ARBEST
Arkansas Building Effective Services for Trauma

Parent-Child Interaction Therapy (PCIT) Implementation Overview

Parent-Child Interaction Therapy (PCIT) is a highly effective treatment for young children (ages 2-6) with disruptive behavior. It has been repeatedly shown to reduce behavior problems, strengthen caregiver-child attachment, and improve child trauma symptoms. It is one of the most effective evidence-based treatments for children with these difficulties in this age range, and the one for which we have the strongest trainer resources in Arkansas.

RESOURCES

- PCIT reference textbook: McNeil, C. B., & Hembree-Kigin, T. L. (2010). Parent-Child Interaction Therapy (2nd ed.). New York, NY: Springer.
- Therapist training requirements: http://www.pcit.org/therapist-requirements.html

TRAINING REQUIREMENTS AND PROCESS:

Training requirements are mandated by PCIT International.
Therapist requirements: therapists must have a master's degree or higher in a mental health field, must be licensed as a mental health service provider or be working under the supervision of a licensed mental health service provider, and must be actively treating children aged 2-6 with behavior problems.

Training Process:

- 5 partial days of virtual face-to-face training for the introductory workshop
- 4 partial days of virtual face-to-face training for the follow-up workshop (3-4 months after introductory workshop)
- A possible final virtual face-to-face booster training over 1 full day or 2 partial days (approximately 12 months after the introductory workshop)
- 18 months of Zoom consultation calls (scheduled twice monthly, starting after introductory workshop) in which the therapist attends 80% of calls
- Updating an online spreadsheet in Box to track case progress before each consultation call
- Submitting and meeting fidelity review of four video recorded sessions
- Completion of two PCIT cases during consultation call period

AGENCY COMMITMENT

The PCIT training process is both time- and skill-intensive due to the specialized set of skills therapists must develop and then teach to caregivers to effectively change child behavior. Long-term sustainability of PCIT requires commitments and funding from agencies, including support for therapists, maintenance of supplies, and development of key infrastructure.

AGENCY SUPPLIES AND INFRASTRUCTURE NEEDS **Cost and setup will vary by agency*

Supplies: These items need to be supplied by the agency.

- PCIT Protocol (one per trainee, $44)
- DPICS-IV Clinical Manual (one per trainee, $40)
- Clinical DPICS-IV workbook (one per trainee, $15)
- ECBI manual (one per agency, $82)
- Maintain a supply of ECBI parent-response forms
- Ability to make copies from protocol (DPICS sheets, etc.)
- Technology to participate in consultation calls/telehealth sessions that includes a webcam and speakers
- Toys: creative, constructive toys that encourage free play with little need for limit setting. AVOID toys that are hard, messy, sharp, and/or easily breakable. Also avoid toys that encourage aggression, rough play, and/or violent themes. Recommendations:
    - Building toys: Soft (foam) blocks, Tinkertoys, larger Legos, magnetic tiles
    - Crayons, paper, coloring sheets

  - Play food
  - Potato Heads
  - Play sets such as farms, houses, zoo animals, garage/ramp with cars
  - One large plush animal (2-3 feet tall, for timeout role-plays later in treatment)
- Technology to record sessions that can be uploaded or otherwise securely delivered to UAMS trainers for video review of therapist sessions (e.g., video camera, laptop). Technology should allow for the caregiver and child to be seen and heard, and the therapist heard on recordings.
  - *Note: If sessions are observed via video feed, camera may be included in that system.*

Therapy Room*:* A safe, relatively low-stimulation room for a caregiver and child to engage in free play

- Average-size therapy room
- Child proofed - nothing breakable, including windows (unbreakable glass)
- Bare - no shelves, lamps, posters, etc.
- Furniture:
  - One sturdy, adult-sized table
  - Two chairs for table
  - One sturdy, adult-sized timeout chair
  - Nothing else
- Toys are brought in for each session, NOT housed in the therapy room
  - Exception - the room may have locked cabinets too tall to be climbed

Observation Room: A room allowing a PCIT therapist to see and hear the caregiver and child playing, speak to the caregiver, and be out of the child's sight and hearing

- One-way mirror with full view of therapy room, OR video feed from therapy room
- Audio connection with therapy room
  - Therapist needs to hear both caregiver and child
    - Standard setup: An area microphone in therapy room connected to amplifier in observation room
  - Caregiver, but NOT child, needs to hear therapist
    - Standard setup: Caregiver wears earpiece ("bug-in-the-ear" device) connected to therapist microphone
- Large enough to accommodate 3 people
- Recommended furniture/supplies in addition to audio equipment:
  - Small table, counter, or cabinet
  - At least one chair. Other seating as needed or preferred by therapist
  - Cabinet or shelving for toy storage if toys are not housed elsewhere
  - Easily accessible stock of PCIT handouts
  - PCIT "cheat sheets" posted on walls

Time-out Backup Area

Recommended Configuration: A safe, non-stimulating area for temporary use while child is learning to comply with timeout chair procedure ***Note: Potential construction costs may vary widely.*

