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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* (2nd 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)

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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.

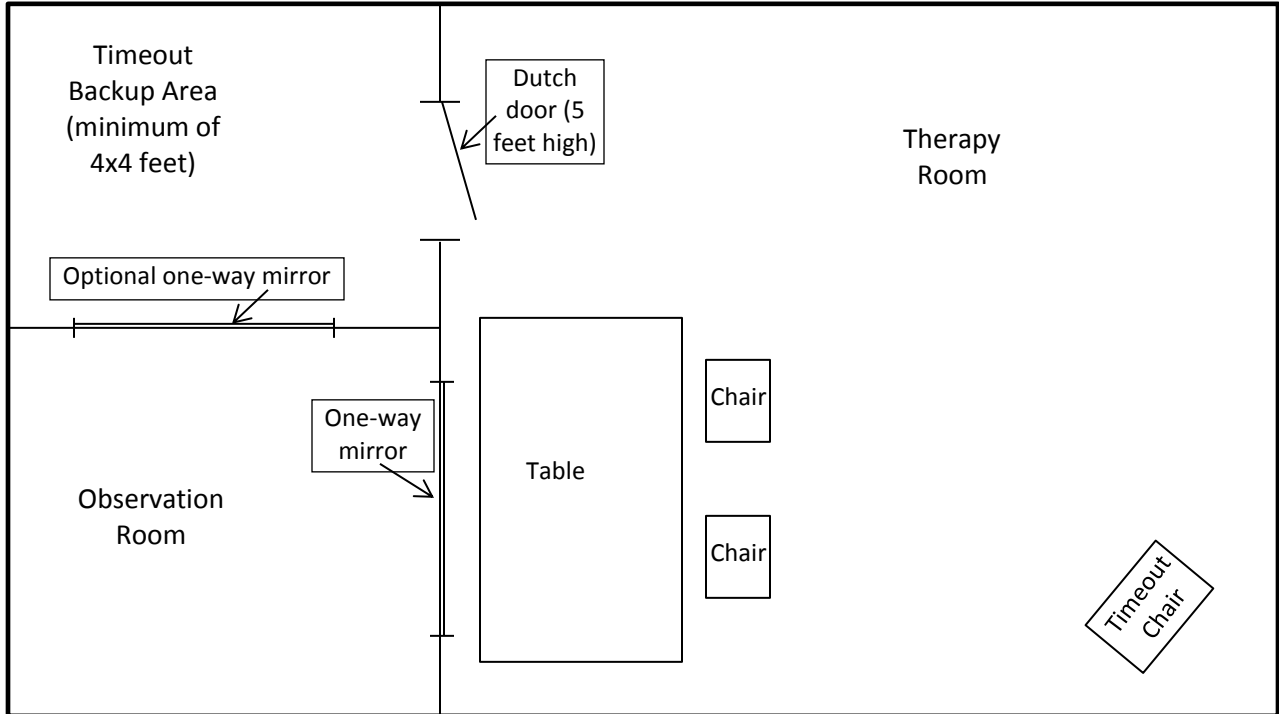
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ATTACHMENT C: SAMPLE DIAGRAMS OF POTENTIAL PCIT ROOM SETUPS

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

