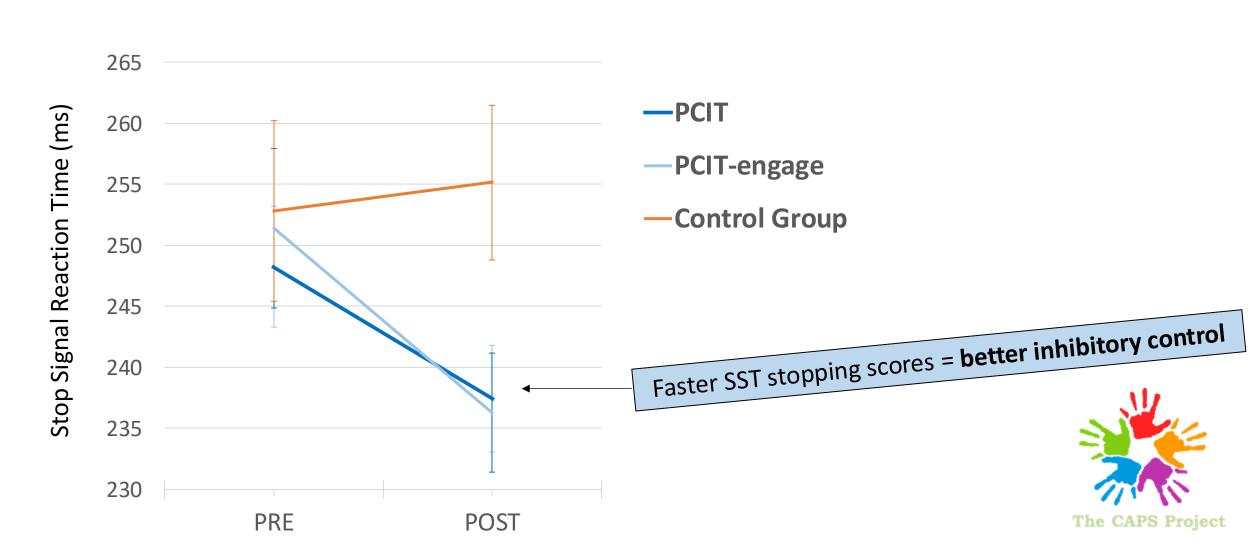
STOP-SIGNAL TASK



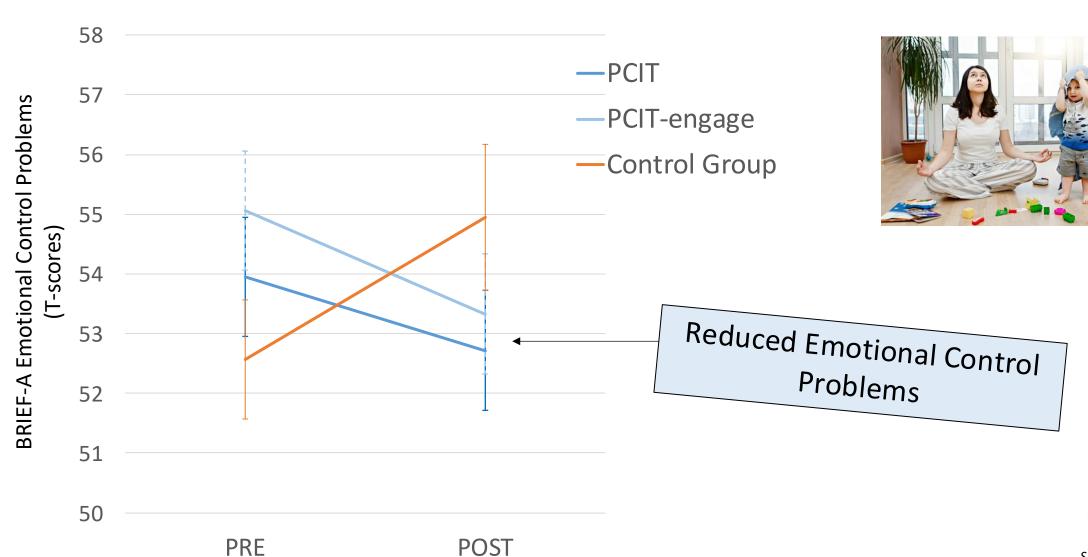
Trial duration: 1,000ms

The CAPS Project

PCIT Strengthens Parents' Inhibitory Control



PCIT strengthens CW parents' emotion regulation (BRIEF-A)





