



DO FIRST > Consult PCIT via Telehealth resources developed by PCIT International trainers (see links in resources).

These resources provides greater detail regarding considerations for implementing PCIT than can be provided here. PCIT Trainers will share future webinars when available.

The ARBEST Parent-Child Interaction Therapy (PCIT) Training Team is committed to supporting your ongoing transition to PCIT delivery via telehealth services. Because of its coaching format, PCIT is an excellent tool for clinicians to use when providing ongoing care to families who may need to move to a telehealth platform. Regardless of the modality (in-person or telehealth), the PCIT manual and integrity checklists provide a framework for implementing the model. Because many clinicians are new to providing PCIT via telehealth, we provide some considerations for your telehealth practice.



LOGISTICAL CONSIDERATIONS

Follow discipline and agency rules, regulations, and ethics for telehealth, even if they conflict with PCIT consultation guidance. Follow telehealth best practices (e.g. American Psychological Telepsychology Best Practice 101 Series <https://apa.content.online/catalog/product.xml?eid=15132&eid=1921>)

Consider family's level of access and comfort with telehealth platforms.

- Do families have access to smartphones/tablets with video capabilities? If not, can we help them to access them?
- Does the telehealth platform allow the clinician to see both members of the dyad?
- Can the caregiver use an earpiece to hear the therapist so that the child cannot hear? Or can the caregiver position their device so that it is less distracting for the child but still allows adequate viewing of the dyad by the therapist?
- Remember, telehealth may feel like a barrier for some or be more comfortable for others.

Develop a plan for managing safety with families that includes how to best intervene should it become necessary.



CONSIDERATIONS for CLINICIANS

- Proceeding in PCIT treatment with families will depend on the treatment phase and goals, caregiver's regulation capacity, and whether the family's basic needs are being met. Remember that good clinical judgment and consultation with PCIT trainers and your cohort can help in making case-specific decisions regarding treatment.
- Consider helping clients and systems personnel with whom they interact (e.g., DHS caseworkers) understand the current plan for treatment, including any changes in treatment delivery or goals (e.g., working more on enhancing safety or child management skills). Some goals of PCIT may not be able to be accomplished at this time.
- Consider ways in which additional concrete assistance could be particularly helpful for families during this time; get familiar with local resources.
- Consider child's location and ability to self-entertain during session check-ins and wrap-ups. Since child can more easily leave the room, these will need to be done as efficiently as possible. It may be permissible to let child leave the room during the session wrap-up, if this is safe and acceptable to the caregiver.
- Consider the impact of current stressful situations on the family. This could be discussed in your session check-in, but may always not be appropriate to discuss with the child present (e.g., job loss) and should be discussed at a separate time.

CONSIDERATIONS for CLINICIANS cont.

- Caregivers may have increased contact with their children and disrupted routines which could lead to increased conflict, stress, or disruptive behavior. Empathize with caregivers while also normalizing it and reinforcing how PCIT can improve the situation in the short and long term (e.g., daily special time helps re-establish a sense of routine; PCIT over time leads to improved compliance).
- Caregivers may need assistance in locating and choosing appropriate toys for sessions (e.g., toys that maintain child's interest in for an extended period). Advise the caregiver about adapting ordinary household items for use as toys, adjusting the number of toy sets available, "rotating" toys, and choosing non-dangerous toys.

Options for Administering the ECBI remotely:

- Available online for purchase at the PAR website: <https://www.parinc.com/Products/PKey/97>
- Mail copies to family; caregiver totals Intensity and Problem numbers and gives totals to clinician at the start of the session. Or caregiver emails a picture of completed ECBI to clinician to total it.
- Email family a "fillable" version of the ECBI; caregiver completes it and returns by email. Clinician attaches an official copy to the filled copy.
- *Less preferred due to time constraints:* Clinician could read items to caregiver at the beginning of the session.



CONSIDERATIONS for TRAINEES

- Zoom consultation calls will continue as scheduled.
- Good PCIT is best done with support from trainers and/or peers. As always, consult with trainers via email or in calls about any questions or difficulties that arise.
- Remember that with any new skill, PCIT via telehealth will take time and effort to learn, and it will get easier.
- Self-care is incredibly important for doing all PCIT work, particularly during times of ongoing stress. Take time for yourself and to support one another during this time.
- Try not to worry about how these current parameters will affect your ability to meet training requirements by the end of the training period. Your PCIT Trainers will do their best to offer you additional opportunities to meet requirements beyond the 18-month period if needed.



PCIT CORE PRINCIPLES PERTAIN to TELEHEALTH

- **Caregiver & Child Together:** caregiver and child are together at home. *Consult with your trainer if caregiver cannot have in-person contact with child due to COVID-related restrictions.*
- **Live Coaching:** Coaching through televideo is similar to coaching from an observation room
- **Play-based Interaction/learning:** caregiver and child play together in their home, which may have the advantage of faster skill generalization to the home environment.
- **Assessment-guided Treatment:** assessments (ECBI and 5-minute coding observation periods) can be administered remotely.
- **Tailored to Family's Needs:** PCIT involves tailoring coaching to what a family needs to master. Through telehealth, this could include adapting to technology and other logistics (e.g., siblings in the home)
- **Mastery Based:** Families continue to progress through treatment in the same way, such as by achieving mastery of PRIDE skills.



PCIT RESOURCES

Internet-based PCIT Webinar:

<https://opce.catalog.auburn.edu/courses/pcit-internet-based-pcit>

UC Davis PCIT Telehealth Resource Page:

<https://pcit.ucdavis.edu/telehealth-resources/>

PCIT Telehealth Checklists:

- <https://www.telehealthrocks.org/family-behavioral-therapy>
- https://drive.google.com/drive/folders/1InrxQ9oQj9qNbYZoMfnSY_VB7HSASAm

Relevant Videos:

- <https://www.youtube.com/watch?v=igD647iLXJQ&feature=youtu.be>
- <https://www.youtube.com/watch?v=AEAlF9UqDfo&feature=youtu.be>

PCIT Team Folder's "Shared Resources" on Box (for trainees) includes: blank homework sheets and handouts, PCIT International's "PCIT in the Times of COVID" Info Sheet, and more resources.