Successful Implementation and Sustainability of Parent Child Interaction Therapy (PCIT)

Evidence-based Practice Symposium 2015
Successful Implementation and Sustainability of Parent Child Interaction Therapy (PCIT)

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Key Factors Before Implementation

- Build Consensus
- Clarify Misunderstandings
- Address Fear of Change
- Delineate Change in Responsibilities
- Crunch the Numbers
- Ask for Help
- Create an Action Plan
What is PCIT?

- Empirically-based practice that focuses on building a positive relationship between parental figure and child.
- Addresses difficult behaviors (i.e. tantrums, defiance, aggression, hyperactivity, whining).
- Ages 2 – 7
What is PCIT? Cont.

• Phase 1: Child Directed Interaction – Relationship Enhancement

❖ PRIDE Skills:

✓ Praise
✓ Reflection
✓ Imitation
✓ Description
✓ Enthusiasm

Goal: Engage child in a playful environment to strengthen the parent-child relationship
What is PCIT? Cont.

• Phase 2: Parent Directed Interaction – Behavior Management

❖ Compliance Strategies:
  ✓ Time Outs
  ✓ Incentive Removal
  ✓ Redoing
  ✓ Prompting
  ✓ Direct Commands

Goal: Reduce behavior problems, increase compliance
Session Coding

• Every session has coding results that measure parental use of PRIDE skills.

• Coding along with relational improvement between parent and child determines transition from phase 1 to phase 2

• Coach and Parent review results after every coaching session
Research

Evidence-base: Extensive research on efficacy of the model:

• Large control studies with 600+ preschool aged children
• Individual Case studies
• Provider Outcomes Data
Research cont.

• **Journal of Clinical Child Psychology, 1998:**
  “Results indicated that parents in the IT [received PCIT] condition interacted more positively with their child and were more successful in gaining a child’s compliance”

• **1999: Case study of PCIT used with physically abusive family:**
  “Results suggest that PCIT was effective in reducing the child’s behavior problems and the mother’s stress, and increasing the number of positive parent-child interactions”

• **2006: Parent-child Interaction Therapy With a Spanish-Speaking Family**
  “Results suggest that PCIT was effective in increasing positive parent behaviors, decreasing child behavior problems, and reducing parental stress level”

Training

• Train the Trainer model
• Didactic training (UC Davis)
• Training on outcomes assessment
• Successful completion of 2-4 cases
• Presence of trainer in coaching sessions
• Evaluation/coding of clinician by trainer
Implementation

• **Generate interest on all agency levels:**
  - Board of Directors
  - CEO/Management
  - Clinical staff
  - Quality Improvement Department
  - Administrative Support Staff
  - County Liaison

• **Business Plan:**
  - Better Outcomes based on current research
  - Shorter Length of Stay
  - Financial Considerations
Implementation at a small agency

- RFP process
- Planning meetings with directors
- Presentation to Board and CEO
- Planning with Quality Improvement
- Presentation to Staff
- Budgeting
Implementation at a small agency

- Train the Trainer model-
- Didactic Training (UC Davis/Online)
- Case Selection (Parent/child characteristics, inclusion criteria, diagnostic considerations, referral source, cultural considerations)
- Relationship with Developers
Training Staff

• Staff selection
• Trainer time and availability
• Training time versus billing hours (Reducing billable time expectations)
• Client selection (Consumer involvement)
• Outcomes-based decision making (Assessment tools as outcomes measures: Parenting Stress Index (PSI), Child Behavior Checklist (CBCL), Eyberg Child Behavior Inventory (ECBI))
Supervision and Consultation

• Individual Supervision (Weekly Case Review)

• Consultation/Group Supervision
  ✓ Viewing and Coding of all cases/discussion of discrepancies
  ✓ Discussion of inclusion/exclusion criteria for new referrals
  ✓ Barriers
  ✓ Successes
  ✓ Review of Outcomes
  ✓ Review of Drop-outs
  ✓ Cultural Considerations
  ✓ Clinician Needs/Support
Relationship between Agency and Developers

- Create and maintain key contact with developing entity
- Join monthly/quarterly consultation groups held by developing entity
- Present difficult cases to developing entity and other agencies
- Allow time for clinicians who have billing expectation collaboration with developing agency
• On-going training and professional development

• On-going discussion with Director and Finance department regarding budget for training

• Attend annual PCIT conference

• Budget in advance for costs of training (airfare, hotel, conference fees, etc.)

• Presentation to Board and CEO to ensure continued funding support
Cultural Considerations and Modifications

- Mindful presentation of the model to every family before initiation of treatment
- Ongoing dialogue between family and clinician around language of PCIT
- Inclusion of extended family
- Ongoing dialogue with family about dropout possibilities and problem solve to ensure successful completion
- Ensure collaboration with family at every step to prevent premature dropout (transportation, CPS involvement, etc.)
Outcomes Evaluation

• No Evaluation, No results! (for county, stakeholders, family, and board)
• Engaging Quality Improvement in data discussions to make sense of results
• Board presentations
• Transparency with families
• Monitor & evaluate at all times
Policies and Systems

• Encourage administration to write policies regarding use of evidence-based practices

• Create written systems/procedures:
  ✓ Clinical
  ✓ Administrative
  ✓ Financial

• Ongoing review of policies and systems/procedures to incorporate changes as they occur
Marketing

- Present to schools
- Create professional brochures and flyers
- Disseminate materials to crises nurseries, family resource centers, and 0 to 5 providers
- Post videos to website
- Share results with county contract monitors
Stakeholder Involvement

- Invite families to discuss successes and challenges of treatment
- Encourage parent panel discussions with Board of Directors
- Fundraise
Lessons Learned

• Plan and Budget for every fiscal year
• Choose cases for training mindfully
• Invest in trainings
• If possible, maintain a case load as the trainer
• Become familiar with technical issues with equipment
• Always share positive results with administration and Board to ensure continued support
• Lead by example – bring enthusiasm to the project!
• Acknowledge staff burnout
• Convey agency mission to utilize evidence-based practices.
Thank you!

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