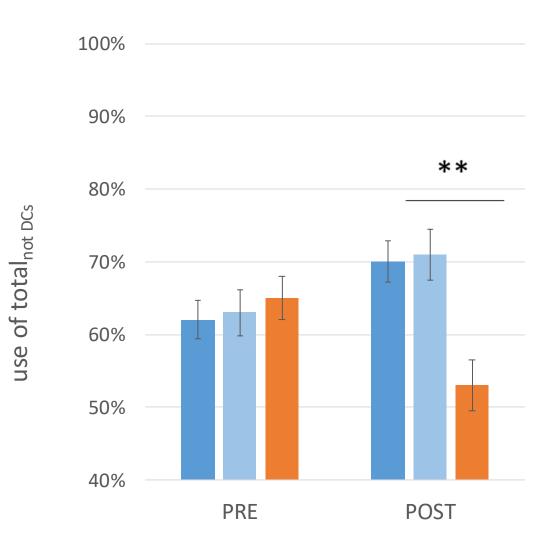
<u>During Clean-Up</u>: PCIT increases positive parenting skills use, when parents aren't giving commands



PCIT-engagers

Percent of PRIDE Skills

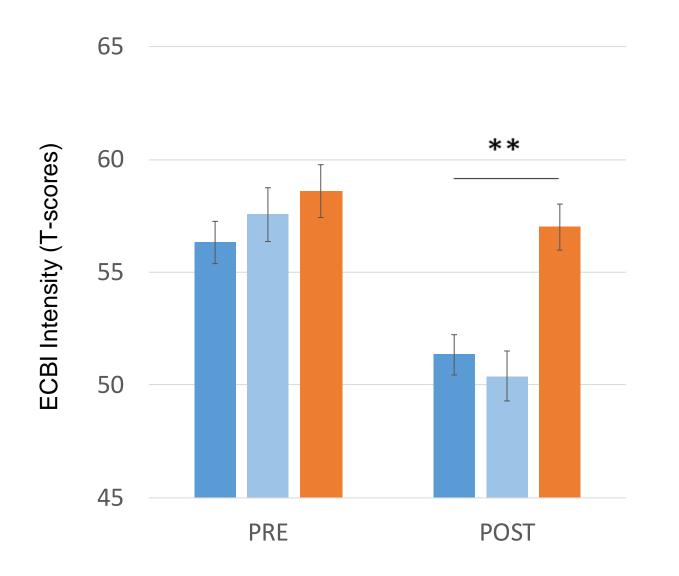
Control







<u>Disruptive Child Behavior Problems</u>: PCIT reduces ECBI *Intensity* Scores in CW children





