

# ARBEST

Arkansas Building Effective Services for Trauma

## Parent-Child Interaction Therapy (PCIT) Implementation Overview

### INTRODUCTION

Parent Child Interaction Therapy (PCIT) is a highly effective treatment for young children (ages 2-7) with disruptive behavior. It has been repeatedly shown to reduce behavior problems, strengthen parent-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* (2<sup>nd</sup> ed.). New York, NY: Springer.
- *Therapist training requirements*: <http://www.pcit.org/therapist-requirements.html>
- *Supply list from PCIT Master Trainer*: <http://www.melanielsonphd.com/pcit-implementation.html>
- *PCIT room from example from OU Health Sciences Center*: <http://www.oumedicine.com/pediatrics/department-sections/developmental-behavioral-pediatrics/child-study-center/programs-and-clinical-services/parent-child-interaction-therapy/information-for-professionals/pcit-room-setup>

### 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 2-7.
- **Training Process**:
  - 4-day face-to-face training workshop (limited to 12 MHPs per cohort)
  - 3-day follow-up face-to-face training workshop (3 months after initial workshop)
  - 12-18 months of consultation calls (held weekly, starting after initial workshop)
  - 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 parents to effectively change child behavior. Long-term sustainability of PCIT requires commitments from agencies, including support for therapists, maintenance of supplies, development of key infrastructure, and funding to cover trainers' time and expenses.

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

**Supplies** [Note: UAMS has funding to provide one copy per trainee of the PCIT protocol and the DPICS manual, as well as a starter set of the Eyberg Child Behavior Inventory (ECBI; two packs per trainee). The remaining items below will be supplied by the agency.]

- DPICS workbook (one per agency or more if desired, \$15 each)
- ECBI manual (one per agency, \$60)
- Ability to make copies from protocol (DPICS sheets, etc.)
- 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 bear (2-3 feet tall, for timeout role-plays later in treatment)

# ARBEST

Arkansas Building Effective Services for Trauma

## PCIT Implementation Overview cont.

**Therapy room:** A safe, relatively low-stimulation room for a parent and a 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 time out chair
  - Nothing else
- Toys are brought in for each session, NOT housed in the therapy room
  - Unless the room has locked cabinets too tall to be climbed

**Observation room:** A room allowing a PCIT therapist to see and hear the parent and child playing, speak to the parent, 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 parent and child
    - Standard setup: An area microphone in therapy room connected to amplifier in observation room
  - Parent, but NOT child, needs to hear therapist
    - Standard setup: Parent 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, such as a tall chair to view room
  - Cabinet or shelving for toy storage if toys are not housed elsewhere
  - Easily accessible stock of PCIT handouts
  - PCIT "cheat sheets" posted on walls

**Timeout backup area:** 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)
- Preferably contained in or connected to therapy room
  - Ideally approximately 4x6 feet (No smaller than 4x4', no larger than a small office)
- VERY childproof (no accessible outlets, switches, or objects of any kind)
- Well lit and ventilated
- Door should swing open out into therapy room rather than into backup area
- Door should have a knob for parent to hold securely closed without locking it, no locks
- Construction options (see diagrams in attachment):
  - Option 1 (see Sample Option 1 diagram): Room that opens into therapy room with a Dutch door (floor-to-ceiling walls; 5-foot-high door)
    - 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:" 5-foot-high high walls (including 5-foot-high Dutch door) built out from one corner of therapy room
    - Barrier wall could be built across one full end of therapy room if dimensions are appropriate.

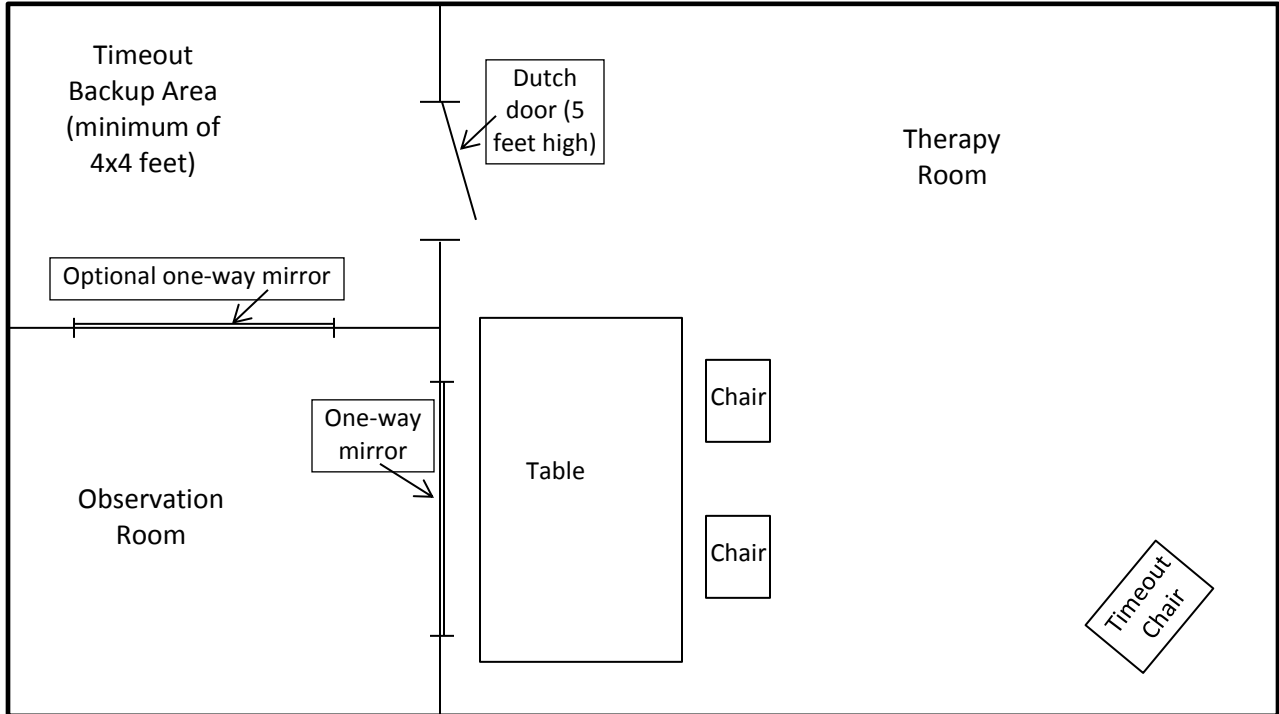
# ARBEST

Arkansas Building Effective Services for Trauma

## PCIT Implementation Overview cont.

### ATTACHMENT C: 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 option contained within therapy room

