

## **Training Guidelines for Parent-Child Interaction Therapy**

These guidelines were developed by the PCIT Training Committee, a subcommittee of the National PCIT Advisory Board made up of expert PCIT trainers. The “PCIT Guidelines” is a living document that will evolve as new research arises in intervention, training and dissemination. At this time, the Guidelines reflect what is considered to be the *minimum* training necessary to develop competence as a PCIT therapist.

### **What is PCIT?**

PCIT is a behavioral family intervention for children 2-7 years of age with disruptive behavior disorders. It has been identified as a best practice for physically abusive parents. Developed by Sheila Eyberg at the University of Florida, PCIT integrates concepts from social learning theory, traditional play therapy, and attachment theory to enhance the parent-child relationship, increase children’s pro-social behaviors, and increase parents’ behavior management skills. The program is implemented in two phases: The first phase is the Child Directed Interaction (CDI) phase during which parents develop child-centered interaction skills. The second phase is the Parent-Directed Interaction (PDI) phase during which effective discipline skills are the focus.

PCIT gives equal attention to the development of the parent-child relationship and the development of parents’ behavior management skills. Because parent-child interactions in families with conduct-disordered children are frequently negative and coercive in nature, a critical goal of PCIT is to increase positive, nurturing interactions. PCIT includes the child in treatment, both in session and during daily homework assignments. In contrast to the traditional approach to parent training that focuses on didactic and role play, parents in PCIT rehearse new skills weekly in session through live interactions with their children. This active practice facilitates skill development and allows therapists to conduct ongoing assessments of parents' progress. In addition, it provides the opportunity for live-coaching by the therapist. During parent-child interactions, immediate feedback is given by the therapist from an observation room, while the parent wears a radio frequency earphone. Therapists use behavioral principles such as modeling, reinforcement, and selective attending in their coaching to shape the parents' behaviors. The use of live coaching and immediate feedback is key to PCIT. Therapists directly observe parents’ behaviors and can modify them as they occur.

To understand the PCIT training guidelines, one should first be aware of the core components that define Parent-Child Interaction Therapy. Core components of PCIT include...

- Use of standardized assessment instruments to guide treatment (e.g., Eyberg Child Behavior Inventory, Dyadic Parent-Child Interaction Coding System-III)
- Inclusion of both the Child Directed Interaction and Parent Directed Interaction phases of treatment

- Coaching of parents in live interactions with their children for the majority of non-didactic sessions
- Coding of parent-child interactions almost every coaching session
- Assignment of homework between sessions

## **I. Workshop training for practitioners**

### **A. Agency and clinician entry requirements**

- Trainee must have a master's degree or higher in the mental health field and must be actively working with children and families.\*
- Trainee must be licensed in his or her field *or* receive supervision from a licensed individual trained in PCIT.
- Trainee's agency must provide appropriate space and equipment for conducting PCIT. Appropriate space includes a stripped therapy room, a separate observation room with either two-way mirror or video monitoring, and a communication system that allows the therapist to speak in real time to the parent during parent-child interaction.
- Trainee's agency must serve a population of clients within the age range for PCIT services; and must allow time for trainees to participate in ongoing training and consultation. (See *V. Recommendations for Optimal Training* below for further discussion.)

### **B. Training requirements**

- **40-hours of face-to-face contact with a PCIT trainer** that includes an overview of the theoretical foundations of PCIT, coding practice, case observations, and guided coaching with families, with a focus on mastery of CDI and PDI skills and coaching.
- **Advanced live training** with real cases approximately 2-6 months after the initial training that focuses on refining coaching skills, addressing complex treatment issues, and a check-off on coaching criteria (See criteria below).
- **Case Experience:** The trainee must treat a minimum of two PCIT cases to completion as primary therapist or co-therapist. Until the two PCIT cases are completed, trainees must remain in regular contact (i.e., recommended weekly, but no less than monthly)—via telephone, live observation, or tape review—with a PCIT trainer. This tends to be a year.
- **Skill review** – Trainees must have their treatment reviewed by a PCIT trainer. Review can be conducted through videotapes, live observation, or online/telemedicine system. To check skill development, trainers must review the following sessions conducted by the trainee: 1) CDI Didactic, 2) PDI Didactic, 3) CDI coaching (ideally the first CDI coaching session), and 4) PDI coaching (ideally the first PDI coaching session).

## **C. Skill Requirements**

### **Assessment (Pretreatment, Posttreatment, Weekly)**

#### **By the end of the training process, a trainee should be able to...**

- Administer, score, and interpret the required standardized measures for use in assessment and treatment planning (Required measures: ECBI, DPICS-III; Recommended measures: PSI-SF, BASC or CBCL, SESBI).
- Administer and reliably code DPICS-III Abridged behavioral observations.

### **DPICS-III Abridged Coding**

#### **By the end of the training process, a trainee should be able to...**

- Achieve a minimum of 80% reliability with a PCIT trainer in five minutes of live coding or in continuous coding with a criteria tape. Reliability checks of live coding will be conducted, with additional training scheduled as needed.