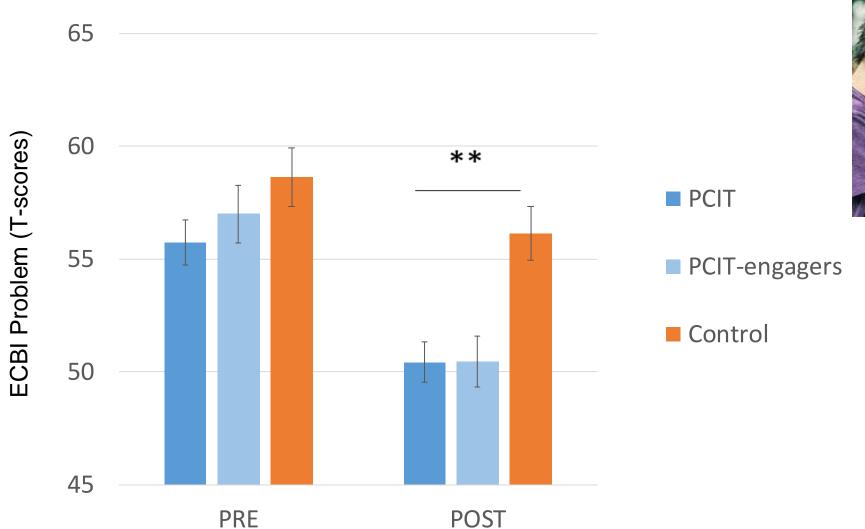






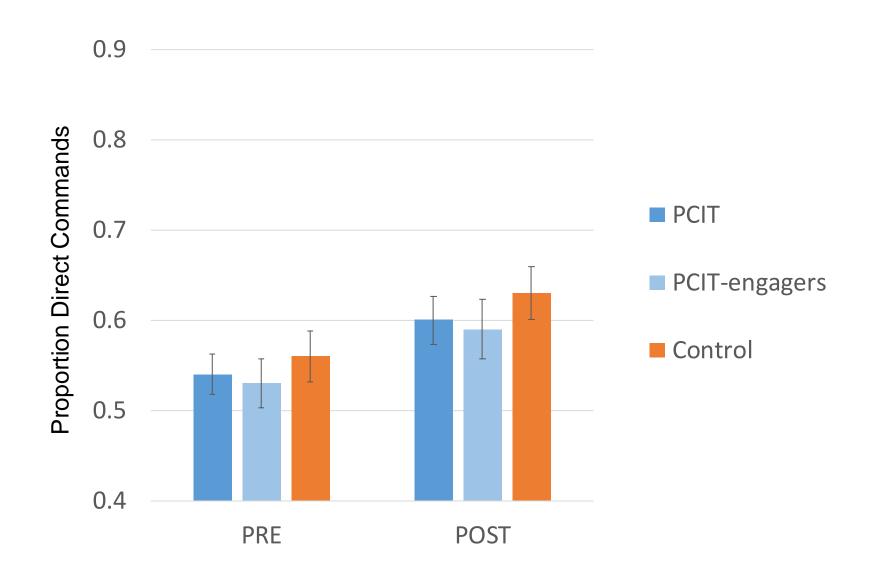


<u>Disruptive Child Behavior</u>: PCIT reduces ECBI *Problem* Scores in CW children





