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 2-7) 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 2-7 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 to 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 bear (2-3 feet tall, for timeout role-plays later in treatment)

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 time out 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)
- 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 swing open out into therapy room rather than into backup area
- Door should have a knob for caregiver to hold securely closed without locking it; no locks

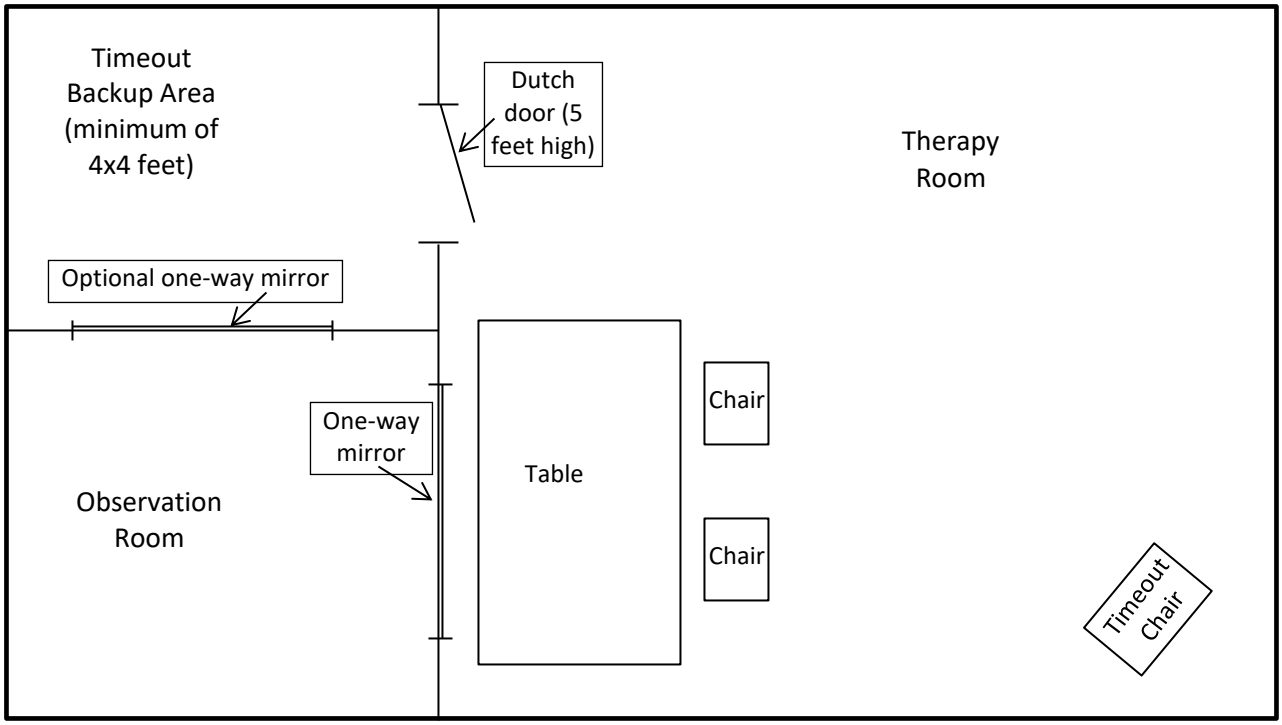
- Construction options (see diagrams in attachment):
    - Option 1 (see Sample Option 1 diagram): Traditional backup area that opens into therapy room with a Dutch door (floor-to-ceiling walls; 5-foot-high door)
        - Option 1a: Same as Option 1, but with a floor-to-ceiling door. This option needs 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
        - 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 time-out 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