

PCIT Implementation

There are many factors to consider when implementing PCIT in an agency.

The biggest factors include: **space**, **materials**, and **staff training**.

SPACE

It is imperative to have a PCIT room set-up (sometimes referred to as a PCIT suite) in your clinic to implement PCIT. Having the room set-up before staff is trained is highly recommended in order to begin services immediately after training.

The basic set-up for a PCIT suite includes three adjacent rooms (therapy/play room, observation room, and time-out room). Average-sized treatment rooms are preferred rather than larger conference rooms. The parent and child play in the therapy room, while the therapist coaches from the observation room, looking through a one-way mirror. The time-out room is used in the second phase of treatment as a back-up consequence until the child learns to sit on the time-out chair.



In the playroom, there should be: an adult sized table with two chairs to accommodate a caregiver and child, a sturdy adult-sized time-out chair, and at least three choices of appropriate toys. It is best to store toys out of the playroom so the therapist can select which toys to use for each session. The room should be strictly child-proofed with no breakables such as lamps or computers.



In the observation room, there should be:

- A one-way mirror
- A sound system (microphone and amplifier) to hear the interaction between caregiver and child while the therapist stands on the other side of the one-way mirror
- A "hearing helper" system for speaking to the caregiver through a microphone and earpiece device (bug-in-the-ear)
- A timer for timing the parent-child observation and coaching
- Capacity for video recording of sessions to allow for session review by therapist, consultant or supervisor, and as a record of treatment progress.



A time-out room is highly recommended but not required. A time-out room is ideally approximately 4X6 feet or so - no smaller than 4X4 and no larger than a small office - and it must have adequate light and ventilation. When designing a time-out room, consider having a "dutch door" cut off approximately 5 feet high and/or a safety glass window into the timeout room to permit visual contact. Including a one-way mirror or other means of observing the time-out room from the observation room is helpful as well.

Materials

Manuals (these may be provided by the training program or purchased separately)

- **PCIT 2011 Treatment Protocol**

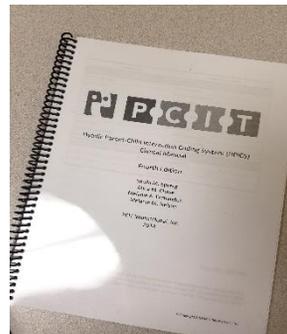
One per therapist \$44

- **Clinical Manual for the Dyadic Parent-Child Interaction Coding System**

DPICS-IV; one per therapist - \$40

- **DPICS-IV Workbook**

One per therapist - \$15



- **Appropriate toys** (a selection of PCIT-appropriate toys, including toys for younger and older children available) estimate \$300-\$500

Fantasy play sets (farm scenes, airport, castle, zoo, Potato Heads, etc.)

Arts & Crafts (washable crayons and markers, coloring pages or paper, Play-Doh with tools, etc.)

Large sets of construction toys (Duplo's, foam blocks, LEGO's, alphabet blocks, tinker toys, etc.)

Plastic storage tubs or bags for each toy for easy clean-up and storage!



- **Bug-in-the-ear** (Hearing Helper)

Williams Sound PFM Motiva - rechargeable transmitter and receiver

Williams Sound PFM PRO Personal – rechargeable transmitter and receiver

Williams Sound microphone

Williams Sound Earbud

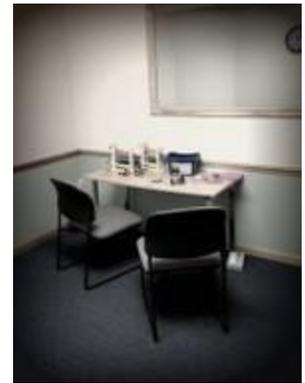
Movo WMIC70 Wireless – uses 2 “AA” batteries



Other agencies have investigated using walkie-talkies, Bluetooth receivers and cell phones, etc. to cut down on costs. More expensive wireless systems are also available (generally designed for the hearing impaired).

- Adult sized **table** and three **chairs** (one will be the time-out chair)
- **One-way mirror** (shatter-resistant) between observation and therapy room (costs vary)

Some agencies have investigated the use of video baby monitors or more sophisticated video equipment to take the place of the observation window. We still recommend a window because it never fails and is less hassle. Plus, there are times when it is important for the therapist to re-enter the therapy room quickly, so being right next door is a plus. Video observation from an adjacent room can be workable if construction is not an option.



- **Sound system** to allow sound between observation and therapy rooms

Microphone such as Audio Technica ES945W boundary mic

Amplifier such as Behringer Ultracoustic AT108

Cables such as 30' mic cable or 6' mic cable

Some agencies have used baby monitors, but the sound quality can be an issue if it's hard to understand what the parent and child are saying due to static or distortion.

- Video Camera with tripod – many options are available

Sony Hanycam CX405 \$229.99

Sony VCT-R100 (tripod) \$29.54

PNY Elite 128GB Micro SDXC (with adapter) \$69.98

- Eyberg Child Behavior Inventory (ECBI; one per week per caregiver) \$47/pk of 25 from PAR, Inc.



- Miscellaneous: LCD timer, alcohol wipes, forms for sessions (handouts/homework sheets), a clipboard, pens, back-up batteries and/or chargers for equipment.

Training

Training is one of the biggest expenses involved in PCIT implementation. There are 18 Master Trainers in the US certified by PCIT International, Inc and Level II, or regional trainers. All trainers set their own fees and training dates. Please see www.pcit.org for a list of Master Trainers and the current PCIT Training requirements.

Trainees must be licensed to provide therapy services to children and families or under supervision for licensure, and have at least a master's degree in a counseling-related field to meet PCIT International training guidelines.

To become a fully trained PCIT therapist takes about 1 year. The steps are as follows base on the Oklahoma PCIT Training Center model. Other trainers may vary in details.

- Set-up a PCIT suite
- Attend 4-day basic training
- Start seeing cases (preferably at least 2-4 to begin with)
- Begin weekly consultation calls (to continue for one year)
- Attend 3-day follow-up to basic training
- Continue weekly consultation
- See two cases to completion
- Trainer must review 4 key sessions (CDI Teach, CDI Coach, PDI Teach, PDI Coach)
- Apply for Therapist Certification through [PCIT International](http://www.pcit.org)

Additional steps

- Live Polycom telemedicine case consultation can be arranged
- Consider [Advanced Training in PCIT](#)
- Consider [training to become a Level I PCIT trainer](#)

Other Training Considerations

Agencies should be aware that therapists will need time to learn the PCIT model and implement it with fidelity. In addition to the time set aside for workshops, therapists must be able to attend bimonthly telephone consultation (usually one hour) for at least one year, or until they complete two cases. Also, for new PCIT therapists, sessions will likely require more preparation time, and may take longer to complete as well. Allowing new therapists to budget 1.5 hours for PCIT cases at first can be helpful in giving therapists the time they need to be successful in implementing a new therapeutic model. It is also recommended to allow therapists to observe other therapists' PCIT cases or see cases together as a co-therapy team whenever possible.

We recommend that agencies adopting PCIT invest in training two or more therapists to allow for peer support and protect against therapist attrition. Agencies should also consider carefully which therapists will be best suited to implementing PCIT. Therapists who have a behavioral or cognitive-behavioral orientation, enjoy working with young children and their parents, and are favorable to empirically-supported treatments are often good candidates. That being said, anyone with a desire to learn and openness to trying something that may be new to them can be very successful in implementing PCIT! Agencies that have a "champion"—that is, someone who is dedicated to implementing PCIT and able to overcome barriers within the agency—tend to be most successful in PCIT implementation.