### **CDI-Related Therapist Skills**

#### **By the end of the training process, a trainee should be able to...**

- Present the CDI didactic, adequately explaining all non-optional items on the treatment integrity checklist in the PCIT manual by Eyberg as observed by the trainer.
- Meet the parent criteria for CDI skills (10 labeled praise, 10 behavioral descriptions, 10 reflections; 3 or fewer negative talk, questions, and commands) in a 5-minute interaction with child or 5-minute role play.
- Use the session by session CDI coded information (i.e., DPICS) to guide the coaching session.

### **PDI-Related Therapist Skills**

#### **By the end of the training process, a trainee should be able to...**

- Present the PDI didactic, adequately explaining all non-optional items on the treatment integrity checklist in the PCIT manual by Eyberg as observed by the trainer.
- Effectively manage a PDI discipline session and accurately demonstrate the discipline sequence with a client. In the rare case when a full timeout procedure does not occur or cannot be taped, the therapist should demonstrate the skills through a role play.
- Accurately explain the House Rules procedure as described in the PCIT manual by Eyberg. Accuracy can be assessed through role play and does not require observation of a session with an actual client. However, the trainer must observe the role play either live or via tape.
- Accurately explain the Public Behaviors procedure as described in the PCIT manual by Eyberg. Accuracy can be assessed through role play and does not require observation of the session with an actual client. However, the trainer must observe the role play either live or via tape.

### **Coaching Skills**

**By the end of the training process, a trainee should be able to...**

- Demonstrate adequate and sensitive coaching as observed by the trainer.

### **General**

**By the end of the training process, a trainee should be able to...**

- Model CDI skills during all interactions with parents and children throughout the course of therapy.
- Demonstrate the ability to structure the opening and closing of sessions (including homework review and assignment; feedback on skills; and general session management and timing).

## **II. Standards for In-house Trainers of PCIT Therapists**

In-house trainers are individuals who have received such PCIT training as to be qualified to teach and supervise staff within their own program or agency. In-house trainers at this level are not considered to have the experience or expertise to conduct large-scale trainings or the training of individuals not under their direct supervision.

A trainer of PCIT should have a demonstrated *history of expertise* in provision of PCIT, PCIT supervision, and PCIT training. Before being considered competent to train others in PCIT, trainers will...

- Meet all therapist-skills criteria above
- Maintain a relationship with their Master Trainer for consultation for a minimum of one year from the time they begin training as trainers. Thereafter, it is recommended that trainers attend at least annual training (e.g., national or regional conference or workshop) to keep their skills and knowledge of PCIT current.
- Complete of *at least 4 PCIT cases* in consultation with a PCIT Master Trainer
- Be observed in the provision of supervision by a PCIT Master Trainer for a minimum of one CDI session and one PDI session. The Master Trainer will provide feedback on the content and style of the novice trainer's supervision.
- Remain active in PCIT service delivery either through a clinical caseload or live supervision of PCIT therapists.

## **III. Standards for Master Trainers of PCIT**

- Master Trainers are individuals responsible for maintaining fidelity of in-house trainers and providing broader dissemination of the PCIT protocol (e.g., nationally and internationally). To be considered a PCIT Master Trainer, individuals must be approved through a process defined by the developer of PCIT, Sheila Eyberg. Contact Dr. Eyberg for more information.

## **IV. Principles for In-house Trainers of PCIT Therapists for Special Populations** **Trainers of PCIT for special populations should...**

- Meet all standards for PCIT trainers (section above)
- Provide evidence of extensive experience with the cultural group of interest.

- Not disseminate any changes in PCIT without adequate empirical evidence to support the change.

## V. Recommendations for Optimal Training

The following recommendations are provided to describe training situations that approximate the ideal. Based on the experiences of expert PCIT trainers, these recommendations increase the likelihood that agencies will develop and maintain effective PCIT programs.

- A *minimum* of two clinicians within a single agency are trained at one time. When only one clinician within an agency can be trained, individuals participate in an ongoing PCIT supervision/networking group for long-term support and consultation.
- PCIT programs are clinic-based. If home-based PCIT is offered, it is adjunct to the in-clinic services.
- Because PCIT training has a short “shelf-life”—that is, therapists are likely to lose their new skills if they do not practice them within three weeks of receiving their training—it is recommended that therapists identify two or three families potentially appropriate for PCIT *prior* to receiving training and that therapy is initiated with these families immediately upon completion of the training.
- Weekly supervision is recommended for at least the first month of a case, with contact tapering to not less than monthly through the completion of at least two cases.

## VI. Exceptions

- Agency administrators may observe PCIT trainings without participating in the experiential components. However, such observation does not qualify administrators to conduct PCIT or train others.
- Graduate students who are enrolled in a masters or doctorate program in a mental health field (e.g., clinical psychology, counseling, social work) and are receiving PCIT training from a trainer within the context of their program do not have to meet the Clinician Entry Requirements regarding licensure and previous experience.

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