During Clean-Up: Doesn't change % effective parent commands

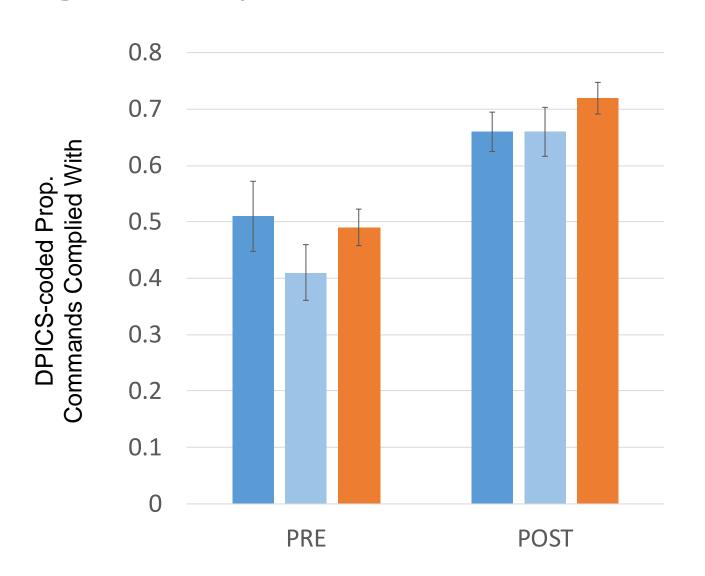


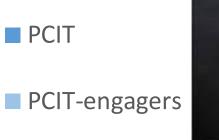






During Clean-Up: No main effects on child compliance





Control





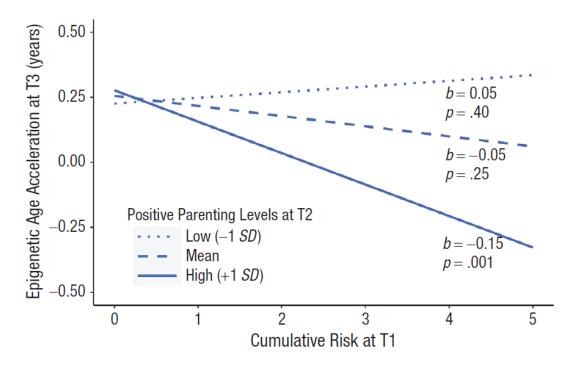


Fig. 1. Observed positive parenting at Time 2, adjusted for Time 1, moderates the relationship between cumulative risk at Time 1 and epigenetic age acceleration at Time 3.

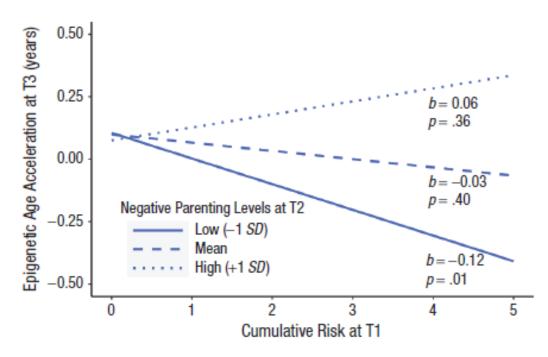
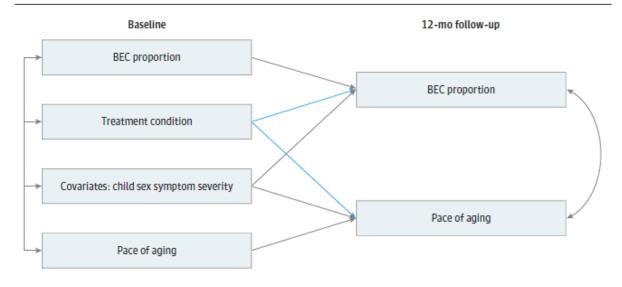


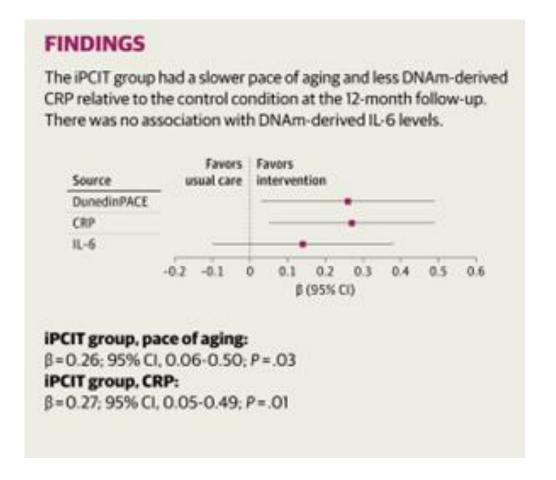
Fig. 2. Observed negative parenting at Time 2, adjusted for Time 1, moderates the relationship between cumulative risk at Time 1 and epigenetic age acceleration at Time 3.

Positive Parenting Gains -> Child outcomes: Epigenetic aging(PED-be)

Sullivan, Bozack, Cardenas, Comer, Bagner, Forehand, & Parent (2023). Psychological Science

Figure. Path Models for Primary Outcomes and Cell Type





PCIT -> Child Outcomes: Epigenetic aging & Inflammation

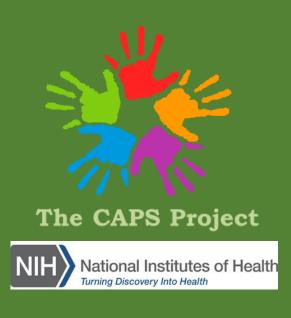
Merrill, Hogan, Bozack, Cardenas, Comer, Bagner, Highlander, & Parent (2024). JAMA Network Open





Who benefits more...and less from PCIT?