- Uses barriers to prevent escape without isolating child (e.g., 5-foot-high walls and/or a Dutch door. See construction options below for more details and Attachment C for sample diagrams)
- Door should swing open out into therapy room rather than into backup area
- Preferably contained in or connected to therapy room
  - Ideally approximately 4x6 feet (No smaller than 4x4 feet but no larger than a small office
- VERY childproof (no accessible outlets, switches, or objects of any kind)
- Well-lit and ventilated

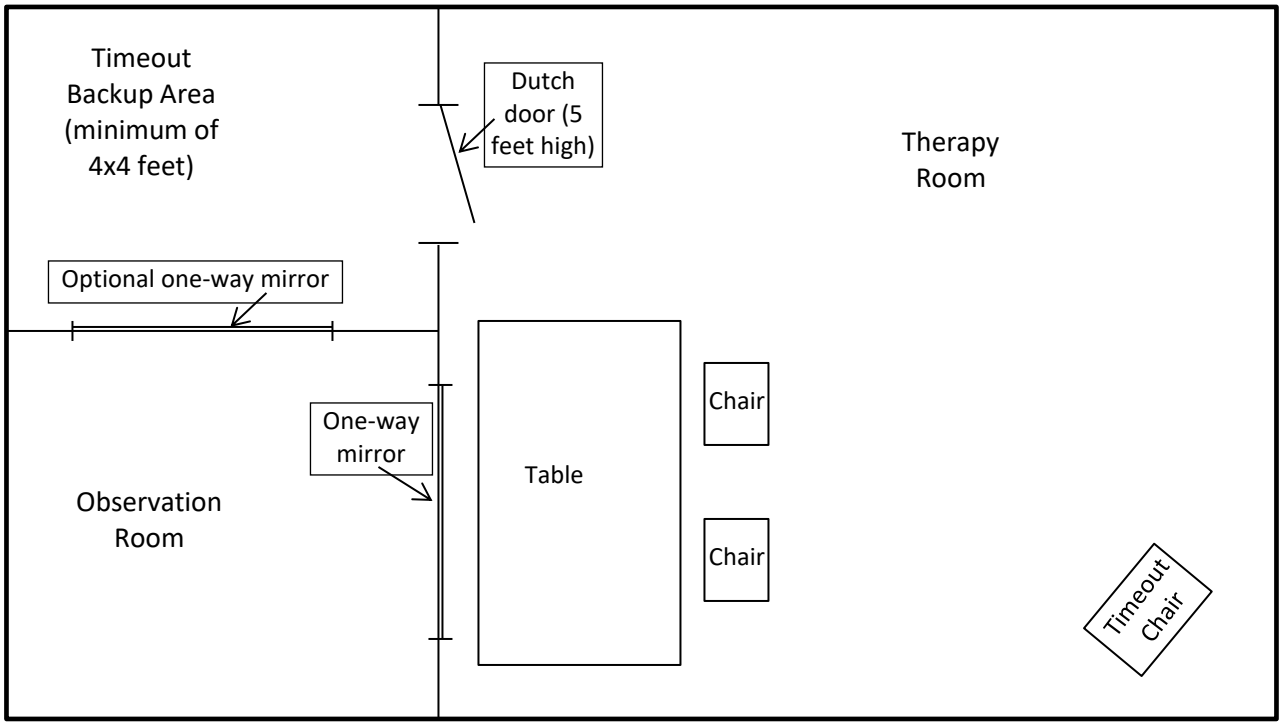
- Door should have a knob for caregiver to hold securely closed without locking it; no locks
- Construction options (see diagrams in attachment):
    - Option 1 (see Sample Option 1 diagram): Traditional backup area that opens into therapy room with a Dutch door (floor-to-ceiling walls; 5-foot-high door); child must be able to be observed.
        - Option 1a: Same as Option 1, but with a floor-to-ceiling door. This option needs a safety-glass window in door and/or adjoining wall so that child can be observed and can see caregiver.
    - Option 2 (see Sample Option 2 diagram): "Barrier area" that contains 5-foot-high high walls (including 5-foot-high Dutch door) built out from one corner of therapy room; child must be able to be observed.
        - Barrier wall could be built across one full end of therapy room if dimensions are appropriate.

Alternative Configuration: "Swoop and Go" option. ***Note: Reduces construction costs but can introduce logistic challenges during treatment.*

- Uses the PCIT room as the timeout backup area.
- For children who leave the timeout chair, the caregiver quickly removes as many toys from the room as possible with a laundry basket or large container and exits the room.
- The child remains under observation by the therapist from the observation room, and the caregiver waits immediately outside the door.
- This option requires that:
    - The room is in a location where the caregiver could wait outside the door without disturbing other client sessions.
    - The caregiver can prevent the child from leaving the room (e.g., by holding the doorknob).

SAMPLE DIAGRAMS OF POTENTIAL PCIT ROOM SETUPS

Sample Option 1: Traditional backup area with floor-to-ceiling walls and Dutch door



Sample Option 2: "Barrier area" backup contained within therapy room