Individual differences → response to PCIT

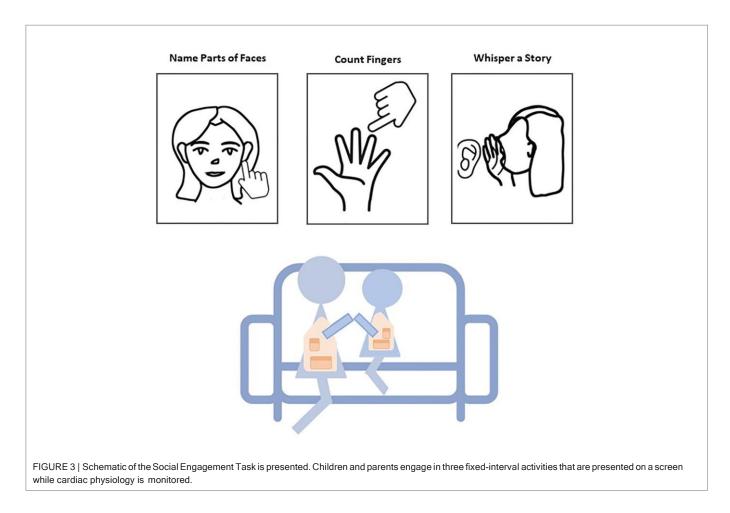


Differential Response: Engage & Persist in PCIT (child welfare families)

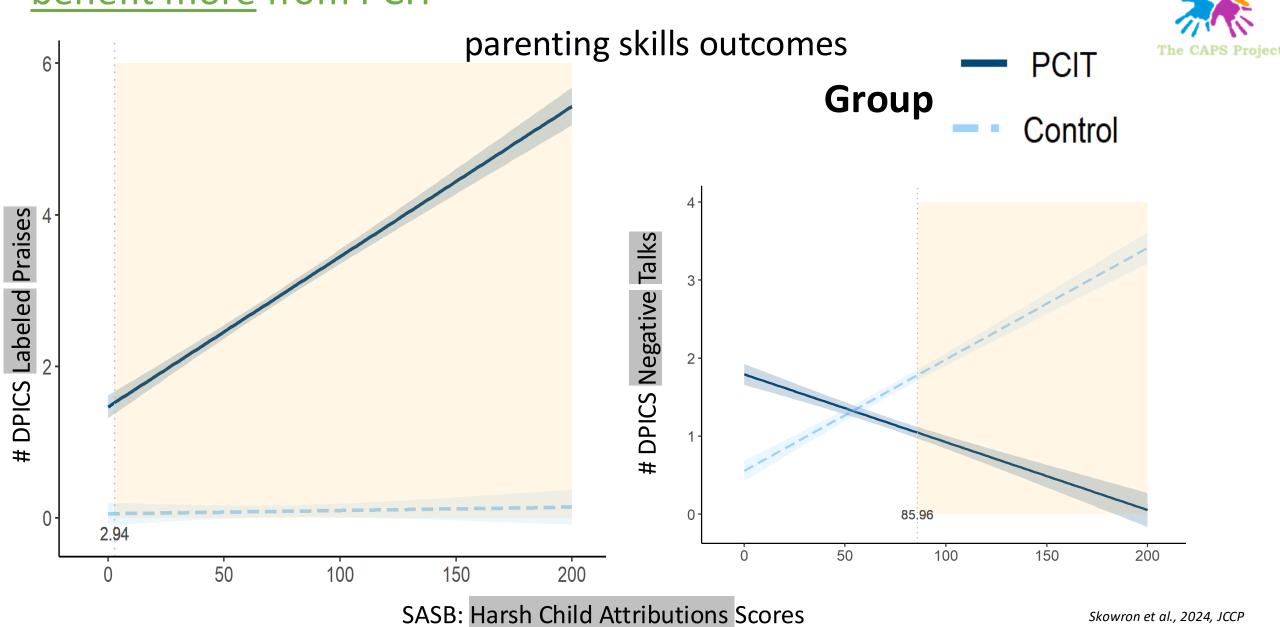
- CW parents who declined PCIT:
 - more negative parenting at intake
- Persistence in Child Directed Interaction Phase:
 - greater physiological calm (RSA) during social engagement task
 - Less tendency to misinterpret neutral faces as angry
- <u>Persistence in Parent Directed Interaction Phase</u>:
 - physiological calm (greater RSA) during social engagement
 - positive child attributions



Social Engagement Task

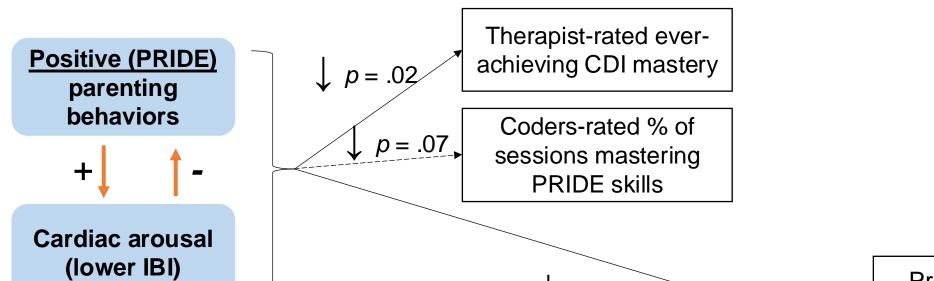


Differential response: Parents with harsh, negative child attributions benefit more from PCIT



Dynamic associations between caregiver physiology & positive parenting at intake

Benefit Less from PCIT Intervention



Pre-post gains in PRIDE skills during child-led play

Xutong Zhang, Ph.D

Pre-intervention assessment

Randomization Intake

CDI sessions

p = .04

PDI sessions

Post-intervention assessment

Summary

Caregiving Risk...

- physiological arousal drives harsh, control parenting
- child trusting/relying (bids for support) drive physiological arousal in physically abusive mothers
- *mothers who achieve positive (behavioral) synchrony with their preschooler display more dynamic RSA response
- maladaptive caregiving processes
 - parent ruptures & child repairs
 - unpredictable responding to positive/neutral child behavior (coercive process) & reinforcing negative child behavior

Benefits of Parent-Child Interaction Therapy (PCIT) for child welfare-involved families

- Parenting: behavior & <u>self-regulation skills</u>
- Children: behavior
- <u>NO main EFFECTS</u>: on caregiver or child physiology outcomes

Specificity of PCIT's effectiveness (i.e., moderators)

- Greatest parenting skills gains achieved by parents with <u>harsh</u>, negative child attributions
- Risk for drop-out ← caregiver physiological arousal during mutual positive caregiving interactions
- Maladaptive physio-behave coupling \rightarrow limits parenting skills gains



Thank You

Funders

National Institutes of Health (NIMH & NIDA) University of Oregon



Kadie Dubow, Emily Dunning, Ryan Giuliano, Felicia Gutierrez, Rose Jeffries, Kandyce Kelly, Maddie Kelm, Emma Lyons, Janet Morrison, Akhila Nekkanti, Lisa Shimomaeda, Carrie Sholtes, Camy Sibley, Amanda Skoranski, Jessica Wells, Kyndl Woodlee, Larisa Williamson, Keegan Alvarado, Kate Kwasneski, Alexis Rock, Adon Rosen, Julia Ruggiero & countless other undergraduate researchers





Collaborators

Ted Beauchaine, David Bard, Dave DeGarmo, Lisa Gatzke-Kopp, Kate Mills, Elizabeth Bard, Vicki Cook, Beverly Funderburk, Alejandra Moreno, Amanda Pollack, Carisa Wilsie



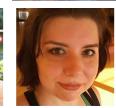






































Questions & Discussion

